EMPLOYEE HANDBOOK

2026 - 2027

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Prepared By	Clinical and Operations Leadership
Approved By	Inderjot Singh
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This handbook should be read together with the employee's signed employment contract, job description, safeguarding policies, school-specific procedures, clinical protocols, and any subsequently issued written directives.

Document Status and Purpose

This Staff Handbook sets out the professional, clinical, safeguarding, operational, and workplace expectations that apply to employees of Small Steps Big Dreams (Small Steps) during the 2026-2027 academic year. It has been rewritten and aligned with the Small Steps Parent Handbook 2026-2027 so that staff, families, partner schools, and relevant officials receive consistent information about our programme and standards.

The handbook is an operational guide. It does not replace the employee's contract, UAE law, regulatory requirements, school policies, professional codes, credentialing requirements, or instructions issued by authorised leadership. Where there is a conflict, the applicable law, regulatory requirement, signed contract, or formally approved policy takes precedence. Staff must seek clarification from Human Resources, the Clinical Director, the Head of Operations, or the relevant school authority rather than making assumptions.

Small Steps may amend policies and procedures during the academic year where required by law, licensing, safeguarding, school requirements, clinical need, or operational change. Material changes will be communicated in writing and staff may be required to sign an updated acknowledgement.

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1. Vision, Mission and Welcome

1.1 Vision Statement

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

1.2 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 and 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.

1.3 Welcome to Small Steps

Dear Colleague,

Welcome to Small Steps. Since opening our doors in September 2016, Small Steps has remained committed to supporting students with autism and related developmental needs within inclusive educational environments. You are joining a multidisciplinary team of behaviour analysts, psychologists, behaviour therapists, educators, therapists, administrators, and operational professionals who share responsibility for safe, ethical, and effective service delivery.

Our work combines individualised Applied Behaviour Analysis (ABA), adapted and functional academics, small-group learning, activities of daily living, play, social development, and carefully planned mainstream classroom inclusion. Speech and Language Therapy and Occupational Therapy may also be available where clinically indicated, subject to school permission, clinic availability, separate arrangements, and applicable fees. These services are not automatically included within standard programme or tuition fees unless expressly stated in the relevant agreement.

The quality of our programme depends on consistent practice. Staff are expected to understand each student's programme, collect accurate data, maintain professional boundaries, communicate respectfully, protect confidential information, follow safeguarding procedures, and work constructively with families and partner schools. Questions, uncertainty, and requests for support should be raised early. Seeking clarification is a professional responsibility, not a weakness.

Small Steps is committed to staff development through induction, supervision, competency checks, coaching, continuing professional development, and reflective practice. In return, every team member is expected to approach feedback with openness, maintain their credentials and required records, and contribute to a culture of accountability, learning, and mutual respect.

Your work has a direct effect on the safety, dignity, learning, and quality of life of our students and their families. We are pleased to welcome you and look forward to a constructive and successful academic year.

Sincerely,
The Small Steps Leadership Team

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2. Our Values

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

Quality Focus: At Small Steps, 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 codes applicable to our practitioners. 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 Small Steps, 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 programmes that not only support our students' development but also enhance the quality of life of their entire family.

3. Our Approach to Intervention

At Small Steps, every student is regarded as a capable and autonomous individual with the right to dignity, communication, choice, and self-determination. Our aim is not to make students appear or behave like their peers. Our aim is to teach meaningful, functional skills that increase independence, participation, safety, confidence, and quality of life in natural and least-restrictive environments.

We prioritise trust, assent, communication, and relationship-building over rote compliance. Intervention should be proactive, respectful, and based on an understanding of why behaviour occurs. Staff must use the least intrusive effective strategy, continually assess whether goals are socially meaningful, and avoid programmes whose primary purpose is to suppress harmless differences or make a student appear more "typical".

