



CHILD PROTECTION POLICY

Updated 15 January 2019, by Shannon Hennig

Summary:

Inclusive Communication LTD is committed to the welfare of children and young people. We work with vulnerable populations and therefore always prepare all staff for the possibility of observing or hearing declarations about abuse or neglect. We are committed to reporting concerns promptly to the appropriate people, and to be mindful of child protection concerns when hiring. We strive to use clinical judgement but aim to err on the side of child welfare. Our goal is for children and young person to feel safe, feel supported, experience positive interactions, and have joyful experiences.

Prepare - We prepare ourselves by reading this policy at the time of induction and on an annual basis. Our Designated Person for Child Protection is currently Shannon Hennig (022 499 6737). She is expected to attend formal training regarding Child Protection every 3 years (most recent training was May 2018) and reflect upon our practices on a continual basis.

At the start of each school year (or when beginning a new ongoing relationship) with a school or organisation with their own Child Protection Policy, Inclusive Communication LTD will request a copy of their policy, share our policy, and ask for the name and contact details for that site's Designated Person for Child Protection.

Report – If a concerning incident or pattern of behaviour is observed, it will be documented appropriately and shared with the appropriate people:

- (a) If someone is in immediate danger, we will contact Oranga Tamariki 0508 Family, the Police (111), and/or Te Haika (0800 745 477) as the situation dictates.
- (b) If not life threatening or similarly urgent,
 - a. In cases where we are working independently, we will consult with an appropriate person (e.g., professional supervisor, peer supervisor, or Oranga Tamariki) without sharing identifying details, decide if further action is needed, and take action if needed by contacting Oranga Tamariti.
 - b. If related to our work at a school or other organisation, we will share our concerns and/or documented disclosure with that site's Designated Person within 1 business day for serious matters and ask that they notify of us of the date that action was taken as a precaution against a concern falling through the cracks. If the site does not take action, Inclusive Communication reserves the right to proceed independently, after talking it over with an appropriate person, to ensure that we meet our responsibilities for child welfare.
- (c) We will seek advice from Oranga Tamariki before any identifying information about an allegation is shared with anyone (other the Designated Person within Inclusive Communication or at the relevant site).

Hiring – Staff who have contact with children, young people or vulnerable adults will be police vetted. Child protection will be considered as part of the hiring process. Child abuse is grounds for dismissal.

Thanks to Child Matters for their courses and the resources on their website.

Thanks to Talking Trouble for allowing us to refer to their policy to help inform our own.

CHILD PROTECTION POLICY

1. Purpose

1.1 The most effective way to safeguard children is to have a comprehensive and effective policy, with attached practices and guidelines. This Policy is written under the principle that children and young people seeking services from Inclusive Communication LTD have a right to feel safe and comfortable in that contact.

1.2 The purpose of this policy is to provide guidelines to Inclusive Communication's staff by which to identify and respond appropriately to concerns of abuse and neglect, and to understand their role in keeping children safe.

1.3 This policy has been written in accordance with the following legislation:

- Education Act 1989
- Children, Young Persons and Their Families Act, 1989
- Crimes Act, 1961
- Domestic Violence Act, 1995
- Health Act, 1956
- Health and Disability Sector Standards Regulations, 2001
- Privacy Act, 1993
- Health Information Privacy Code, 1994
- Vulnerable Children's Act, 2014
- Care of Children Act, 2004
- Employment Relations Act, 2000
- Human Rights Act

1.4 This Policy will be reviewed annually, and updated regularly in the light of operational experience and in line with changes in legislation and associated policies.

2. Scope

2.1 This policy covers all staff of Inclusive Communication who have direct or indirect contact with children or young persons. This includes those staff, paid or voluntary, employed directly by Inclusive Communication LTD.

2.2 When contracting to a school, agency, or institution the Inclusive Communication LTD's staff member will abide by the child protection policy of that site. Inclusive Communication LTD will report any concerns with that organisation's Designated Person for Child Protection (the exception being if there is a clear conflict of interest of that person) and later follow up to confirm that actions have been taken in a timely manner. If they have not, Inclusive Communication LTD will assume responsibility for reporting as outlined in this policy.

