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Attachment 2

Appropriate physical contact with children

Cultural considerations

Different cultures have varying attitudes to appropriate physical contact. Some also have strong views regarding physical contact between genders which has important implications for the care of children from these backgrounds. There are a range of culturally specific agencies which will provide guidance regarding appropriate care for children.

A significant number of children receiving services from WMV come from communities which have experienced significant violence and trauma in their countries of origin. The needs of these children are complex and significant and it is essential that program managers and stakeholders access relevant cultural information regarding appropriate physical contact and implement this approach consistently. Approaches utilised must comply with the provisions of this policy.

Children with disabilities

Children with disabilities have a range of needs and it is likely stakeholders may be required to engage in a greater degree of physical contact than with other children. This may involve providing assistance with dressing and undressing, bathing or showering, toileting and other personal care needs. Children with disabilities may also engage in a range of sexualised behaviours toward stakeholders and others due to their disability.

Supervisors or program managers must provide comprehensive pre briefing information and direction to volunteer carers or others providing care to children regarding communication strategies where required, the management of sexualised behaviours including the need for additional staff to monitor or assist, recording or reporting arrangements and appropriate practice for bathing, toileting or personal care requirements. The behaviour of stakeholders must comply with the information, direction or management plans provided by supervisors at all times.

The vulnerability of children with disabilities means they have an increased reliance on adults to protect them from harm. Stakeholders must remain continually alert to verbal and non verbal cues from children and the behaviour of other stakeholders.

Appropriate physical contact

Physical contact between stakeholders and children must only occur when it is essential to the work role of the individual and appropriate to the activity and the needs of the child. Physical contact should take place in view of others wherever possible, undertaken only with the permission of the child and be appropriate to the child's age, developmental stage, disability, gender and cultural background. In all instances contact must be limited to completion of a specific task and for the minimum time necessary.

Physical contact between adults and children has the capacity to be misconstrued. Stakeholders must consider what is an appropriate response to a child or situation before acting.

The following considerations are a guide only. Their relevance to particular stakeholders will vary depending on the age, behaviour, disability and needs of children and the specific work

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Version Number: <enter version number>

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Page 15 of 15



Policy Area: <add policy area>

Procedure Name: <add Procedure number and Procedure name>

Document Owner: <enter document owner name and position>

environment.

- Touching a child between the neck and knees is generally inappropriate unless required to provide particular assistance. Contact with the bony areas of the body including the child's hand, arm, shoulder, upper back, elbow or head is preferable.
- Stakeholders must always ask a child's permission to touch and signs from the child that contact is unwelcome (such as stiffening or pulling away) must be respected.
- Where ever possible stakeholders should avoid physical contact with a child out of view of others.
- Physical gestures to provide comfort or congratulations should be non intrusive and accompanied with comforting or positive words. A sideways hug around the shoulder from a stakeholder to a child is more acceptable than around the waist. Care should be exercised to ensure these situations do not occur in private.
- The use verbal directions or gestures are preferable for activities rather than physically moving the child to a particular location. Where touch is necessary always ask the child's permission and conform to the guidelines listed above.
- Stakeholder involvement with toileting, bathing or personal needs must reflect the child's individual management plan and where possible and appropriate, should be undertaken in view of another stakeholder.
- In some situations it may be necessary for stakeholders to discourage a child from unnecessary or inappropriate displays of affection including holding hands, hugs and cuddles. This should be done gently and in a manner which does not embarrass or offend the child.
- Stakeholders must not engage in any physical activity with a child which could be construed as sexually stimulating.
- Stakeholders must not initiate or respond to inappropriate or unnecessary physical contact with children, e.g.: tickling, massages.
- Stakeholders must not use physical punishment of children under any circumstances.
- Stakeholders must not use physical restraint of a child unless this is in accordance with an endorsed behaviour or crisis management plan. Methods of restraint should avoid contact with the areas of the groin or breasts.

Reference:

Safe People, Safe Programs, Safe Places. Team members guide. Child Safe

Protective Practices for staff in their interactions with children and young people. Guidelines for staff working or volunteering in education and care settings. Department of Education and Children's Services. South Australia. 2011

A guide to protecting children and young people with disability and preventing abuse. Department of Education and Child Development. South Australia

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Page 16 of 16