Our intervention framework is grounded in evidence-based ABA and is delivered through individualised programmes, Natural Environment Teaching (NET), modified Discrete Trial Teaching (DTT), Pivotal Response Training (PRT), visual supports, positive reinforcement, differential reinforcement, functional communication training, prompting and prompt-fading, task analysis, and generalisation strategies. Procedures are selected and overseen by appropriately qualified professionals.

Physical intervention is not a routine teaching strategy. It may only be used in a genuine emergency to prevent imminent serious harm, by trained staff, in accordance with the student's approved risk and crisis plan, applicable law, school requirements, and Small Steps policy. Any emergency intervention must be reported, documented, and reviewed.

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3.1 Staff responsibilities in compassionate practice

- Build rapport before placing substantial demands on a student.
- Observe and respond to signs of distress, withdrawal of assent, or sensory overload.
- Offer meaningful choices and reasonable breaks wherever clinically appropriate.
- Use reinforcement ethically and never withhold basic rights, food, water, toileting, comfort, or communication.
- Teach functional alternatives rather than relying on punishment or coercion.
- Report concerns about programme acceptability, effectiveness, dignity, or safety to the Case Supervisor or Clinical Director.
- Use person-centred and culturally responsive language when speaking about students and families.

4. How Intervention is Structured at Small Steps

Intervention is delivered through a team-based model that integrates clinical leadership, behaviour-analytic supervision, direct intervention, school inclusion, and family collaboration. The student's programme is based on assessment, ongoing data, and clinical review. Staff must work within their role and scope of competence.

4.1 Clinical leadership and certified professionals

The Clinical Director and appropriately credentialled Behaviour Analysts oversee assessment, programme design, clinical decision-making, supervision, quality assurance, risk management, and ethical practice. Depending on the professional's credential and role, this may include BCBAs, BCaBAs, QBAs, QASP-Ss, IBAs, or other appropriately licensed or credentialled practitioners.

4.2 Case Supervisors

Case Supervisors coordinate day-to-day clinical case management. They develop and update programmes, conduct or support assessments, train Behaviour Therapists, review data, observe implementation, communicate with families and school teams, manage inclusion plans, and act as Deputy Designated Safeguarding Leads where assigned.

4.3 Behaviour Therapists

Behaviour Therapists implement programmes under supervision. They do not independently design or materially alter clinical procedures. They are responsible for accurate implementation, data collection, progress notes, preparation and care of materials, student support across settings, professional communication, and immediate reporting of clinical or safeguarding concerns.

4.4 School Inclusion Team

Small Steps collaborates with school SEND/Inclusion teams, teachers, Learning Support Assistants, clinics, and safeguarding personnel. School staff retain responsibility for school policies and curriculum decisions. Small Steps staff must respect school authority while promptly escalating any conflict that affects student safety, dignity, clinical integrity, or contractual obligations.

4.5 Family involvement

Families are essential partners. Staff should support consistency and generalisation by sharing appropriate information through approved channels and by participating in parent meetings or coaching

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when requested. Behaviour Therapists must not provide independent clinical advice beyond their competence or discuss programme changes without the Case Supervisor's authorisation.

5. Roles, Responsibilities and Reporting Lines

The following descriptions provide an operational overview. Individual contracts and job descriptions remain authoritative. Staff must follow the current organisational chart and any written delegation of authority.

5.1 Executive and operational leadership

The Chief Executive Officer and Chief Operating Officer provide organisational leadership, strategic direction, governance, and oversight of service quality, partnerships, and growth. The Head of Operations manages daily operational systems, access, attendance, facilities, resources, communication of operational updates, and coordination with partner schools. The designated Data Protection Officer oversees data protection governance and incident response.

5.2 Clinical Director and Designated Safeguarding Lead

- Ensures clinical quality and ethical practice across programmes.
- Approves assessment protocols, clinical procedures, behaviour support and risk management plans.
- Oversees programme fidelity, outcome monitoring and professional supervision.
- Leads or delegates safeguarding response and liaison with school safeguarding teams and relevant authorities.
- Guides inclusion decisions and multidisciplinary collaboration.
- Leads professional development and corrective clinical action where standards are not met.