3. Definitions

3.1 For the purposes of this Policy "Child" means a boy or girl under the age of 14 years, "Young person" means a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union (Children, Young Person, and Their Families Act 1989, Section 2).

3.2 For the purpose of this Policy "Staff" means people working at Inclusive Communication LTD and includes employees, contactors, consultants, students, associates and volunteers whether working on a full time, part time, casual, or temporary basis.

3.3 The Children, Young Persons and their Families Act, 1989, defines child abuse as "...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".

4. Principles

4.1 This Child Protection Policy confirms the commitment of Inclusive Communication LTD to the protection of children and aims to:

- outline the standards and principles by which all staff will abide
- define child abuse
- outline the action to be taken by staff where any form of abuse or ill-treatment is known or suspected
- establish what action is required when allegations are made against staff
- explore the implications for staff training.

4.2 Inclusive Communication LTD will ensure that:

- Staff are carefully selected with the principles of this policy in mind.
- Staff are appropriately trained in issues of child protection.
- Staff are aware of the Child Protection Policy and accompanying procedures and/or guidelines.

4.3 Inclusive Communication LTD recognises that all staff have a full and active part to play in protecting children and young people from harm. Overall responsibility, implementation and review of this policy rests with the Director of Inclusive Communication LTD when services are conducted in homes or in the community. When services are provided at schools, agencies, and institutions, Inclusive Communication LTD works under the responsibilities and policies outlined by that organisation.

4.4 All services provided by Inclusive Communication LTD for the safety and wellbeing of children adhere to the principles of partnership, protection and participation; and the rights and responsibilities accorded by Te Tiriti o Waitangi.

5. Responsibilities

5.1 Any member of staff, paid or voluntary, may directly witness child abuse or have allegations shared with them. There may also be disclosures of abuse that have occurred prior to involvement with Inclusive Communication LTD. Sustained abuse and neglect of children, wherever it occurs, can have major long term effects on all aspects of children's health, development and well-being and their ability to sustain stable and meaningful relationships in the future. It is the intention of Inclusive Communication LTD to ensure that all staff understand their roles and responsibilities in ensuring the safety of children at all times. This is achieved through consistent and agreed protocols regarding child protection, as well as the regular undertaking of awareness raising training.

5.2 Each member of staff must:

- be aware of, and alert to, potential indicators of abuse or neglect
- record a factual account of any concerns they have, or that are brought to their attention
- appropriately seek advice and support from their Designated Person for Child Protection who will then contact external agencies if appropriate
- work in co-operation with the parents and caregivers, unless this compromises the safety of the child.

5.3 It is the primary responsibility of staff to be vigilant, have knowledge and awareness of the indicators of neglect, potential or actual abuse and to report any concerns, suspicions or allegations of suspected abuse immediately and ensure that the concern is taken seriously and reported.

5.4 The statutory responsibility to investigate allegations of child abuse rests with Oranga Tamariki and the Police.

Role of the Designated Person for Child Protection

5.5 The role of the Designated Person for Child Protection is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Receive information that suggests potential or actual risk of harm to a child who receives services from Inclusive Communication LTD, irrespective of whether the alleged abuse is current, past or likely to occur.
- When working within other organisations,
 - Report any and all concerns to the Designated Person of the relevant organisation in a timely fashion (e.g., School, High Complex Needs team, Day Programme, Residential Home, etc.)
- When working independently,
 - Seek advice from Oranga Tamariki (0508 FAMILY) regarding child protection concerns, before acting. Given the small size of our organisation, it is impractical to review such decisions within our own organisation.
- Ensure and safeguard clear, confidential, detailed and dated records on all child protection cases. These must contain all available information relating to the cause for concern and any subsequent action taken, including when it has been decided not to make a notification to Oranga Tamariki or the police. These records will be kept separate from student's records for the purpose of confidentiality.
- Ensure that all staff are aware of, and have access to, full copies of the procedures for reporting child abuse.
- Ensure that all staff are supported appropriately when dealing with child protection concerns.

6. Child Protection Procedures

6.1 All staff will respond to concerns of child abuse by following the identified procedures, consulting appropriately and collaborating with external agencies.

6.2 The procedures set out below will help staff with:

- the identification of abuse
- handling disclosures, whether verbal or behavioural, from a child
- reporting procedures.

