small steps BIG DREAMS Dubai

خطوات صغيرة أحلام كبيرة دبي

EMPLOYEE HANDBOOK

2025 - 2026

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1. Vision Statement

Empowering our students to achieve their full potential by building on their unique abilities.

2. Mission Statement

Our mission is to enrich the lives of individuals with ASD or related disorders, and their families, through evidence-based, and compassionate practice; by supporting them in attaining the greatest level of independence and quality of life, encouraging each individual's uniqueness. We strive to empower families to be an integral part of the success of their child, and resolve to reimagine the path to an inclusive community, by educating the community to recognise and embrace neurodiversity.

3. Welcome Statement:

Dear Colleague,

Welcome to Small Steps!

Since opening our doors in September 2016, Small Steps has proudly partnered with GEMS Education to support students with autism and related needs. Our mission is simple but powerful: to unlock the full potential of every student by creating an environment that is supportive, respectful, and deeply committed to high-quality, individualized education.

As part of this team, you're joining a group of dedicated professionals, therapists, educators, and specialists, who believe in working with heart and purpose. We hold ourselves to the highest educational, professional, and ethical standards, and we approach each day with the belief that our students deserve nothing less.

We know that in order to provide the best for our students, we must also invest in our team. That's why we offer continuous training and development across a wide range of relevant topics. We are committed to helping you grow in your role and within the field.

At Small Steps, collaboration is at the heart of everything we do. We foster an environment where professional dialogue, critical thinking, and continuous learning are valued. Staff are encouraged to engage in shared problem-solving, team-based reflection, and peer learning opportunities that enhance both individual practice and collective impact.

This emphasis on professional engagement extends to our student programming. Our program stands out for its data-driven approach, individualized education plans (IEPs), and interdisciplinary services including ABA, Speech and Language Therapy, Occupational Therapy, and mainstream classroom inclusion. We use a variety of methods, Natural Environment Teaching (NET), modified Discrete Trial Training (DTT), and small group instruction, to ensure every student receives the support they need in a meaningful and engaging way.

Your work and dedication will make a real difference, not just in the lives of our students, but in the lives of their families, and in the school communities we're proud to be part of.

Let's make it a great year!

Warmly,
The Small Steps Team

4. Our Values

In our commitment to providing the highest quality intervention and support for your child's developmental and academic journey, our team consistently upholds the following core values:

Quality Focus: At SSBD, we are driven by a commitment to excellence. We hold ourselves to the highest standards of professional evaluation, continuous improvement, and innovation.

Integrity: We adhere to the professional and ethical compliance code for behaviour analysts. Our work is guided by honesty, transparency, and a steadfast commitment to the best interests of the families we serve.

Social Impact: We believe in the inherent worth and dignity of every individual. At SSBD, we aim to apply the science of behaviour analysis to produce socially meaningful, positive outcomes for our students.

Collaboration: We foster a culture of teamwork and mutual support. Our strength as a community lies in our ability to work together, support one another's growth, and align individual goals within a shared vision.

Family-Centred Approach: We design programs that not only support our students' development but also enhance the quality of life for their entire family.

5. Small Steps Intervention Approaches

At SSBD, we believe that every child is a capable, autonomous individual with the right to self-determination and dignity. Our mission is to empower our students with meaningful, functional skills that promote independence, confidence, and successful engagement in natural, least-restrictive environments. We place a strong emphasis on autonomy, communication, and trust, prioritizing this over rote compliance or the pursuit of "typical" behavior.

Our interventions are proactive, respectful, and rooted in evidence-based practices that support long-term growth. At the heart of our work lies collaboration, relationship-building, and a commitment to student well-being and agency.

SSBD uses a research-driven, best-practice framework grounded in Applied Behavior Analysis (ABA) to support students with Autism Spectrum Disorder (ASD) and related developmental differences. ABA allows us to identify environmental influences on behavior and teach individualized, socially significant skills. These may include communication, self-regulation, play, academic engagement, and peer interaction, critical components for meaningful participation in school and community life.

We understand that real progress is only possible when families and communities are included as partners in the learning process. By integrating scientifically validated interventions with a holistic, person-

centered philosophy, SSBD creates educational experiences that are not only effective, but respectful, empowering, and transformative.

6. Our Team: Roles And Responsibilities

At Small Steps our multidisciplinary team is dedicated to helping children reach their full potential through a blend of evidence-based practices, clinical expertise, and family-centered care. Our staff bring academic and professional backgrounds in Psychology, Education, Special Education, and Behaviour Analysis, working together to deliver personalised support to every child.

Ms. Shamaila Nawaz, Chief Executive Officer, co-founded Small Steps after struggling to find an educational placement which could meet the developmental and educational goals of her son. She strived to establish a centre which would be able to consistently support students in a truly inclusive educational establishment, which was willing and able to cohesively integrate best-practice therapeutic interventions and an adapted curriculum within the framework of a strong partnership with the student's treatment team. Ms. Nawaz has also been a member of the GFS Local Advisory Board since the 2020-2021 academic year. The strong collaboration with GEMS Founders School-Dubai, has since paved the way for many families to achieve an improved quality of life for their own children. Ms. Shamaila regularly meets families and guides them through the initial process of enrollment, and ensures parents' goals for their child are being met.

Mr. Inderjot Singh, Chief Operating Officer, is co-founder and partner on the leadership team of Small Steps. With 24 years of experience in the Alternative Education sector, Mr. Singh promotes a positive company culture and vision and oversees operations in order to ensure Small Steps is providing a consistently quality service. Mr. Singh maintains a strong collaborative partnership with the leadership of GEMS Founders School-Dubai and GEMS Founders School-Al Mizhar, and has been part of the GFM Local Advisory Board, since AY 2020-21/SDP Role: Inclusion Champion. Mr. Singh oversees the daily operations of the Small Steps team and provides leadership and strategic vision to the organisation by taking the lead in expansion activities meant to stimulate business growth and success of the Centre. Mr. Singh meets regularly with parents, in order to ensure that client satisfaction is being consistently fulfilled.

Ms. Veronica Lucy Micalizio, Program Director is a CDA Licensed Psychologist, Board Certified Behaviour Analyst (BCBA), and International Behaviour Analyst (IBA) with over 15 years of experience in Applied Behavior Analysis (ABA), early childhood development, and psychological assessment. Having lived in the UAE for 12 years, she has extensive experience working with culturally diverse populations, which has enriched her understanding and approach to individualized care.

As the Program Director at Small Steps Big Dreams (SSBD), Veronica oversees all aspects of clinical service delivery, ensuring the highest standards of quality assurance. Quality assurance (QA) is a systematic process designed to determine whether products or services meet specified requirements. In the context of clinical service delivery, QA involves the continuous monitoring and evaluation of various aspects of care to ensure that clients receive the highest standard of service. This includes adherence to

established protocols, the effectiveness of therapeutic interventions, and the overall satisfaction of clients. She leads a dedicated team of certified behavior analysts, guiding them in the development and implementation of evidence-based interventions. Her role involves overseeing assessment protocols and monitoring student progress through data reviews and classroom observations.

In addition to her clinical responsibilities, Veronica serves as the Designated Safeguarding Lead (DSL) for Small Steps, ensuring the safety and well-being of all students. In this role, Veronica is responsible for upholding and implementing policies and procedures related to the safeguarding of students. She works closely with the safeguarding leadership team of the school to ensure that all safeguarding measures are effectively enforced and that any concerns are promptly addressed. Her commitment to maintaining a safe and supportive environment is paramount, and she collaborates with staff, students, and families to promote a culture of vigilance and care.

Key responsibilities include:

- Ensuring clinical quality and ethical practice across all programs
- Designing and approving assessment protocols and clinical procedures
- Overseeing curriculum development, program fidelity, and outcome tracking
- Leading the supervision and development of Case Supervisors and Therapists
- Monitoring progress and outcomes through data reviews and classroom observation
- Conducting regular multidisciplinary team reviews and parent meetings
- Guiding inclusion decisions and liaising with school stakeholders
- Managing critical incident response, risk assessments, and safeguarding concerns
- Leading professional development initiatives and staff training.

Case Supervisors

All Case Supervisors at SSBD are experienced professionals in the field of ABA, holding or pursuing BCBA/IBA/QBA/QASP-S credentials. They play a central role in clinical case management and act as the Deputy Designated Safeguarding Leads (DDSLs) within Small Steps and the school.