5.3 Case Supervisors and Deputy Designated Safeguarding Leads

- Develop, maintain and review student programmes and inclusion schedules.
- Train, observe and supervise Behaviour Therapists.
- Review data and make authorised programme changes.
- Coordinate with parents, school teams and external professionals.
- Ensure risks, incidents, and safeguarding concerns are documented and escalated.
- Confirm staff understand each student's health, communication, behaviour support, and emergency requirements.

5.4 Behaviour Therapists

- Attend all assigned duties punctually, including arrival, transition, and dismissal responsibilities.
- Implement approved programmes and collect data in real time or as directed.
- Support individual, small-group and mainstream learning.
- Support personal care, toileting, and activities of daily living only in accordance with consent, the Intimate Care Plan and training.
- Prepare, organise, sanitise, and safely store programme materials.
- Maintain accurate daily notes and communication records.
- Attend supervision, training, and competency checks.
- Maintain certification documents and notify the Supervisor of renewal deadlines.

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- Develop respectful working relationships with students, colleagues, families, and school staff.
- Report errors, injuries, safeguarding concerns, confidentiality concerns, and operational problems immediately.

5.5 Speech and Language Therapists

- Assess speech, receptive and expressive language, functional communication, social communication, and feeding or swallowing needs where these fall within the therapist's qualifications and scope.
- Develop, document, implement, and review individualised therapy plans, goals, and recommendations based on assessment and measurable outcomes.
- Coordinate communication goals and strategies with the Case Supervisor, Behaviour Therapists, families, school staff, and other relevant professionals.
- Train and coach authorised staff in agreed communication supports and monitor implementation across natural school routines.
- Maintain accurate clinical records, progress notes, reports, consent documentation, and risk information in approved systems.
- Work within professional competence, licensing, safeguarding, confidentiality, and ethical requirements, and refer matters outside scope to the appropriate professional.
- Report clinical, safeguarding, health, feeding, communication-access, or operational concerns promptly through the approved route.

5.6 Occupational Therapists

- Assess participation in school and daily routines, including sensory processing, regulation, motor planning, fine-motor and visual-motor skills, self-care, positioning, and access to classroom tasks.
- Develop, document, implement, and review individualised therapy plans, goals, environmental adaptations, and recommendations based on assessment and measurable outcomes.
- Coordinate occupational-therapy priorities with the Case Supervisor, Behaviour Therapists, families, school staff, and other relevant professionals.
- Train and coach authorised staff in agreed regulation, motor, positioning, self-care, and environmental strategies and monitor implementation across natural routines.
- Maintain accurate clinical records, progress notes, reports, consent documentation, equipment checks, and risk information in approved systems.
- Work within professional competence, licensing, safeguarding, confidentiality, and ethical requirements, and refer matters outside scope to the appropriate professional.
- Report clinical, safeguarding, health, equipment, access, or operational concerns promptly through the approved route.

5.7 Human Resources and Finance

Human Resources manages safer recruitment, onboarding, employee files, leave, and attendance processes, payroll coordination, performance procedures, and employee relations. Finance manages approved payments, invoicing, petty cash, and purchasing processes. Staff must use the approved forms and authorisation routes and must not make financial commitments on behalf of Small Steps without written approval.

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6. Intervention Planning and Clinical Delivery

6.1 Initial assessment and reassessment

During the first weeks of attendance, the Case Supervisor completes or coordinates an individualised, multimethod assessment using tools selected for the student's age, communication profile, developmental level, educational placement, and presenting needs. Assessment may include record review, caregiver and teacher interviews, direct observation across classroom routines, curriculum-based probes, preference and reinforcer assessment, adaptive and functional skill measures, baseline data, and, where behaviour presents a barrier to learning or safety, functional behaviour assessment. Observations should sample relevant school contexts, including individual instruction, group learning, transitions, play, meals, and less structured periods, so that recommendations reflect the environments in which skills are expected to be used.