Identification of abuse

6.3 Our approach to identifying potential abuse or neglect is guided by the following:

- We recognise that every situation is different. We consider all available information about the child and their environment before reaching conclusions. We realise that indicators of abuse or neglect could also be the result of life events (such as divorce, accidental injury, moving house, illness in the family, arrival of a sibling, etc.) or related disability and not due to abuse or neglect.
- We should take into account our knowledge of seizures, neurodiversity, communication impairments, sensory impairments, language disorders, medical conditions, and physical impairments within the limits of our professional knowledge basis. We must balance the possibility that possible indicators of abuse or neglect do occur in the absence of abuse or neglect, with the knowledge that the populations we serve are also at higher risk for bullying, abuse, and neglect.
- As speech-language therapists we are some of the most trained professionals when it comes to being supportive communication partners. We need to be aware of our limitations, but also use clinical judgement regarding how to balance the need to avoid leading questions with the realities that some children need a degree of structure to be able to express themselves.

- At no times will facilitated communication (FC), rapid prompting method (RPM), or similar methods be used due to the lack of evidence supporting these methods, known question of authorship with these methods, and other known risks. At no time will the staff of Inclusive Communication take on the role of a facilitator. With non-clients, polite and respectful listening to those pairs engaged in such methods is allowed but staff are not to condone, praise, or encourage these controversial and risky practise.
- We shouldn't act alone. We understand that when we are concerned we need to talk to someone promptly without violating a child's right to privacy. Given that we are a small organisation (1-2 people typically), we may confidentially discuss the situation with our professional supervisor, a Designated Person for Child Protection at an unrelated site, Oranga Tamariki, or another appropriate person. At this stage, no identifying details are shared.
- We prioritise the overall wellbeing and risk of harm to the child. It is less important to categorise the type of abuse or neglect and to respond appropriately to any concerns.
- It is common and normal to feel uncertain, however, the important thing is to be able to recognise when something seems wrong, particularly if we notice a pattern forming or several signs make us feel concerned.

6.4 At any time staff may seek advice from Oranga Tamariki (0508 FAMILY) regarding child protection concerns.

Further information regarding signs and indicators of abuse is included in the Appendix.

Handling disclosures from a child

6.5 If a child makes a disclosure verbally or using AAC (Augmentative and Alternative Communication) to a member of staff it is important that staff take what the child says seriously. This applies irrespective of the setting, or the member of staff's own opinion on what the child is saying.

Further information regarding responding to a disclosure is included in the Appendix.

6.6 Under no circumstances should a member of staff attempt to conduct an investigation or deal with concerns regarding child abuse alone. Any incidents, concerns or suspicions must be reported following the procedures set out below.

Child-on-Child Harmful Behaviours

6.7 It is important to be aware that children can harm other children. These behaviours are outside of what may be considered the normal range, and can extend to bullying, violence or sexual assault. Therefore when a child alleges inappropriate harmful behaviour by another child, the child protection procedures outlined in this policy must be considered for both the children.

Suicidal Concerns or Self-Harming Behaviours

6.8 It is important to be aware that children can harm themselves or attempt suicide. When a child identifies thoughts of suicide, or self-harming behaviour, this should be immediately notified to the Designated Person. If immediate action is required, phone Te Haika (0800 745 477) or 111. Family or guardians are to be informed unless it is suspected that there is a serious and credible risk of doing so.

Confidentiality and information sharing

6.7 Inclusive Communication will seek advice from Oranga Tamariki and/or the Police before identifying information about the allegation is shared with anyone other than the designated person. We will always act on the recommendations of statutory agencies including the Police and Oranga Tamariki.

6.8 Team members need to be aware that:

- Under sections 15 and 16 of the Child, Young Persons, and Their Families Act 1989 any person may report suspicions of abuse or neglect to Oranga Tamariki so long as the report is made in good faith. Please refer to the Act with regard to protections from criminal or disciplinary proceedings.
- We need to be aware of privacy principles when collecting personal information. We should collect information directly from the individual concerned and be transparent about the purposes of collecting the information, how it will be used, who can see it, where it is held, what is compulsory/voluntary information, and that people have the right to request access (and correct) their information.
- Team members may, however, disclose information under the Privacy Act/Health Information Privacy Code where there is good reason to do so - such as where there is a serious risk to individual health and safety. Please refer to the Escalation Ladder for further guidance <https://www.privacy.org.nz/assets/InteractiveEscalationLadder/PRCM1000-Escalation-Ladder-Infographic.pdf>

Reporting procedures

6.9 All concerns of potential, suspected or alleged abuse must be brought to the attention of the Designated Person for Child Protection. A decision will be made as to whether to seek further advice or notify Oranga Tamariki.