Key responsibilities include:

- Developing and updating individualized ABA programs and skill acquisition plans
- Conducting curriculum-based and functional assessments
- Training and supervising Behaviour Therapists, ensuring treatment integrity
- Monitoring student progress and adjusting interventions based on data

- Collaborating with families, school teams, and inclusion coordinators
- Managing mainstream inclusion schedules and transition plans
- Providing parent and caregiver training, including behavior support strategies
- Coordinating student transitions between SSBD and mainstream classrooms
- Supporting safeguarding procedures and promoting child welfare within the school

Behaviour Therapists: Our Behaviour Therapists all possess a minimum of a Bachelor's Degree within the fields of Psychology, Education, and Special Education. Therapists must have achieved Certification (RBT, IBT, ABAT) within 6 months of employment. All Therapists, regardless of certification status, receive regular supervision, training, and support on a daily basis, by the Case Supervisor. Key responsibilities include:

- Being present during drop-off and pick-up times (unless otherwise specified in the child's program);
- Implementing ABA programs and targets, based on programming;
- Delivering 1:1 instruction and group learning support;
- Collecting daily data, and maintaining student progress notes;
- Supporting students during activities of daily living (ADLs), group time, and play;
- Assisting students during mainstream class inclusion and school activities;
- Providing academic support and group learning support;
- Supporting assessments by baselining/probing new targets when directed by the Supervisor;
- Applying behavior intervention strategies as directed, and within the scope of ABA practice;
- Ensuring that materials/items are sanitised regularly throughout the day;
- Reporting any questions and concerns to the assigned Case Supervisor.
- Maintain own documentation for certification;
- Maintain positive and collaborative relationships with all Teachers and School Staff;
- Maintain positive and collaborative relationship with colleagues and support staff;

Head of Operations - Mr. Valmiro Fernandes plays a vital role in ensuring smooth, efficient operations across all departments and locations. He oversees systems and processes that support the day-to-day functioning of the organization, ensuring alignment with regulatory standards, internal procedures, and partner institutions.

His responsibilities include managing administrative workflows, resource allocation, infrastructure logistics, staff attendance, and compliance processes. He also ensures operational files, inventories, and systems are consistently maintained and up to date.

As the primary point of contact for internal coordination, Mr. Val manages staff sign-in/out systems, absence and tardiness reporting, and communicates key updates on policies, procedures, and holidays. He maintains regular communication with parents regarding attendance and center policies and ensures timely

updates are shared with all stakeholders. Additionally, he works closely with school leadership teams to support inclusion efforts and ensure alignment between center and school protocols.

n addition to his other responsibilities, Val also serves as the Data Protection Officer (DPO). In this role, Val is responsible for overseeing the organization's data protection strategy and its implementation to ensure compliance with data protection regulations. This includes monitoring data handling practices, conducting regular audits, and providing guidance on data protection issues.

Human Resources Coordinator at Small Steps Big Dreams - Ms. Noora Waheed plays a central role in supporting all staff members throughout their employment journey. HR is responsible for overseeing recruitment employing Safer Recruitment Practices, onboarding, maintaining employee records, managing leave and attendance, and ensuring payroll accuracy.

Safer Recruitment Practices: Our HR Department follows rigorous safer recruitment procedures to ensure that only qualified and suitable individuals work at SSBD and maintains the Single Central Record for employees.

Key practices include:

- Mandatory Dubai Police Clearance for all staff
- Reference checks with specific focus on child protection and past conduct
- Screening for prior disciplinary actions or safeguarding concerns
- Adherence to SSBD's child protection and safeguarding policies during onboarding

The department also facilitates performance evaluations, professional development opportunities, and adherence to UAE labour laws and internal policies. In addition, HR addresses staff concerns, supports conflict resolution, and promotes a positive, inclusive, and legally compliant work environment. Employees are encouraged to approach Ms. Noora for any HR-related assistance, including clarification on policies, support with documentation, or guidance on workplace matters.

Finance Coordinator: Our Finance Coordinator is responsible for handling office funds and petty cash, acquiring approved materials, Contracts, invoicing, and salary transfers.

7. How Intervention Is Structured at SSBD

At SSBD, Applied Behaviour Analysis (ABA) is delivered through a comprehensive, team-based approach that modifies the environment and daily routines to teach meaningful skills and reduce behaviours that interfere with learning and quality of life. Our intervention model is built on four key components working in collaboration:

Certified Behaviour Analysts (BCBA/QBA/QASP-S/IBA)

Our certified Behavior Analysts lead the intervention process. All Case Supervisors at SSBD are experienced professionals in the field of ABA, holding or pursuing BCBA/IBA/QBA/QASP-S credentials They conduct assessments, design individualised treatment plans and mainstream inclusion schedules, create goal-oriented programming, supervise Behaviour Therapists, train team members, and provide ongoing support to families.

Behaviour Therapists

Therapists implement the treatment plan by teaching new skills through structured techniques. They break tasks down into manageable steps, using reinforcement and prompting strategies to help children progress toward independence.

School Inclusion Team

In collaboration with SEND staff, teachers, and Learning Support Assistants (LSAs), this team ensures that students receive academic accommodations and support through an Individualised Education Plan (IEP). Close coordination between SSBD and the school fosters successful mainstream classroom inclusion.

Family Involvement

Families are key partners in the intervention process. They work alongside the Supervisor to generalise learned skills at home, reinforce positive behaviours, and create supportive environments that reduce the need for maladaptive responses.

8. Intervention Planning and Delivery

Each student begins with a skill-based developmental assessment to establish baseline performance and identify priority goals. These assessments, guided by standardised tools and ongoing data collection, form the foundation of a customised treatment plan that evolves with the child's progress.

Our programs are:

- Individualised to suit each child's unique strengths, needs, and learning style
- Flexible and creative, adapting to ensure engagement and effectiveness
- Outcome-driven, with goals focused on communication, social interaction, daily living, play, and academics.

8a. Learning Environments and Daily Structure

SSBD provides a range of instructional settings that bridge therapy and mainstream education. These include:

- 1:1 intervention in a small group setting to replicate classroom dynamics
- Support within mainstream class lessons through individualised inclusion schedules
- Daily activities incorporating:
    - Discrete Trial Teaching (DTT)
    - Natural Environment Teaching (NET)
    - Pivotal Response Training (PRT)
    - Activities of Daily Living (ADL)
    - Group learning and social interaction

This collaborative, child-centred model ensures that intervention is meaningful, practical, and sustainable across school settings.

8b. Initial Assessment/Re-Assessments: During the student's first weeks of attendance, the Supervisor will conduct an initial assessment, using appropriate standardised assessment tools (i.e., VB-MAPP, etc.), over the duration of approximately 2 to 4 weeks. During this time, Therapists are responsible for ensuring they pairing with the child, preparing materials as requested, and probing targets as instructed. Re-Assessments are carried out periodically, and are led by the Supervisor with the support of the Therapist.

8c. Goals and Objectives: Goals and Objectives will be outlined after the initial assessment period and will be added into the student's individual profile on the data software. Each Therapist is responsible for ensuring they fully understand each target, procedures, and the data recording process for each assigned student using the HiRasmus platform. Use of additional data recording forms may be required. Therapists are responsible for sourcing the materials from existing materials and resources before printing/requesting to purchase new materials.

8d. Positive Behavior Support Plans/Behavior Intervention Plans: Behavior intervention plans are designed and tailored to the student's needs addressing specific behaviors to decrease and the specific strategies used for intervention. The primary purpose of a behavior plan is to outline and describe strategies that prevent problem behaviors, teach new behaviors that replace problematic behaviors and attempt to remove consequences that maintain or strengthen undesirable behaviors. The Therapist is responsible for ensuring they fully understand the actions required in the plan, by seeking any needed clarification by the Case Supervisor; the Therapist is then responsible for implementing the plan, recording data, and informing the Supervisor of any concerns, questions, or other feedback.

8e. Therapy Team: A team of multiple Therapists may be assigned to support a child, promoting the generalization of skills across individuals. Therapists begin by building rapport with the child while implementing individualized programs. Their role is to engage and encourage the child through structured tasks that develop social, self-help, and learning skills, while fostering trust.

Therapists collect data on all programs, which is regularly reviewed by the Supervisor to make adjustments that support ongoing skill development. All Therapists receive ongoing training in Applied Behavior Analysis (ABA), reinforcement strategies, discrete trial training (DTT), natural environment teaching (NET), prompting and prompt fading, behavior management, generalization, maintenance, and social skill development.

Professional development is provided through CPD courses and training in current best-practices. Therapists are expected to seek clarification, request additional guidance, and pursue further training when needed to ensure the highest standard of care. Each training session is recorded by the HR Coordinator in the SQM; if any therapist takes external training and receives a certificate of attendance, this should be submitted to the HR coordinator.

8f. Data Collection: Daily data is collected using HiRasmus, a secure, tablet-based software system that replaces traditional paper binders. This program is designed to track progress across all areas of the ABA program, including skill acquisition and the reduction of maladaptive behaviors. Each child has an individual, password-protected account fully accessible only to the Program Director, Case Supervisor, and designated Small Steps staff. Therapists input data in real time, allowing the Supervisor to regularly review progress and make informed, data-driven decisions to adjust and optimize the child's program.