The Case Supervisor reviews response to intervention and reassesses when progress is limited, new priorities emerge, the student's placement or support needs change, or existing procedures no longer produce meaningful benefit. Behaviour Therapists support rapport-building, baseline data, probes, and material preparation, but must not interpret results, or make diagnostic statements unless qualified and authorised to do so.

6.2 Goals and objectives

Goals are selected from assessment findings, direct observation, family and student priorities, school requirements, and the skills needed for safe, meaningful participation in the educational environment. Priority is given to communication, independence, self-management, academic readiness and access, social participation, daily living, and reduction of barriers that materially affect learning or quality of life. Goals should be developmentally appropriate, culturally responsive, socially valid, observable, and measurable, with clear baseline levels and criteria for acquisition, maintenance, and generalisation.

Each programme specifies the teaching context, target response, materials, antecedent supports, prompting and prompt-fading procedures, reinforcement schedule, error-correction procedure, data method, mastery criteria, and generalisation plan. Within school routines, instruction should be embedded naturally wherever appropriate and coordinated with classroom expectations and curriculum adaptations. Staff must understand the full procedure before implementation, use the least intrusive effective prompt, create frequent opportunities for independent responding, and pause to seek clarification rather than improvise. Progress is reviewed against objective data, and goals or procedures are adjusted when learning is not occurring, skills are not maintaining or generalising, or the programme no longer remains meaningful and proportionate.

6.3 Positive Behaviour Support Plans and Behaviour Intervention Plans

Positive Behaviour Support Plans and Behaviour Intervention Plans are developed from direct assessment and objective data, with functional behaviour assessment used when behaviour is persistent, complex, high risk, or significantly interferes with learning and participation. Plans should define the behaviour in observable terms, identify relevant antecedents and maintaining consequences, establish baseline patterns, and state the working hypothesis that guides intervention. The plan must be feasible within the school environment and coordinated with classroom staff so that procedures are applied consistently across relevant routines.

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Intervention prioritises prevention, environmental adjustment, predictable routines, communication and regulation supports, reinforcement of appropriate behaviour, and explicit teaching of functionally equivalent alternatives. Consequence procedures must be the least restrictive effective option, must never withhold basic rights or access to communication, and require appropriate clinical authorisation, staff training, consent, and risk review. Behaviour Therapists implement the current plan exactly as trained, collect the specified data, and report worsening behaviour, changes in possible function, treatment side effects, injury, new risk, or concerns about acceptability or effectiveness immediately. The Case Supervisor monitors fidelity, reviews outcome and safety data, and revises or discontinues procedures that are ineffective, unnecessary, or no longer clinically justified.

6.4 Therapy teams and generalisation

Students may work with more than one therapist to support continuity, reduce dependence on a single adult, and promote generalisation across people, materials, activities, and school locations. Generalisation and maintenance are planned from the outset rather than assumed after mastery. Teaching should therefore include varied examples, natural classroom cues, common materials, opportunities within everyday routines, and systematic transfer from structured teaching to group instruction, play, transitions, and mainstream lessons. Reinforcement and prompting should be thinned or faded carefully as independence and naturally occurring consequences become established.

Assignment and rotation decisions are clinical and operational decisions informed by student needs, staff competence, rapport, safeguarding, and programme continuity. Transitions between team members require accurate, individualised handover of current goals, teaching procedures, reinforcement preferences, communication systems, health and risk information, behaviour support procedures, and recent data trends. The Case Supervisor monitors implementation across staff and settings, provides modelling and feedback, and uses treatment-integrity checks where appropriate. Classroom teachers and other relevant staff should receive clear, role-appropriate guidance so that agreed supports can be used consistently without transferring clinical decision-making outside the authorised team.