When reporting an incident staff should:

- Inform the Designated Person for Child Protection as soon as possible
- Record in writing all conversations and actions taken
- An email or paper documentation is sufficient. The Designated Person will fill this appropriately and securely.

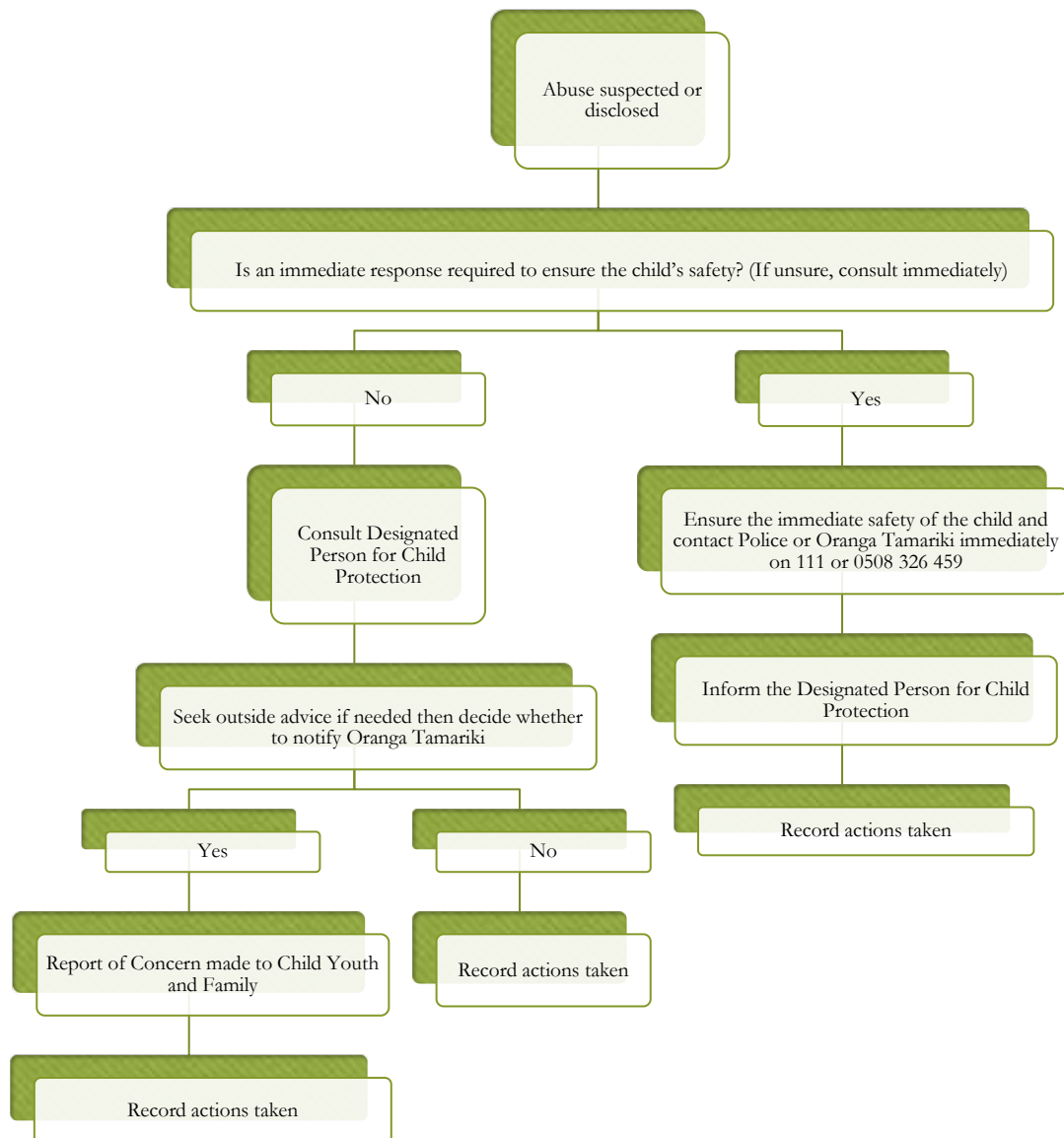
6.10 Effective documentation, including referrals and notifications, must include the following:

- Record of facts, including observations, with time and date
- What was said and by whom, using the person's words
- What action has been taken, by whom and when

Further information regarding signs and indicators of abuse is included in the Appendix.