8g. Speech and Language Therapy: Speech and Language Therapy is often available through the school's provision to support the development of verbal and non-verbal communication. Sessions are conducted on-site by an external Speech and Language Pathologist. The Therapist should attend these sessions to observe strategies, receive guidance, and ensure that targets are consistently reinforced throughout the week.

8h. Occupational Therapy: Occupational Therapy is often available through the school's provision to support sensory regulation and functional skills. Sessions are led on-site by an external Occupational Therapist. The Behavior Therapist should attend sessions to observe techniques, receive guidance, and implement recommended strategies consistently throughout the week.

9. Mainstream Classroom Inclusion

Our students are enrolled as both Small Steps and GEMS students. Mainstream inclusion is a collaborative decision made by the Small Steps Case Supervisor, and the School team (Inclusion Team and Class Teacher). A student is considered ready for meaningful participation in the mainstream classroom once specific behavioural and communication milestones have been consistently demonstrated across multiple areas of development.

Placement decisions are made with care, selecting classes, teachers, lessons, school events, and outings that offer the most appropriate and beneficial learning experiences for each student. The goal of inclusion is to support the student in the mainstream environment while continuing to address their individual needs and ensuring they are genuinely benefiting from the experience.

Inclusion typically involves a gradual process supported by a Behaviour Therapist or School Learning Support Assistant (LSA). To maximise learning, Behaviour Therapists prepare students in advance for upcoming classroom lessons and may provide supplementary support for academic goals when needed.

To support successful mainstream inclusion, Therapists are expected to:

- Collaborate with the Class Teacher to identify and adapt worksheets, assignments, and classroom activities to align with the student's goals;
- Apply prompting and prompt-fading strategies to support both participation and independence;
- Facilitate opportunities for peer social interaction; and
- Implement programs and targets from the student's Individualised Education Plan (IEP) within the mainstream setting.

Individualized Education Plan (IEP): An IEP is a written plan developed collaboratively by the School Inclusion Team, mainstream Class Teacher, Small Steps, the parents, and, when appropriate, the student. It is tailored to the child's academic, developmental, and functional needs to ensure access to an appropriate education.

Services outlined in the IEP may be delivered in regular classrooms, in small-group settings with peers of similar needs, or through 1:1 instruction—depending on what best supports the student. Some students may have an IEP for a specific subject, while others may have comprehensive plans covering multiple academic areas and social skills.

The School Inclusion Departments offer a range of support provisions, including the *Grow* and *Flourish* classrooms, and ASDAN coursework, which provide differentiated instruction, individual and small-group interventions, and modified lessons in English, Math, Literacy, Communication, and Social Skills.

10. The School Day Schedule

10a. School Schedules: Drop-Off and Pick-Up

- School gates open at 07:00 am (FS-Y13);
- FS classes end the day at 12:50pm;
- Small Steps program begins at 7:30am (Mon-Fri); Students arrive 7:45 to 8:00
- Small Steps program ends at 03:00pm (Mon-Thurs);
- Small Steps program ends at 12:00pm (Fri);
- Students who are attending mainstream classes must be in class by 7:40am;

- Therapists must be in school by 7:25am and ready to greet their student by 7:40am at the appropriate Reception area;
- Therapists are expected to return to the SSBD class after their child leaves (3:00pm to 3:30pm).

10b. Pick-Up and Drop-Off Procedures: GEMS schools enforce strict guidelines regarding pick-up and drop-off procedures to ensure the comprehensive safety of all students.

- Only parents with designated lanyards may enter school premises without additional identification.
- We follow an adult-to-adult policy, whereby the student is handed over by the Parent directly to the Therapist (unless previously agreed upon based on the student's program). Therapists then walk with the child to the appropriate classroom.
- At pick-up time, Therapists are expected to physically hand over the child to the parent (i.e., hand-to-hand) inside the Reception area. Therapists do not exit the building with the student.
- Therapists should briefly update the parent about the child's day and pass on any important and time-sensitive information relevant to the next day.

10c. Un-Authorized Pick-Up Procedure: If an unauthorized person attempts to pick up a child, the therapist must immediately inform the Operations team or the assigned Supervisor. If the parents have provided written consent for that person to pick up the child for the day, a clear copy of the individual's Emirates ID (or valid photo ID) must be retained and documented before releasing the child.

10d. Late pick-ups: We expect all parents to be on site 5 minutes before the end of the school day. Staff have duties beyond the student day and cannot spend time looking after students waiting to be collected. In the unlikely event that a parent is late to pick up their child, the Therapist should allow a 5-minute grace- period before informing the Operations Coordinator or the Supervisor. If the parent is still not present after this period, the Therapist should inform the Operations Coordinator or the Supervisor who will contact the parents.

10e. Bus Procedures:

Bus Students-Start of Day:

- The Therapist must be ready to pick up their student from the bus at 7:15am, unless otherwise informed by the Supervisor;
- Students will be taken to class by their Behavior Technician.

Bus Students-End of Day: Therapists will be updated individually with relevant bus details by the Supervisor; Therapists must accompany the student to the bus and ensure that they are safely inside the bus before leaving;

- For FS students, buses depart at 12:30pm (Mon-Thurs) and 11:50am (Fri);
- For Y1 to Y13 students, buses depart at 2:40pm (Mon-Thurs) and 11:50am (Fri).

10f. Field Trips: Field trips provide valuable opportunities for social interaction, community exposure, and enjoyable experiences outside the daily routine. Therapists are expected to participate, arrange their own transportation (unless coordinated by the school or Small Steps), and follow all procedures as directed by the Supervisors.

10g. Snacks and Lunch: Therapists are responsible for knowing and monitoring their student's food allergies and must remain vigilant at all times to ensure all students' safety, particularly around food. Therapists should always be aware of all food present in the room and take necessary precautions to prevent exposure to allergens. Products with nuts are not allowed in schools and Therapists should monitor student snacks for these items.

Students must never be left unattended, including during snack or lunchtime. While these times are important breaks in the student's day, they also offer valuable opportunities to practice skills in a natural setting to support social, communication, or self-help goals.

10h. Staff Lunch Break: Maintaining student safety and safeguarding is a top priority. A 2:1 student-to-therapist ratio must be upheld at all times, and under no circumstances should a student be left unattended or with a 3:1 ratio.

Therapists must follow the lunch break schedule as outlined by the Case Supervisor. A therapist may only leave for their break once another designated therapist has returned and the student has been properly handed over to the therapist assigned to be in charge. No therapist is permitted to leave a student unsupervised for any reason. Adherence to these procedures is essential to ensure the well-being and safety of all students at all times.

11. Daily Operations

11a. Access Cards: The Operations Team will assign Access Cards to new staff members. These cards are school property and must be handled with care, as they cannot be easily replaced. Loss or misuse of an Access Card may result in restricted campus access, immediate disciplinary action, and a formal report to school security.

11b. Attendance: Staff members will sign in/out using the fingerprint scanner installed in the SSBD class. All employees are expected to work 40 hours per week.

11c. Purchasing: Staff members may request purchase of supplies, toys, and materials. Purchase orders must be made by the first week of the month. It is the responsibility of the Therapist to ensure that required items are communicated on a regular basis to the Supervisors who will purchase the items. Therapists will not be refunded for purchases made personally, without prior written approval.

11d. Printing/Laminating: Staff may use the printer/laminating machines for approved materials only. Material preparation may be completed when the assigned student is not in school, and after home time.

11e. Materials and Other Items: Therapists are responsible for ensuring that materials are kept organised and in good care at all times. Therapists are responsible for sanitising their workspace and all items at regular intervals throughout the school day.

11f. Teacher of the Day/Week: Each Therapist takes on the role of "Class Teacher" on one set day/week per month as per the Rota, as per Supervisor decision. Duties include:

- Prepare for the morning welcome activity.
- Lead Circle Times (morning and "goodbye time").
- Plan, prepare, and lead two appropriate, 20-min group activities (crafts, movement activities).
- Setting-up and enforcing the class schedule.

11g. Team Building Events: At Small Steps, we believe in the power of teamwork and mutual support. We're committed to fostering a collaborative environment and regularly plan team events to celebrate our shared efforts, creativity, and dedication to our students and mission.

11h. Supervision: The supervision protocols for behavior therapists are designed to ensure continuous professional development and high standards of practice. Therapists will receive ongoing supervision, which includes monthly Brief-Evaluations to monitor their progress and provide timely feedback. In addition to these monthly evaluations, there will be termly formal evaluations accompanied by comprehensive feedback sessions to discuss their performance in detail. These formal evaluations will serve as a more in-depth review of the therapists' skills, effectiveness, and adherence to protocols. For therapists who do not achieve satisfactory scores in these evaluations, a more intensive supervision plan will be implemented. This plan will involve weekly formal evaluations to closely monitor their improvement and provide additional support where necessary. This structured approach aims to foster a culture of continuous improvement and ensure that all therapists meet the required standards of practice.