6.5 Data collection and HiRasmus

Daily data is recorded using the approved ABA data system, currently HiRasmus, and any supplementary forms authorised by the Case Supervisor. Measurement procedures are selected to match the target and may include frequency, rate, duration, latency, interval recording, permanent product, task-analysis, trial-by-trial, or curriculum-based measures. Data should be collected across relevant school routines and should distinguish independent responses from prompted responses so that progress reflects genuine skill development. The Case Supervisor reviews graphed data and contextual information regularly to evaluate level, trend, variability, generalisation, maintenance, treatment integrity, and any unintended effects, and uses this analysis to continue, modify, intensify, fade, or discontinue procedures.

Data collection must remain practical within the classroom and must not unnecessarily reduce active teaching, supervision, or student participation. Where continuous measurement is not feasible, the Case Supervisor defines a representative sampling method and documents its limitations. Clinical decisions must not be based on isolated sessions or informal impressions alone; staff should also record material contextual variables, such as illness, sleep concerns reported by the family, changes in routine, staffing,

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medication information formally communicated through approved channels, or unusual environmental events. The system and communication processes may be updated during the year, including greater use of secure online functions, and staff will receive instructions before any change takes effect. Staff are expected to:

- Enter data accurately and as close to the teaching event as practical.
- Never fabricate, estimate or alter data to make performance appear better or worse.
- Use only assigned accounts and approved devices.
- Do not share passwords or leave student information visible and unattended.
- Correct errors transparently and notify the Supervisor where the error may affect clinical decisions.
- Complete progress notes and incident records within required timeframes.

6.6 Speech and Language Therapy and Occupational Therapy

Speech and Language Therapy and Occupational Therapy may be available following clinical recommendation. Speech and Language Therapy addresses areas such as receptive and expressive language, functional communication, speech, social communication, and, where within the clinician's scope, feeding or swallowing. Occupational Therapy addresses participation in school and daily routines through assessment and support related to sensory processing, regulation, motor planning, fine-motor and visual-motor skills, self-care, positioning, and access to classroom tasks. These disciplines are complementary to ABA but are not interchangeable with behaviour-analytic assessment or intervention.

Effective multidisciplinary practice requires clearly defined roles, shared functional priorities, and coordinated implementation. Recommendations from Speech and Language Therapists or Occupational Therapists are translated into observable school-based strategies through joint planning with the Case Supervisor and education team. Where appropriate, ABA teaching may support repeated practice, motivation, independence, and generalisation of agreed communication, regulation, motor, or self-care skills across classroom routines. Behaviour-analytic procedures must not replace specialist assessment, and Behaviour Therapists must not independently modify communication systems, sensory programmes, feeding protocols, positioning plans, or motor interventions.

Services may be delivered in partner schools only where the school has granted permission and may also be available in a clinic-based setting. Availability depends on therapist capacity, scheduling, consent, and any required approvals. These services are arranged separately and are not automatically included in standard tuition or programme fees unless specifically stated in the signed service agreement or fee schedule. Where a student receives these services, Behaviour Therapists may observe sessions, support agreed carryover, and collect authorised information. Recommendations must be documented, incorporated into the student's current plan, and implemented only by staff who have received sufficient instruction and competency-based support. The multidisciplinary team should review whether strategies are feasible, beneficial, acceptable to the student and family, and producing improvement in meaningful school participation.

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7. Mainstream Classroom Inclusion

Mainstream inclusion is a collaborative, individualised process involving Small Steps clinical leadership, the Case Supervisor, the school inclusion team, and the class teacher. The type, frequency, and level of inclusion are determined through multidisciplinary planning and ongoing review of assessment findings, progress data, the student's strengths, and support needs, and the demands of the learning environment. Decisions consider communication, regulation, group-learning skills, safety, sensory needs, and academic benefit, with the aim of providing meaningful access, participation, and progress in the least restrictive appropriate setting, supported by reasonable accommodations, curriculum adaptations and systematically faded assistance.