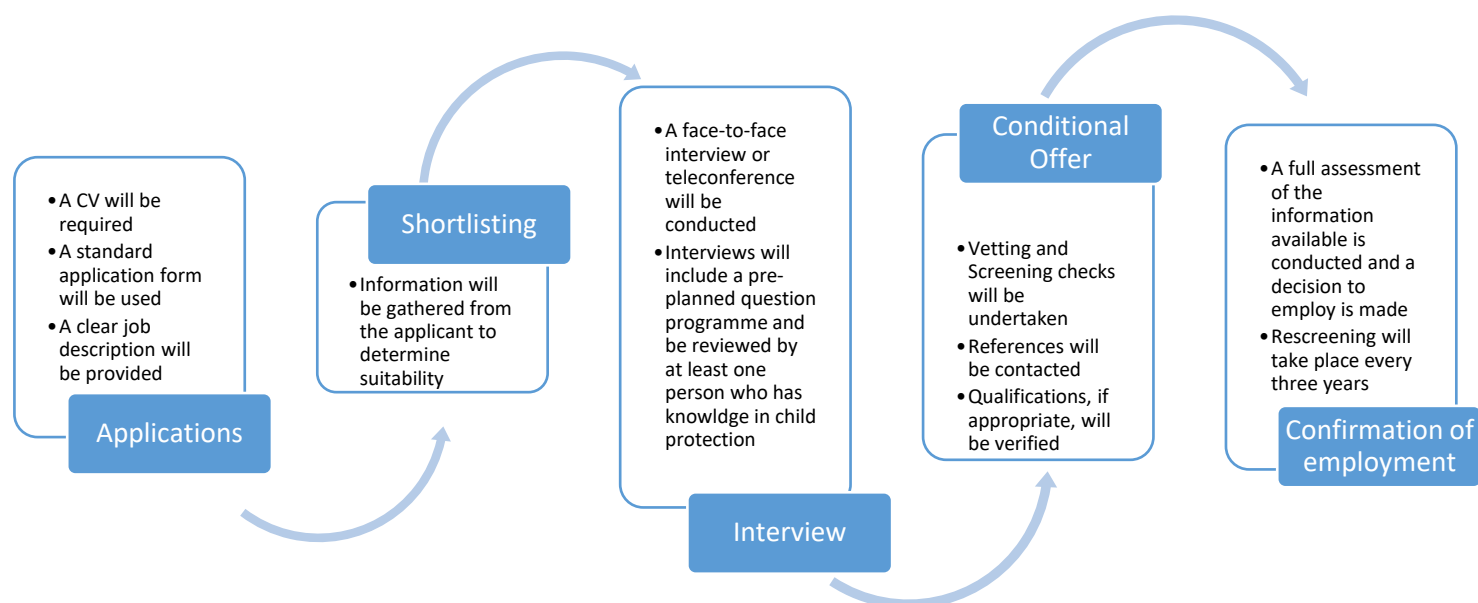
Action to be taken by the Designated Person for Child Protection

6.11 All decisions taken, including if the concern does not require notifying Oranga Tamariki, must be recorded in writing and kept securely in a Child Protection file with the reasons clearly identified and explained.



7. Safe Recruitment of Staff

7.1 All appointments (permanent, fixed term, student, casual or volunteer) to positions that have direct and/or frequent contact with children or young people will be conditional on safety checks, including a Police check.



8. Training of Staff

8.1 All staff will receive child protection training at the level appropriate to their role. The Designated Person for Child Protection will undertake more intensive training, which is available to all staff as needed.