11i. Rain Days: In the event of occasional school closures due to rain or other unforeseen circumstances, we are committed to ensuring that services continue to be provided within reason. During such closures, we will utilize online resources to maintain continuity of care and support for our clients, when possible. Additionally, training sessions will be conducted virtually, and therapists are expected to be present for the full duration of these trainings. This approach ensures that our team remains well-prepared and that our clients receive uninterrupted services, even during periods of disruption.

12. Policies

12a. Communication and Contact Information:

Communication Book: The Communication Book travels with the child daily to facilitate communication between school and home. Please note that at some point, the Communication Book and session notes

may be managed through the HiRasmus software. This transition aims to streamline documentation processes and enhance the efficiency of our record-keeping practices. Further details and training will be provided as we move forward with this implementation. Therapists must write objective, detailed notes about the child's day, sessions, classroom inclusion, and targets by the end of each day, and ensure the book is placed in the child's backpack at pick-up. Therapists are also required to check the Communication Book daily for any messages from parents.

Photo Sharing App: We share videos and pictures daily with parents through a secure, private digital app. Therapists are responsible for uploading content that reflects the child's targets and programs, such as social interactions, independent work, skill acquisition, and group activities. All content is regularly reviewed by the Case Supervisor and Program Director. Recording must not interfere with the child's care or daily tasks. Therapists will be provided with company tablets for capturing photos and videos.

Monthly Parent Update: At the end of each month, each Therapist is responsible for writing a summary of the student's achievements, current focus areas, challenges, and suggested areas for home support across all key learning domains. A draft of the Monthly Parent Update must be submitted to the Case Supervisor during the last week of the month for review and approval. Once reviewed, a copy must be submitted to the Supervisor, and the final version should be sent home in the student's folder. The Monthly Parent Update does not need to be returned by the parent.

Slack™ Communication: The Supervisors are available on Slack™ during working hours, or via email. Therapists are responsible for voicing their concerns in a timely manner about daily incidents, personal needs, questions, or other feedback. Therapists are additionally provided with a SSBD email address, and official communication may be relayed through email.

Whatsapp Communication: It is strictly prohibited for Small Steps Therapists to communicate via Whatsapp or other means, with parents, outside of the Whatsapp Groups which are occasionally set-up by the Case Supervisor. Therapists are required to inform the Supervisor if a parent initiates a direct and private contact with them via Whatsapp, email, or any other means.

12b. Therapist Certification Supervision: Any Therapist who holds a certification such as Registered Behavior Technician (RBT), International Behavior Therapist (IBT), or Applied Behavior Analysis Technician (ABAT), is responsible for maintaining their own certification in accordance with the requirements of their respective certifying organization. All Therapists must complete IBT or ABAT certification within 6 months of joining SSBD.

Once the Therapist is assigned to a client, the certified Behavior Analyst/Supervisor will add the newly certified RBT/IBT/ABAT to their official supervisee list. The certified Behavior Analyst/Supervisor will ensure that all monthly supervision requirements are met and will maintain a file for each RBT/IBT/ABAT documenting supervision hours (both individual and group) and the number of ABA implementation hours each month. It is important to note that ABA implementation hours are not equivalent to total working hours (e.g., a Therapist may work 8 hours per day, but may implement behavior analytic tasks for a

cumulative total of 4 hours per day). Therapists are expected to proactively communicate with their certified Behavior Analyst/Supervisor for questions, support, and feedback as needed.

Competency Re-Assessments (CRAs) will be conducted in a timely manner to allow for timely documentation and re-certification. It is the responsibility of the Therapist to:

1. Notify their certified Behavior Analyst/Supervisor when a CRA is due; and
2. Be prepared for the CRA within the recertification period.

The Therapist and certified Behavior Analyst/Supervisor will coordinate a mutually agreed time to complete the reassessment.

12c. Additional Certifications:

- BACB Certification: New RBT/BCaBA/BCBA Certification is no longer possible within the UAE.
- Other Certifications/Degrees: Individuals who are seeking certifications above that of IBT/ABAT within the field (QASP-S/QBA/IBA), must discuss such interest with the Case Supervisor and Program Director before committing to coursework and supervision requirements.
- Individuals pursuing higher education degrees, who may require specific accommodations or scope of practice adjustments, will be supported within reason and when possible.
- Obtaining Supervision toward a certification higher than RBT/IBT/ABAT by a certified Supervisor is not included as a benefit in the employment package. Supervision towards new certification may be provided on an individual and case-by-case basis, and dependent upon the supervising Behavior Analyst's availability, schedule, etc. Therefore, any employee who wishes to pursue advanced certification must inform the Program Director prior to enrolling in classes intended for applicable coursework.
- Any BCBA/BCaBA/IBA/QASP-S/QBA who is a Small Steps employee may not provide supervision to non-Small Steps employees outside of working hours.
- Any therapist, regardless of certification status, is prohibited from working with an outside organization or private entity, and/or receiving supervision towards any level of certification without prior disclosure and written approval by the HR Coordinator and Program Director.

12d. Dress-Code: Small Steps Team does not currently require a uniform. Professional dress is expected at all times, as outlined in the policy below:

- Dresses and skirts are not recommended due to potentially decreased mobility. If worn, these must be loose fitting and knee length, at least even when shifting positions, and not interfere with required duties such as kneeling on the floor, quick walking, or running;
- Trousers (full length, no leggings, jeans, joggers, or cords);
- Blouses/Formal Shirt should not be of see-through material, should not be tight or low cut, should cover the shoulders, top button should be buttoned; or Polo-shirt with collar;
- Clean shoes of a sensible height; toes must be covered (no sandals, or trainers). Shoes should permit quick walking, or running;

- Sunglasses should not be worn on the head indoors, nor hang out of a pocket;
- UAE National dress is acceptable as long as it complies with the above guidelines;
- National dress, not of the UAE, is acceptable only during specific School events, such as International Day, etc.;
- Clean shaven every day or a trimmed beard, clean orderly hair, should be tied back;
- UAE National dress/Abaya/Shaila should be of one color with minimal embellishments (i.e. sequins, designs, etc.);
- National dress, not of the UAE, is acceptable only during specific School events, such as International Day, etc.

12f. SSBD Tablets: Therapists will be assigned a tablet, which remains the property of SSBD. Therapists are responsible for the proper use, care, and safekeeping of their assigned device. Therapists are expected to use the tablet for data recording in the appropriate app and regularly check Slack notifications during the day for important updates and communication. Tablets must remain password-protected at all times using a password assigned by the Operations Coordinator. Any misuse, loss, or damage to the tablet may result in disciplinary action, including but not limited to financial reimbursement for repairs or replacement.

12g. Use of Phones: Therapists are not permitted to use personal phones for calls, texting, or other non-work-related purposes during working hours. Personal phone use is only allowed during designated lunch breaks and must take place in the Café or other designated staff break areas. The use of personal devices to take photos or videos of students is strictly prohibited. Only SSBD-issued tablets may be used for capturing photos or videos related to student programming. All media must be uploaded promptly to the approved photo-sharing application, and then deleted immediately from the device after upload.

12h. Personal Belongings: Staff can store personal items in a staff cupboard near their workstation, depending on classroom layout. These items may be accessed during staff break times only. Small Steps cannot be held responsible for missing personal items.

13. Professional And Ethical Conduct

We follow the Professional and Ethical Compliance Code as outlined by the certifying organizations for Behavior Analysis.

13a. Professional Boundaries: Therapists must maintain clear professional boundaries and avoid becoming overly familiar with families. This includes:

- Not discussing personal matters or beliefs with families, nor becoming involved in theirs;
- Not answering clinical questions or offering advice during drop-off/pick-up times;
- Directing all parent questions to the Case Supervisor;

- Avoiding personal or financial agreements with families (e.g., tutoring, babysitting, home sessions);

Violations will result in immediate disciplinary action.

13b. Assisting Non-Small Steps Students: Therapists may not provide direct care or intervention for students who are not enrolled in Small Steps. Exceptions apply only in cases of emergencies or safeguarding concerns, where Therapists must reasonably attempt to avoid physical contact, and contact the appropriate personnel (e.g., Supervisor, School Staff). At no time should a Small Steps employee be responsible for supervising another school's student.

13c. Confidentiality, Non-Disclosure, and Data Protection: Due to the sensitive nature of our work, all Therapists must protect the confidentiality of students and families, and avoid discussing students with other families or outside of work. Therapist are forbidden from using any photos, videos, or other media taken within the campus of any GEMS school for personal use on social media platforms, personal sharing, or other uses. It is permitted to reshare content which has already been posted on the official Small Steps social media pages ONLY if this content does not contain ANY student. Therapists may not share any information, programs, policies, targets, behavior plans, or internal documentation, with external professionals unless authorized in writing by the Case Supervisor and Program Director.