- Follow the approved inclusion schedule and notify the Supervisor of any proposed change.
- Coordinate respectfully with the class teacher and adapt materials only within the agreed plan.
- Use the least intrusive prompting necessary and fade support systematically.
- Promote peer interaction without forcing social participation.
- Maintain student confidentiality in the classroom.
- Do not remove a student from class as punishment.
- Record relevant data and report barriers to inclusion.
- Follow the school's behaviour, safeguarding, visitor, emergency, and curriculum procedures.

8. School Day and Student Logistics

8.1 Programme hours and staff schedules

Student and staff schedules are issued for each site and may vary by partner school, role, transport arrangements, and operational needs. Staff must follow their contracted hours, duty roster and current site instructions. Programme hours communicated to parents in the Small Steps Parent Handbook must be applied consistently unless a written exception has been approved.

8.2 Arrival and drop-off

- Be at the assigned reception or arrival point before the student is due.
- Complete the required visual health and body-map check discreetly and respectfully.
- Receive essential information but do not conduct lengthy clinical discussions at the gate.
- Direct programming questions to the Supervisor and operational questions to the designated contact.
- Record and report late arrival, unexplained absence, or concerns in accordance with site procedures.

8.3 Dismissal and authorised collection

Students may only be released to an authorised person in accordance with the school's lanyard, identification, and safe-person procedures. A therapist must not release a child when identification is missing or where there is any uncertainty. The staff member must contact the school and Small Steps leadership and remain with the child in the designated safe area.

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8.4 Late collection

Staff must follow the current late-collection procedure, notify Operations and the Supervisor, document repeated lateness, and maintain safeguarding supervision until an authorised handover occurs. Staff must not transport a student in a personal vehicle or leave a student with an unauthorised person.

8.5 Bus procedures

Where school transport is approved, staff meet the student at the bus arrival point and escort the student to the designated afternoon bus area. Small Steps staff do not travel on the bus unless expressly authorised. Any concern about safe travel must be reported and may require a new risk assessment.

8.6 Field trips and school events

- Confirm consent, risk assessment, emergency information, and staffing arrangements before departure.
- Carry only approved student information and medication documentation.
- Maintain active supervision and follow the trip leader's instructions.
- Report injuries, missing-person concerns, behavioural incidents, or safeguarding concerns immediately.
- Do not post or privately share photographs or videos.

8.7 Food and meals

Staff must know each student's allergies, dietary restrictions, feeding plan, and level of supervision required while eating. Students should bring food in labelled plastic or metal/tin containers only; glass is not permitted. Meals must be ready to eat and must not require heating because microwave access prohibited. Nuts and other restricted foods must be managed according to the partner school's rules.

Students must carry one daily school bag inclusive of the lunch box, snack container, and water bottle. Student should learn to wear their school bag at pick up and drop off times. Therapist should not carry the student's bag. Extra clothes, nappies, wipes, and personal hygiene items should be stored in a separate labelled bag kept at school and sent home regularly for cleaning and replenishment. A hat is required for outdoor play. Staff should monitor supplies and notify parents through approved channels when replacement is needed.

8.8 Staff lunch and breaks

Breaks are scheduled around safeguarding and staffing requirements. Staff must not leave a student unsupervised or assume another person has taken responsibility without a clear verbal handover. Break arrangements may be changed where student safety, staff absence, or operational needs require it.

9. Daily Operations and Resources

9.1 Access cards and site security

Access cards, keys, and identification remain Small Steps or school property. They must not be shared. Loss must be reported immediately. Staff must not permit unauthorised individuals to enter secure areas.

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9.2 Attendance, punctuality and sign-in

Staff must use the approved attendance system, report lateness or absence personally and follow the notification times issued by Operations and HR. Asking a colleague to sign in or report on one's behalf is prohibited. Repeated lateness or attendance concerns may result in performance or disciplinary action.