8.2 All staff will be given appropriate training covering basic awareness of child protection. This will include an overview of signs and indicators of abuse, and also the procedure for responding to actual or suspected abuse. This training will include:

- Roles and responsibility of staff regarding child protection
- Recognising and responding to the signs and indicators of actual or suspected abuse
- Ensuring staff understand and can follow the Child Protection Policy and the procedures for reporting a concern.

8.3 All staff will receive updated training every three years as a minimum.

Induction

8.4 All new staff will receive child protection training as part of their induction.

8.5 All new staff will be given a copy of this policy as part of the induction process.

9. Child Safe Practice Guidelines

9.1 A relationship between an adult and a child or young person cannot be a relationship between equals. There is a potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

9.2 Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Adults who work with children must therefore act in a way that is considered to be safe and appropriate.

9.3 Any sexual activity between an adult and a child or young person will be regarded as a criminal offence and will always be a matter for disciplinary action.

9.4 When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should use their professional judgement at all times, observe and take note of the child's reaction or feelings and use a level of contact and/or form of communication which is acceptable to the child for the minimum amount of time necessary.

9.5 Inclusive Communication LTD requires its staff to follow the Safe Practice Guidelines outlined in the Appendix.

10. Dealing with allegations made against members of staff regarding inappropriate actions with children

10.1 Inclusive Communication LTD has a duty of care to the children we meet and serve. A failure to report a significant concern about a child is a breach of that child's human rights.

10.2 Anyone who has reason to make a complaint may contact us in writing. Complaints are taken seriously.

10.3 Allegations, suspicions or complaints of abuse against staff will be taken seriously and reported to the Director who will deal with them immediately, sensitively and expediently within the procedures outlined in this policy. Concerns may be raised a number of ways e.g.:

- Directly by staff hearing or observing issues of concern or behaviour of concern
- Direct disclosure by the child or young person
- Indirect disclosure e.g. through written or art work or through friends
- Complaint from a parent or caregiver or whanau member
- Reports by other colleagues or agencies
- As an anonymous report.

10.4 Given the size of Inclusive Communication, if the allegation is against the Director then this can be reported directly to the New Zealand Speech Language Therapy Association if it regards professional practice, Oranga Tamariki if it involves child protection issues, or the police if it is a criminal matter or child protection.

10.5 It is **NOT** the responsibility of staff to investigate allegations of child abuse. Allegations against staff will be discussed with an appropriate person and a decision will be made if a notification to Oranga Tamariki is appropriate.

10.6 In all child protection cases Inclusive Communication LTD will co-operate fully with both Oranga Tamariki and the Police in their investigations and assessments.

10.8 If the Police decide to undertake a criminal investigation then the member of staff may be suspended, without prejudice, as a precautionary measure. It is important that no internal investigation is undertaken, and no evidence gathered that might prejudice the criminal investigation.

10.9 If there is insufficient evidence to pursue a criminal prosecution, then a disciplinary investigation may still be undertaken if there is reasonable cause to suspect that abuse or inappropriate behaviour may have occurred. The allegation may represent poor practice by a member of staff which needs to be considered under internal disciplinary procedures.

10.10 A person tendering his or her resignation, or ceasing to provide their services, will not prevent an allegation of abuse against a child being followed up in accordance with these procedures.

Child Protection Policy – Appendix

Definitions of Abuse

Clinical Judgment

Given the population that Inclusive Communication LTD specialises in serving, clinical staff are expected to be cognisant that many of the indicators of abuse or neglect are also associated with many of our client's medical, cognitive, sensory, and emotional impairments and diagnoses in the absence of neglect or abuse. We want the families and teams we serve to feel safe discussing their realities so care and intervention can be appropriately planned for.

On the other hand, research shows higher incidence of abuse and neglect in many of the populations we serve (e.g., children or young people with complex communication needs, epilepsy, complex medical conditions, autism spectrum disorders, selective mutism, language disorder, and other similar conditions). It is paramount all people with disabilities are provided the dignity, safety, support, opportunities, and wellbeing that is their right.

When working with these populations, clinical staff are expected to exercise clinical judgement whether any of observed indicators of abuse (listed below) are reasonably explained by a child or young person's condition, while at all times erring on the side of protecting a child's welfare.