Data Handling and Protection: The Data Protection Policy must be read and followed by all individuals. This policy encompasses the use of various applications, including HiRasmus for program data collection, Slack for internal communication, MS Co-pilot & MS One Drive for data and file storage, CURA for safeguarding, Redrock for internal staff training and CEUs, and Photo Circle for sharing videos and photos within our internal network and with parents only. The policy ensures that data collection is conducted for specified, explicit, and legitimate purposes using the approved applications tools. Mr. Val is the DPO and any concern, violation, or suspicion of violation must be reported to him immediately.

13d. Anti-Bribery and Corruption Policy: Small Steps upholds a zero-tolerance approach to bribery and corruption. All interactions must be conducted ethically and transparently. *Bribery* refers to the act of offering or receiving anything of value to influence a decision. Corruption refers to the abuse of positional power for personal gain. This applies to all relationships between: Therapists and parents; Supervisors/managers and therapists; Parents and supervisors/managers. Any suspected bribery or corruption must be reported to the Compliance Officer. Reports will be handled confidentially. Violations may lead to disciplinary action, including termination.

13f. Receiving Gifts: Because the exchange of gifts can invite conflicts of interest and multiple relationships, Small Steps employees do not accept gifts from clients, stakeholders, therapists, supervisees, or trainees with a monetary value of more than 50aed. A small physical gift is acceptable if it functions as an infrequent expression of gratitude and does not result in financial benefit to the recipient. Ongoing, consistent, or cumulative giving/accepting of gifts may be considered a violation if the gifts become a regularly expected source of income or value to the recipient. Gifts of money in the form of cash/cheque/transfer/gift cards/etc. are strictly prohibited. Small Steps staff does not give gifts to students

or families. All staff are responsible for adhering to this policy; supervisors must monitor compliance. By upholding these standards, we ensure a professional, ethical, and culturally respectful environment for everyone.

14. Administration And Human Resource

14a. Safer Recruitment Practices: SSBD recruitment practices aim to ensure that only suitable applicants are permitted to work with children and young people. A recent Dubai Police Clearance is mandatory. References will be sought from previous employers and include specific questions about the candidate's suitability to work with children and young people, as well as previous disciplinary and safeguarding concerns.

14b. Probationary Period and Notice: The probationary period is 180 days, for all roles, in line with the MOHRE guidelines.

14c. Requesting Leave: All leave requests must be made to the Supervisor, Operations and HR and are subject to approval.

14d. Mandatory leave periods: Leave periods will be each year in Summer and Winter. Winter leave period is from Dec 22 to Jan 3. Summer leave period will be determined and communicated to the team by the end of Term 2. Additional leave requests during the Summer School Period are subject to approval.

14e. Reporting Illness: In the event of illness, staff must personally telephone Operations and the Supervisor before 10:00 pm the night before or by 6.30am on the day of illness. We will not accept notification of illness by email, text message, or Slack. For any sick leave even a single day, the employee is required to submit a valid medical certificate issued by an authorized healthcare provider in Dubai.

14f. Salaries: All salaries will be paid monthly on or before the 3rd working day of each month. In accordance with the rules issued by the United Arab Emirates Government, Small Steps will pay salaries using the Wage Protection Scheme (WPS). In order for salary payments to be processed, it is mandatory that each employee signs their pay slip at home on time and emails it to the Operations Coordinator.

14g. Medical Insurance: All eligible Small Steps employees are entitled to a DHA Approved Medical Insurance Policy, as stipulated by the Government of UAE.

14h. Home Sessions: Home sessions are not provided by Small Steps at this time, and will not be offered as a means to make-up missed sessions/school days. Small Steps employees are prohibited from providing sessions, babysitting, tutoring, etc. to Small Steps clients, and for up to 2 calendar years after services are terminated.

14i. Involuntary Loss of Employment Insurance: The ILOE or Involuntary Loss of Employment insurance is a job loss insurance scheme in the UAE. It was introduced in 2023 by the government of the UAE. The scheme covers both the private and federal government sectors in the UAE. After paying the insurance amount of 12 months, you can get compensation of 3 months to claim. You can only claim after

you lose your job in the UAE. Yet, the job loss must not be due to a resignation or any other disciplinary reasons. Ensuring this policy is up to date is crucial for your financial security in the event of unforeseen job loss. Please take a moment to review and renew your policy to avoid any penalties. Subscribing to the Involuntary Loss of Employment (ILOE) insurance is the responsibility of each employee. Failure to enroll in the ILOE scheme will result in a penalty of AED 400, as per UAE regulations. To pay ILOE insurance online, you need to go through these simple steps:

- Step #1. Visit the ILOE website at ILOE – Dubai Insurance
- Step #2. Now select the option 'Subscribe/Renew Here'
- Step #3. You will get directed to another tab to select your identity as an individual or if you are applying for a company. Now as an employee select the 'Individual' tab with your 'Sector'. For example, if you are working in a private sector, you can choose the Private sector.
- Step #4. After selecting your sector, you will be directed to the ILOE portal. On this page, you may need to add your details including: UID (Unified Identity Number) OR Emirates ID Number; UAE Mobile number; Date of Birth.
- Step #5. After you get an OTP on your given phone number, you need to add the OTP to sign in.
- Step #6. After you get signed in, you can decide to pay your insurance amount either in installments or in one go.
- Step #7. The payment can be made through Visa cards, credit cards, or others.
- Step #8. After paying the insurance, you subscribe to the insurance. Your insurance will get activated for that year in the United Arab Emirates.

15. Feedback And Disciplinary Actions

As an organisation within an ever-evolving scientific field, we strive to constantly improve our practice and learn from each other; therefore, the suggestions, considerations, and concerns from Therapists are always welcomed, encouraged, and appreciated, when provided in a professional manner and within the appropriate channels of communication. A Therapist who wishes to discuss their ideas, feedback, or concerns with regard to a client program, targets, etc. is required to do so in writing, and present their thoughts to the Supervisor.

Therapists are continuously observed, and it is the right and duty of the Supervisor or Program Director to step in and interrupt a Therapist's implementation in order to provide guidance, instructions, and feedback. It is the role of the Therapist to accept such feedback and implement the instructions. It is the prerogative of the Supervisor to identify areas of need for further training for an individual Therapist, or group of Therapists and require the provision of additional training.

If instances occur in which an individual has been found in repeated violations of Employee Handbook regulations, direct instructions given by the Supervisor, or by the Program Director or Chief Operating Officer, disciplinary actions will be taken.

15a. Verbal Warning Meeting: A Verbal Warning Meeting entails a formal meeting with the direct Supervisor/Line Manager. Such meeting will be followed up with meeting notes, which will be signed by all parties present at the meeting.

15b. Written Warning: A Written Warning will be issued after a Verbal Warning Meeting has occurred and the issue/violation is still occurring or other issues/violations have occurred. A Written Warning Meeting entails a formal meeting with the Case Supervisor and the Program Director. A Performance Improvement Plan will be outlined, and followed up on a weekly basis. If the same issues/violations or new issues/violations are still occurring after 2 weeks, the Employee is subject to termination.

15c. Gross Misconduct: Gross misconduct is an act that is so serious or having such serious consequences that it may call for dismissal without notice for a first offence, obvious examples being theft or physical violence, gross negligence, or serious insubordination. With gross misconduct, an employee may be dismissed immediately following an investigation, and a meeting with the employee, in order to give a chance for them to respond.

15d. Grievances: Any Therapist who has a conflict or grievance against another individual must follow the following procedures.

- Any Therapist who has a grievance against a colleague (another Therapist) must first attempt to resolve the concern directly with the colleague. If such attempts for resolution have been unsuccessful, the Therapist must present their concern in writing to the Supervisor.
- Any Therapist who has a grievance against the Supervisor must first attempt to resolve the concern directly with the Supervisor. If such attempts have been unsuccessful, the Therapist must present their concern in writing to the Program Director.
- Any Therapist who has a grievance against the Program Director must first attempt to resolve the concern directly with the Program Director. If such attempts have been unsuccessful, the Therapist must present their concern in writing to the Chief Operating Officer, Mr. Inderjot Singh.

16. Harassment In The Workplace

16a. Equal Opportunity Employment: Small Steps is committed to maintaining a work environment free from discrimination and harassment. We strictly prohibit any form of discrimination or harassment based on race, age, color, religion, citizenship, national origin, ancestry, gender, sexual orientation, gender identity or expression, pregnancy, or any other protected characteristic. Our policy is zero tolerance toward bullying and harassment.

16b. Harassment: Harassment includes any unwanted physical or verbal conduct that offends, humiliates, interferes with work performance, or results in adverse job-related consequences, which a reasonable person would recognize as unwelcome. This does **not** include legitimate supervisory actions such as performance reviews, work evaluations, or valid disciplinary measures. Examples of harassment include

but are not limited to: racial or sexual slurs or jokes, name-calling, negative stereotyping, physical assault, bullying, threats, showing or producing demeaning images, or writing. Harassment covers behaviors, whether occurring once or repeatedly, directed at individuals or groups, including:

- **Discriminatory Behavior:** Treating people unfairly or negatively based on prohibited grounds such as race, color, ancestry, origin, political belief, religion, age, sex, sexual orientation, marital or family status, physical or mental disability, or pardoned criminal convictions.

16c. Sexual Harassment: Sexual harassment includes any conduct, comment, gesture, or contact of a sexual nature, whether a single incident or repeated, that could reasonably cause offense, humiliation, or create a condition where employment, training, promotion, services, or contracts are contingent on sexual compliance. Examples include:

- Sexual assault
- Unwanted touching, patting, or staring
- Questions or comments about sexual preference, orientation, or gender identity
- Telephone calls with sexual content
- Gender-based insults or jokes causing embarrassment
- Repeated unwanted social or sexual invitations
- Inappropriate or unwelcome comments on physical appearance

16d. Bullying and Cyberbullying: Bullying involves behaviors aimed at attacking or diminishing another person by unjustified criticism, humiliation (especially publicly), exclusion, or isolating the individual. When bullying comes from a supervisor, it may include setting unrealistic goals or deadlines, withholding resources or information, overloading or depriving the employee of meaningful work, or increasing responsibility without authority. Bullying also includes cyberbullying: using electronic technology to harass or intimidate.

16e. Abuse of Authority: Abuse of authority occurs when an individual misuses their power to jeopardize another's job, undermine performance, threaten economic livelihood, or interfere with career progression. This includes actions that serve no legitimate work purpose and are reasonably known to be inappropriate, such as intimidation, threats, blackmail, or coercion.

16f. Borrowing Money from Colleagues: Small Steps strongly discourages borrowing or lending money between colleagues. The organization accepts no responsibility for repayment or disputes arising from such transactions.

17. Safeguarding: Health And Safety Procedures

At SSBD, the safety and well-being of our students and staff are our highest priorities. As a school-based program operating within GEMS Education, we follow established emergency protocols designed to respond effectively to a wide range of situations, including minor injuries, fire emergencies, natural disasters, and potential security threats.

All staff are trained in emergency preparedness; select individuals, are also trained in First Aid, with at least one Certified individual assigned per class. Maintaining a safe, secure, and supportive environment is a shared responsibility, and a fundamental part of our commitment to high-quality, ethical practice.

17a. Role of the DSL and DDSL: At Small Steps Big Dreams (SSBD), the roles of Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Leads (DDSLs) are crucial for ensuring the safety and well-being of all students.

The DSL at Small Steps is the Program Director, Veronica Micalizio. As the DSL, Veronica is responsible for upholding and implementing policies and procedures related to the safeguarding of students. This involves working closely with the safeguarding leadership team of the school to ensure that all safeguarding measures are effectively enforced and that any concerns are promptly addressed. The DSL takes responsibility for safeguarding and child protection in the school or service (including online safety and understanding the filtering and monitoring systems and processes in place). This responsibility may be delegated to an appropriately trained Deputy in the absence of the DSL.

Case Supervisors, and select members of staff at SSBD serve as the Deputy Designated Safeguarding Leads (DDSLs). They play a central role in clinical case management and support the DSL in safeguarding responsibilities within Small Steps and the school to support safeguarding procedures and promote child welfare within the school. The DDSLs are responsible for documenting incidents and reporting these to the DSL in a timely manner.

17b. Body Map: The Body Map Form is an essential tool used to document any visible injuries sustained by students during the day. This form is part of the school's comprehensive approach to safeguarding and health procedures. Each day, students are checked for visible injuries such as bruises, scratches, or other marks. Any noted injuries are documented using the Body Map Form. This ensures that all injuries are recorded accurately and consistently. The Body Map Form must be submitted to the Supervisor for review. Concerning or repeated marks or injuries must be referred to the School Clinic where the student will be examined and parents will be contacted if deemed necessary by the Clinic Doctor.

Any student who sustains an injury during the school day must be brought to the School Clinic for examination and care. Additionally, the following steps must be followed:

- Therapist documents the incident using the Incident Report Form.

- Therapist communicates the incident to the DDSL/Supervisor.
- The incident is communicated to the parent/guardian by the clinic or by the Supervisor.
- The incident report copy is submitted to the parent.

17c. Personal Emergency Evacuation Plan (PEEP): The Personalized Emergency Evacuation Plan (PEEP) is a tailored plan designed to ensure the safe evacuation of students with specific needs during an emergency. Each PEEP is customized to address the individual requirements of the student, taking into account their physical, cognitive, and emotional abilities. The plan includes detailed instructions on how to assist the student, the roles of staff members, and the use of any necessary equipment. Supervisors are responsible for making the PEEPs. Each Therapist must familiarise themselves with the PEEP of the student they are assigned to, and with their medical history, allergies, etc. PEEPs are shared with the School Clinic and Operations Team to ensure everyone involved is aware of the procedures and can act swiftly and effectively in an emergency.

17d. Fire Drills are held once per term to ensure that students are familiar with evacuation protocols. Each student also has a Personal Emergency Evacuation Plan (PEEP) tailored to their individual needs. These plans are shared with the School Clinic and Operations Team.

During emergencies, staff assigned to students with physical disabilities or high-risk behaviors are prioritized. The designated lead staff member is responsible for taking the attendance sheet and emergency contact list to confirm the safety of all students and ensure timely communication with families. In the event of a school closure due to emergency, all parents will be notified immediately.

17e. Risk Assessment: A Risk Assessment for a student is a thorough evaluation process aimed at identifying potential hazards and determining the necessary measures to ensure the student's safety and well-being. This assessment considers the student's unique needs, abilities, and any specific risks they may face in various environments, such as the classroom, playground, or during school activities, field trips, and bus rides. A bus risk assessment is conducted to evaluate the safety and suitability of the student riding the school bus. This assessment involves collaboration between the student's Supervisor, SSBD's Clinical Team, and the School Operations Team. It considers factors such as the student's ability to ride safely, any special accommodations needed, and the overall safety of the transportation process. Based on the assessment, appropriate measures are implemented to ensure the student's safe travel to and from school. The goal is to create a safe and supportive environment that minimizes risks and promotes the student's independence and participation.

17f. Illness Policy: The Therapist must perform a brief health check on the child as soon as they arrive at school. If the Therapist suspects the child is ill, they must inform the Case Supervisor. Children should stay home if they have been sick and must be symptom-free for at least 24 hours before returning. Any signs of illness or injury must be recorded on a “Body Map Form” and shared with the parent. If illness or injury is suspected, the Therapist will take the child to the School Clinic. If the nurse decides the child must go home, the Therapist will inform the Supervisor, who will then contact the parent. The child must be fever-free for 24 hours without using fever-reducing medication before coming back to school.

The Parent will be called and asked to pick up the child if he/she develops the following symptoms after arriving at school:

- Fever above 37.5°C
- Diarrhea or vomiting
- Persistent cough, sore throat, or breathing difficulties
- Skin rash
- Symptoms linked with Pink Eye, Hand-Foot-Mouth Disease, Mumps, Measles, etc.
- Head lice or frequent scratching
- Lethargy that interferes with participation
- Other contagious illnesses as advised by the Clinic

17g. Medications: Small Steps staff do not administer any medications, whether prescription or over-the-counter. If a child needs medication during school hours that cannot be given at other times, the parent must provide the medication and prescription to the School Clinic.

17h. Non-Medicinal Products: Sunscreen, insect repellent, lip balm, diaper creams, and other non-medicinal products will only be used if the parent provides signed permission and supplies the clearly labelled products.

17i. Personal Care and Toileting: Therapists are responsible for assisting in personal care and toileting procedures which are frequently a part of the child's Goals and Objectives. Therapists will be informed of Intimate Care Plan (ICP) specific to the child they are assigned. Therapists are expected to carry out all procedures as instructed with respect to health and safety, and maintaining the personal dignity of the child at all times. This includes, but is not limited to:

- Ensuring Intimate Care Consent is in place before initiating any toileting procedures, including changing diapers.
- Wearing disposable gloves during Personal Care/Toileting routines which require direct contact with the child's body.
- Waiting outside the bathroom door when the child is able to independently use the toilet, and stepping in only as needed.
- Using the appropriate gender washrooms if applicable.
- Protecting the child's privacy from other students and other adults, including other Small Steps Team members who may be assisting other students in the washroom at the same time.
- Disposing of soiled clothing and items in a sanitary manner, in the appropriate receptacles.