We recognise the signs of potential abuse, including but not limited to:

- Physical concerns – unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases
- Emotional concerns – sleep problems, low self-esteem, obsessive behaviour, being very risk adverse, changes in ability to cope in social situations, evidence of self harm, and/or noteworthy shifts in mood
- Behaviour concerns – age-inappropriate sexual interest or play, fear of certain people or places, eating disorders, substance abuse, disengagement, neediness, aggression
- The child communicating about things that indicate abuse – this is sometimes called an allegation or disclosure.

We recognise the signs of potential neglect, including but not limited to:

- Physical concerns – looking unkempt, not having appropriate clothing, underweight
- Emotional concerns – sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness, loneliness, evidence of self-harm
- Behaviour concerns – disengagement, neediness, eating disorders, substance abuse, aggression
- Neglectful supervision – left alone at an inappropriate age, no safe home to return to
- Medical neglect – persistent nappy rash, untreated medical issues, using non evidence based interventions that have known dangers.

We recognise that abuse can take many forms, while prioritising identifying possible abuse or neglect over determining which type of abuse.

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally

inappropriate expectations being imposed on children. It also includes the seeing or hearing of ill treatment of others.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is a lack of action, emotion or basic needs.

Physical abuse is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching, masturbation) as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Intimate Partner Violence includes threatening to harm people, pets or property, and causes family members to live in fear. Children are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present. While some men experience violence from partners and family members, women and children are the most likely victims of family violence.

Child Protection Policy – Appendix

Responding to Child Abuse

Guidelines for responding when a child tells of his or her abuse

It is important that you as the adult remain calm and confident when a child tells you what has been happening to him or her. Every child is different in how, when and where they will tell an adult about abusive experiences so it will most likely happen when you are least expecting it! Your facial expressions and your tone of voice are as important as what you actually say to the child.

Stay calm, listen, **reassure** the child and at times you may need to **clarify** what the child has said so that you can take the appropriate action. If a child sees that you are upset or not able to cope with what he or she is telling you, he or she may not continue to tell you what has been happening or take back (i.e. retract) the original statements they have made.

Listen	Disclosures may be subtle and need to be handled with care, including awareness of a child's cultural identity and neurodiversity and how that affects interpretation of their behaviour and language.
Reassure	Let the child know that they are not in trouble and have done the right thing
Ask open ended questions	Do not interview the child – if the child has the linguistic skills to do so, ask open ended questions such as “what happened next?” Write down what they are saying. Do not make promises you cannot keep – e.g. “I will keep you safe” “It is all going to be okay”
If child is visibly distressed	Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities
If child is <u>not</u> in immediate danger	Re-involve child in ordinary activities and explain what you are going to do next. Discuss with an appropriate person within 24 hours. Then contact Oranga Tamariki if there is a belief that a child has been or is likely to be abused or neglected. 0508 FAMILY
If child <u>is</u> in immediate danger	Contact Oranga Tamariki 0508 Family, the Police (111), and/or Te Haika (0800 745 477) as the situation dictates.
Document	Write down observations, actions taken, plans for next steps, and who was informed.

Actions

	Goal	Considerations
Document	Write down (within 24 hours) and formally record in a separate file: <ul style="list-style-type: none"> Anything child said, drew, or wrote Date, time, location, and who was present Factual concerns or observations (e.g., physical, behavioural, etc) Actions taken Any other relevant info 	This information will inform future actions
Decision making	Discuss concern with appropriate person	No decisions made in isolation
Notify	Notify Oranga Tamariki promptly if there is a belief that a child has been or	Oranga Tamariki will

	<p>is likely to be neglected or abused</p> <p>Phone 0508 FAMILY</p>	<ul style="list-style-type: none"> • make the decision to inform the parents or caregivers in consultation with your organisation • Advise what, if any, immediate action may be appropriate
Follow advise	Oranga Tamariki will advise what the next immediate action to take should be	Oranga Tamariki is responsible for looking into the situation to find out what may be happening and how to best remedy the situation
Record	<p>Securely store:</p> <ul style="list-style-type: none"> • The concern(s) • Any related discussion (including correspondence) • Advice given • Actions taken by us 	
Support	Any one involved in reporting concerns should seek support such as professional supervision if desired/needed	

Child Protection Policy – Appendix

Safe Practice Guidelines

At Inclusive Communication, we expect all staff, including volunteers and clinical students, to abide by the following guidelines:

1. Always act, and be seen to act, in the child's best interests
2. Avoid any conduct that would lead a reasonable person to question their motivations and intentions
3. Take responsibilities for their own actions and behaviour
4. Ensure that communication with young persons (including email, text messaging, letters, etc) takes place within the boundaries of a professional relationship, such as for scheduling appointments and practising the use of such technology. All communication must be open to scrutiny from other adults. When appropriate, it is encouraged to cc in a parent or school staff member. All communication with children should be done through their family.
5. Have no secret social contact with children.
6. Take care that their language or conduct does not give rise to comment or speculation. If controversial topics are likely to be discussed, such as discussing the use of swearing or topics related to dating during social pragmatic therapy, ensure that it is age appropriate and plan for another adult to be present. If controversial topics are brought up by the client, respond in an age appropriate manner, sticking to the question at hand, and setting boundaries as needed.
7. Ensure that all personal social networking sites are set to private and children are not listed as approved contacts.
8. Be vigilant in maintaining privacy while balancing the need to meet in locations where both people are free to leave and are aware that at any point someone may check in on the situation.
9. Staff should never meet with young people 1:1 without the knowledge of the parent or school. We also acknowledge that there are often times when a young person may request to meet 1:1 with a clinician due to sensory needs (e.g., reduction of background noise or visual distraction) or social reasons (e.g., wish to speak confidentially, privacy concerns).
10. Our staff do not engage in toileting or personal care tasks. They may, however, be called upon to advise on the communication aspects of these daily routines on occasion. If, and only if, this is the goal, and both the client and key adults agree, will the clinician be present for such tasks. Always in the presence of the adult performing the tasks.

Additionally:

- a. Staff should follow the procedures of the facility or location where they are working with children or young persons.
 - b. Report any situation to the school, centre, or facility, in which the child or young person becomes distressed or angry.
 - c. Always welcome other adults to look in a window or open the door at any time.
 - d. The young person is free to leave or open the door at anytime.
11. Staff should only use touch as part of appropriate clinical practice (e.g., hand under hand instruction, allowing a child to lead you by the hand, children with autism using re-enactment gestures, sensory input accepted or sought by a child, play based therapy, physical redirection, assisting with transfers, and use of physical play for children in the early stages of communication development); or for safety reasons (e.g., directing a child away from a road, blocking a child who is reaching for something dangerous, lifting a child off something he/she has climbed), always using common sense and allowing the child's parents or primary caregiver the opportunity to act first. If possible, seeking

informal consent in the moment from the parent or caregiver through a verbal question (or if necessary nonverbal means) is preferred.

With regards to touching a child, staff should always

- a. Take into consideration a child's age, developmental level, and the social context. In some situations, touch would be rare, in other contexts it would be questionable to avoid touch.
 - b. Never touch a child or young person in a way that is considered indecent.
 - c. Accept that all touch is open to scrutiny and strive to have a parent or adult present.
 - d. Be mindful of being part of a child's learning journey regarding when, with whom, and for what purposes it is appropriate to touch other people socially. For children who struggle with social boundaries, strive to establish greeting and social routines that will remain appropriate as the child ages and redirect overly friendly or inappropriate touch initiated by the child.
 - e. Be aware of cultural or religious views about touching and always be sensitive to issues of gender.
 - f. Always be attentive to a child or young person's reactions and immediately stop if there is any sign of displeasure or discomfort.
 - g. Whenever possible, allow a child to initiate contact and be mindful of their abilities to communicate their acceptance or rejection of any touch.
12. Staff from time to time may be called upon to drive a young person for reasonable purposes to populated public spaces (e.g., vocational training, school transitions, public libraries, to meetings, cafes when working on social or feeding goals, and other situations to support the generalisation of agreed upon goals). Parents must explicitly approve this. Students must be signed in and out of school using appropriate procedures. Staff will text the designated caregiver, parent, or guardian at the start and end of the trip. Seatbelts will be worn, speed limits adhered to, traffic laws obeyed and mobile devices will not be used. The driver must have ready access to emergency contact details.
13. Alcohol, tobacco, and illegal drugs will not be used in the presence of young people or children. Therapy will not be provided while the clinician is under the influence of such substances.