17j. Electronic Devices and Online Safety: If a personal tablet is deemed necessary for a student (for educational purposes or as part of their ABA intervention), the Parents are responsible for providing an electronic device, protective case, and compatible charger for the purpose of educational opportunities for the child, which will travel daily between home and school with the child; devices will not be kept in school. Each day, the Small Steps Therapist will access the recent search history of the device, and any concerns will be documented in writing and provided to the Case Supervisor. Students will not be allowed unsupervised access to their tablets/devices; additionally, such items will only be used for instructional purposes and/or as potential reinforcers, if previously agreed upon with the parent. Parents are responsible for ensuring that the child's devices are fitted with parental controls and safety software that prevent access to inappropriate or harmful content. Parents are responsible for staying up to date on online safety hazards and risks and employing reasonable measures for ensuring the safety of their child when using electronic devices with internet access.

18. Safeguarding, Crisis Interventions, And Child Abuse Reporting:

18a. GEMS Safeguarding Statement

GEMS Education is firmly committed to safeguarding the welfare of all children and young people, recognizing that safety is a prerequisite for learning and development. All GEMS schools operate under a unified Safeguarding Children Policy Framework, which outlines clear procedures and expectations for promoting student well-being. This includes rigorous recruitment and HR practices, mandatory safeguarding training for all staff and volunteers, procedures for handling concerns or allegations, and clear lines of accountability. The framework emphasizes inter-agency collaboration, respect for children's rights and voices, and strict adherence to local laws, including UAE Federal Law No. 3. All staff operating within GEMS schools are expected to align with and uphold the safeguarding principles and standards set forth by GEMS Education.

Small Steps staff will adhere to GEMS' safeguarding policy, which is accessible on the BreatheHR portal, and on the website of GEMS Schools. All Small Steps staff members are required to obtain good conduct certificates from the Dubai Police within 4 weeks of employment. New Small Steps staff will complete first-aid and safe-guarding courses upon joining the company. All Small Steps employees are required to complete Safeguarding training. Currently, all Small Steps employees have successfully completed the following Safeguarding training courses:

- Principles of Pediatric First Aid;
- Promoting Positive Behaviour - Children and Young People's Settings; and
- Safeguarding - Child Protection - Level 3 Everyone's Responsibility.

All Small Steps staff are trained and debriefed on the provisions of the UAE Federal Law 3, 2016 On Child's Rights (Wadeema's Law) concerning the reporting of child abuse. If an employee has reasonable cause to know or suspect that a child is subject to circumstances or conditions which would reasonably

result in abuse or neglect, including directly observing any instance where the child has been injured in any manner by an adult, they are required to report this information to the Designated Safeguarding Lead of the School. The specific information pertaining to each individual school is posted in each classroom by the school.

18b. Emergency Protocols

Emergency Response Plan (ERP)

Initial Responder: Contact the Clinic for medical intervention in an emergency and contact emergency external numbers (999) for serious incidents. The First Aid Team/Medical Response Team will provide immediate support until emergency responders arrive. Roles and Responsibility:

- If a student suffers an injury at school the initial responder should provide any immediate care to the student and call the School Clinic for intervention.
- If possible, the injured child should be taken to the school clinic for further treatment.
- An initial assessment of the injured student will be carried out by the school medical team.
- Based upon the assessment, the medical team will decide if any immediate further medical treatment is required by paramedics. If yes, the emergency services and parents will be contacted.
- The clinic will provide immediate medical support until emergency responders arrive. The clinic is a part of the Emergency Response Team (ERT) and first responders to an emergency event. The team reports directly to the ERT Lead (by default the Principal or Superintendent).
- Incident is recorded in the Incident Report Form and submitted to the SSBD DDSL.

Assembly Point Reporting: Small Steps Assembly Point: Designated Assembly Points will be assigned for each SSBD Classroom at the beginning of the academic year. When a Therapist and Student are in the mainstream classroom, you will follow the class and evacuate to the designated assembly points with the rest of the year group. When Therapist and Student are in the mainstream classroom, you will follow the class and evacuate to the designated assembly points with the rest of the year group and then send a message to the Supervisor.

18c. Crisis Intervention and Responding to Dangerous Behavior:

- Responding to Aggressive Behavior: When a child is potentially injuring you or themselves or another child, you do not want to provide attention to the behavior itself (“stop,” “don’t bite,” “i told you to stop,” etc.) but you do need to intervene.
- Remain neutral in your expression and stay calm. An aggression is usually the last resort of a child who cannot effectively communicate.
- Get out of the line of attack. Do not put yourself directly in front of the child, as you are likely to be hit, kicked, or bitten, etc. Handle the child from the side or behind.
- Do not pull the child up from the floor by pulling on their arms. A child on the floor is best kept on the floor, by safe means, instead of trying to pull them up.

- Use flat hands when blocking aggressive behavior and block by placing your open flat hand against the upper arm, lower arm, upper/lower leg. Never block or hold a child by the neck, shoulder, elbow, writs, knee, or ankle or pull them from any of these body parts.
- To minimise injury to you, the child, or the environment in the case of extreme aggressive or destructive behaviour, attempt to encourage the child into a sitting position on the floor.
- If you are working with a child with a history of aggressive behaviour, always tie your hair back and remove all jewellery before your session. This is to avoid injury to you and the child.
- A child exhibiting aggressive or self-injurious behaviour will have a Behaviour Support Plan (BSP) developed by the certified Behavior Analyst.
- The goal in responding to these behaviours is to minimise any reaction that might reinforce the behaviour and thus increase the likelihood that it will become a more persistent problem. The most important guideline is to be sure that you minimise the attention provided following undesirable forms of problem behaviour.
- Staff should not respond to problem behaviour with other responses such as threatening or disappointed looks, gasps, eye rolls, etc. Any of these reactions could reinforce problem behaviour, do not teach the child a more appropriate skill, and are disrespectful to the child.
- Often, problem behaviors are unnecessarily and inadvertently escalated when the child is repeatedly attempting to escape/avoid a task/environment, or when a child's request/attempt to gain access to something is being ignored. It is important to keep in mind that our objective is always and foremost to teach communication and reinforce attempts to communicate, over compliance and following instructions. Therefore, there are procedures which can be implemented in order to reinforce less intense problem behaviors before escalation occurs, while also teaching functional forms of communication.

Physical Restraint: Physical Restraint refers to any mechanical or personal restriction that immobilises or reduces the free movement of a child's arms, legs, or head, including, but not limited to, carrying or forcibly moving a person between locations. It does not include: (1) briefly holding a child in order to calm or comfort the child; (2) the minimum contact necessary to safely accompany a child from one area to another; (3) medication devices, including supports prescribed by a health care provider to achieve proper body position or balance; (4) helmets or other protective gear used to protect a child from injuries due to a fall; or (5) helmets, mitts, and similar devices used to prevent self-injury when the device is part of a documented treatment plan or IEP and is the least restrictive means available to prevent self-injury.

All Small Steps Therapists are trained in behavioral strategies designed to prevent or minimise behaviors that could result in injury to the child or anyone near them. All Therapists are trained in procedures which reduce the need to apply restraints. These strategies aim to de-escalate crisis situations, and use antecedent interventions, positive reinforcement strategies, and fewer restraints. Small Steps staff are allowed to use trained techniques to physically block an individual only if that person is likely to seriously harm themselves or others, there is no other safe alternative, and if the risk of not intervening is greater than the risk of intervening. If a restraint is used, a physical assistance report is required

detailing the circumstances. A copy will be provided to the parent/guardian.

What do I need to know about the emergency use of restraint?

1. Life threatening physical restraint is prohibited. Life threatening physical restraint means any physical restraint or hold of a child that restricts the flow of air into a child's lungs, whether by chest compression or any other means. Restraint conducted in a face-down, prone position is prohibited.
2. Involuntary physical restraint may not be used to discipline a child; it may not be used as a substitute for a less restrictive alternative.
3. Involuntary physical restraint is to be used solely as an emergency intervention to prevent immediate to imminent injury to the child or to others. When a child is physically restrained, the child is to be continually monitored by a person who has the training as described in #8 below. Monitoring means the direct observation of the child or observation by the way of video monitoring within physical proximity sufficient to provide aid as needed. A child who is physically restrained must be regularly evaluated for any signs of physical distress by a person who has the training as described in #8 below. The evaluation must be documented in the child's educational records.
4. Involuntary seclusion may not be used to discipline a child; it may not be used because of its convenience, and it may not be used as a substitute for a less restrictive alternative.
5. When a child is involuntarily placed in seclusion as an emergency intervention to prevent immediate or imminent injury to the child or to others, the child is to be continually monitored by a person who has the training as described in #8 below. Monitoring means direct observation of the child or observation by video monitoring within physical proximity sufficient to provide aid as needed. A child who is involuntarily secluded must be regularly evaluated for any signs of physical distress by a person who has the training as described in #8 below. The evaluation must be documented in the child's educational records.
6. A child may not be restrained or placed in seclusion for more than fifteen minutes unless necessary to prevent immediate or imminent injury to the child or to others. A restraint or seclusion may be continued over fifteen minutes only if an administrator, or such administrator's designee; a school health or mental health personnel, or a board certified behavior analyst, who has received training in the use of physical restraint and seclusion, determines that continued physical restraint of seclusion is necessary to prevent immediate or imminent injury to the student or to others. A new determination must be made every thirty minutes regarding whether such physical restraint or seclusion is necessary to prevent immediate or imminent injury to the student or to others.
7. A child may be physically restrained or removed to seclusion only by a person who has received training in physical management, physical restraint and seclusion procedures, including training to recognize health and safety issues for children placed in seclusion. Additional training such as verbal defusing or de-escalation; prevention strategies; types of physical restraint; the differences between permissible physical restraint and other varying levels of physical restraint; the

differences between permissible physical restraint and pain compliance techniques, monitoring to prevent harm to a child physically restrained or in a seclusion and recording and reporting procedures on the uses of restraint and seclusion must also be provided. Reasonable physical force may be necessary when and to the extent there is a reasonable belief it is necessary to protect students or staff, obtain possession of a dangerous instrument or controlled substance, or remove a child to another area to maintain safety.

18d. Child Abuse Reporting: Allegations Against Members of Staff: If a child, or parent, makes a complaint of abuse against a staff member, the person receiving the complaint, regardless of internal position/role, must take it seriously and immediately inform the Case Supervisor who in-turn must report it to the Safeguarding Lead. Any member of staff, regardless of internal position/role, who has reason to suspect that a pupil may have been abused by another member of staff, either at school or elsewhere, must immediately inform the Case Supervisor who in-turn must report it to the Safeguarding Lead and Principal. A record of the concerns must be made, including a note of anyone else who witnessed the incident or allegation.

- The Principal will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer to the Safeguarding Officer at GEMS School Support Centre in accordance with the safeguarding procedures.
- If the Principal decides that the allegation warrants further action through safeguarding procedures, a referral must be made directly to the Safeguarding Officer at GEMS Corporate office. If the allegation constitutes a serious criminal offence, it will be necessary to contact the Safeguarding Officer at GEMS Corporate office before informing the member of staff.
- If it is decided that it is not necessary to refer to the Safeguarding Officer at GEMS Corporate office, the Principal will consider whether there needs to be an internal investigation.
- If the concerns are about the Principal, the Safeguarding Officer at GEMS Corporate office must be contacted directly by the Safeguarding Lead.

CDA Child Protection Service: The Community Development Authority (CDA) Child Protection Service is intended for all children under the age of 18, of all nationalities, residing in the Emirate of Dubai, who are exposed to abuse, neglect and violation of rights, to protect them and enable them to be safe in their community and aware of their rights. The service also works to develop child protection procedures at the level of the Emirate to respond quickly to their protection. The CDA Child Protection Hotline is: **800988** and can be used by any individual who has a concern of abuse toward any child.

Additional information, contacts, and procedures are readily available at:
https://www.cda.gov.ae/en/socialcare/FamilyDevelopment/Pages/ChildProtectionCentre.aspx

18e. Staff Contact with Students: In order to minimise the risk of accusations being made against staff, as a result of their daily contact with students, staff should ensure they consider the following points of guidance, taken from Principles for Safe Working Practice for the Protection of Children and Staff in

Education Settings (Feb 2005). This constitutes the basis of Safeguarding training delivered to all staff, whatever their role.

- Staff are responsible for their own actions and behavior and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work, and be seen to work, in an open and transparent way (especially when working with individual students). At Small Steps, this means that the blinds inside the classroom are never fully pulled down, allowing people from outside the classroom to look inside. Staff are not allowed to visit students at home.
- Staff are not allowed to contact clients, or their families on social media, or any other means.
- Staff should only discuss and/or take advice promptly from their Supervisor or another senior member of staff over any incident, which may give rise for concern.
- Records should be made of any concerning incident and of decisions made/further actions agreed and the Principal should be informed by the DSL using the Safeguarding Incident Reporting Form.
- Staff should be aware that breaches of the law and other professional guidelines could result in criminal or disciplinary actions being taken against them.

18f. School Safeguarding Procedures:

Any member of staff concerned about a child must inform the appropriate Safeguarding Lead immediately.

The member of staff must record information regarding the concerns as soon as possible after the event or disclosure using the school's "Child Causing Concern" form. The recording must be a clear, precise, factual account of the observations.

The Safeguarding Lead will consult the Principal who will decide whether the concerns should be referred to the Safeguarding Officer at GEMS School Support Centre. If it is decided to make a referral to the Safeguarding Officer at GEMS School Support Centre, this will be done, if necessary, without prior discussion with the parents.

If a referral is made to the Safeguarding Officer at GEMS School Support Centre, the Safeguarding Lead will ensure that a written report of the concerns is sent within 48 hours.

Particular attention will be paid to the attendance and development of any child who has been identified as at high-risk.

If a student who has been identified as at-risk changes school, the Principal will inform the Safeguarding Officer at GEMS School Support Centre and consider the transfer of appropriate records to the receiving school.

18g. Staff Should be Concerned if a Student:

- Has any injury which is not typical of the bumps and scrapes normally associated with children's activities;
- Regularly has unexplained injuries;

- Frequently has injuries, even when apparently reasonable explanations are given;
- Offers confused or conflicting explanations about how injuries were sustained;
- Exhibits significant changes in behavior, performance, or attitude;
- Engages in sexual behaviour which is unusually explicit and/or inappropriate to his or her age;
- Discloses an experience in which he or she may have been significantly harmed.

18h. Dealing With a Disclosure: If a student discloses that he or she has been abused in some way, the member of staff should:

- Listen to what is being said without displaying shock or disbelief;
- Accept what is being said;
- Allow the child to talk freely;
- Reassure the child, but not make promises which it might not be possible to keep;
- Not promise confidentiality as it may be necessary to refer the case to the Safeguarding Officer at GEMS Corporate Office;
- Reassure the pupil that what has happened is not their fault;
- Stress that it was the right thing to tell;
- Listen, rather than ask direct questions;
- Ask open questions rather than leading questions;
- Not criticise the perpetrator;
- Explain what has to be done next and who has to be told.

18i. Recording Disclosure: When a student has made a disclosure, the member of staff should:

- Make some brief notes as soon as possible after the conversation;
- As soon as possible, write up the disclosure more fully using the "Child Causing Concern" forms, which are kept with every phase leader and Head of Section.
- Not destroy the original notes in case they are needed by a court;
- Record the date, time, place, and any non-verbal behavior and the words used by the child;
- Draw a diagram to indicate the position of any bruising or other injury;
- Record statements and observations, rather than interpretations, or assumptions.

19. <u>Team Member Commitment:</u>

We strive to create an environment which is based on transparency, best-practice interventions, collaboration, and innovation. In this respect, we want to work with individuals who are willing to fully commit to the following values and principles: Passion, Growth Mindset, Compassion, Honesty and Integrity, Communication, Professional Curiosity, Ethical-Decision Making, Impact, Innovation, and Courage.

1. I will ensure I report to work on time, with a positive outlook, and visible Passion for my work.
2. I commit to maintaining a Growth Mindset, and to seek out challenges as a chance to grow, build knowledge, and experience.
3. I commit to learning and engaging in ABA intervention with a Compassionate, humane, and trauma-informed practice, which minimises the need for physical interventions, compliance based teaching, and ensures my student is willingly engaging and participating.
4. I commit to build my profession on Honesty and Integrity, owning my mistakes and receiving feedback in a positive and collaborative manner.
5. I commit to maintaining positive and open Communication with my colleagues, superiors, other professionals, and parents at all times, for the benefit of the students we serve.
6. I commit to maintaining Professional Curiosity within the fields of Psychology, Child Development, Special Education, and Behavior Analysis, in order to continuously enhance my knowledge, understanding, and aptitude within these fields for the benefit of our students.
7. I commit to demonstrating sound and Ethical Decision Making and Social Responsibility by adhering to the RBT Ethics Code (2.0), and always making caring and constructive choices, based on consideration of ethical standards as well as relevant social norms and safety concerns.
8. I commit to fully dedicating myself to my work, in order to make a positive and meaningful Impact in the lives of our students and their families.
9. I commit to making efforts to maintain open mindedness towards Innovation in the field of ABA, and to support my team through innovative approaches, and creative thinking.
10. I commit to having the Courage to be open to new challenges, ask questions, and learn new techniques and approaches to supportive intervention.

20. Acknowledgement

Acknowledgement of Receipt and Understanding of the Employee Handbook.

I have received, reviewed, and understood the policies outlined in the Small Steps Employee Handbook. I have contacted, or will contact, the Small Steps team for any questions and needed clarifications and fully understand the contents of the Employee Handbook.

Employee Signature: _____

Date:__ /___ /_____

Printed Name: _____

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