9.3 Purchasing and expenses

All purchases require prior approval through the designated process. Staff should first check existing resources, adapt reusable materials, and avoid unnecessary printing. Personal expenditure will not be reimbursed unless it was authorised in advance and supported by valid receipts.

9.4 Printing, laminating and copyright

Printing and laminating are for authorised programme and operational purposes. Staff must respect copyright, licensing, and intellectual property requirements and must not reproduce entire commercial workbooks or protected resources without permission. Printing of personal documents is prohibited.

9.5 Student and classroom materials

Parents are responsible for personal-use stationery, art materials, notebooks, and other items listed on the student's assigned class list, except study books, workbooks, or other items specifically identified as not required for the student program or supplied by Small Steps or the school. Staff must distinguish clearly between parent-supplied personal materials and Small Steps clinical resources. All items should be labelled and stored safely.

9.6 Care of equipment and materials

- Keep materials organised, clean and in good repair.
- Sanitise shared materials according to infection-control requirements.
- Report damaged, missing, or unsafe equipment.
- Do not take Small Steps or school property off site without written permission.
- Return shared resources promptly and maintain inventories where assigned.

9.7 Duty roles, team activities, and adverse-weather days

Duty roles such as Class Teacher of the Day/Week are assigned to build leadership, organisation, and teamwork. Team-building events are professional activities and the same standards of attendance and respectful conduct apply. In the event of rain, remote learning, closure, or another disruption, staff must follow written instructions and remain available during contracted hours unless advised otherwise.

10. Communication with Families, Schools and Colleagues

10.1 Approved communication channels

Communication must be accurate, respectful, necessary, and within the staff member's role. The daily Communication Book currently provides a concise summary of activities and notable information. This may move partly or fully to a secure online format, potentially through the HiRasmus data application or another approved system. Staff will be trained before any change.

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- Clinical questions, goal/target changes, and detailed progress discussions are referred to the Case Supervisor.
- Email should be used for formal communication unless another channel is approved.
- Personal WhatsApp, social media, and private messaging with parents or students are not permitted.
- Staff must not share personal telephone numbers unless formally authorised for an operational reason.
- Messages must not contain unnecessary confidential information.
- Concerns or complaints must be forwarded promptly and must not be argued about at the gate or in group chats.

10.2 Communication with school personnel

Staff should maintain cooperative relationships with teachers and school teams while preserving student confidentiality and clinical governance. Differences of professional opinion should be addressed privately through the Case Supervisor. Staff must not speak negatively of Small Steps, a family, a student, or a school staff in front of students, parents, other professionals.

10.3 Meetings and records

Staff may be required to attend supervision, clinical reviews, IEP meetings, safeguarding meetings, training, and parent meetings. Records must be factual, concise, dated, and stored in the approved system. Personal notebooks containing identifiable student information are not permitted unless specifically authorised and securely stored.

11. Professional Credentials, Supervision and Development

11.1 Required certification

Behaviour Therapists may be required to obtain and maintain an RBT, IBT, ABAT, or other approved credential within the timeframe stated in their contract or job description. The applicable credentialing organisation's current handbook and website must be followed: the BACB for RBT requirements, the International Behavior Analysis Organization at theibao.com for IBT requirements, and the QABA Credentialing Board at qaba.com for ABAT requirements. Staff must confirm current eligibility, training, application, examination, supervision, ethics, continuing education or professional-development, renewal, fees, documentation, and reporting requirements directly with the relevant board. Requirements may change, and lack of awareness does not excuse non-compliance.

Staff must keep credentials active and in good standing, monitor expiry and renewal dates, complete required training and assessments on time, maintain evidence suitable for audit, and notify the Clinical Director, Human Resources, and their credentialled Supervisor immediately of any lapse, restriction, complaint, investigation, sanction, or change affecting eligibility to practise. Qualified and appropriately credentialled Supervisors maintain the required supervision relationship and provide, document, or oversee ongoing supervision, initial competency assessments, recertification or competency reassessments, feedback, corrective training, and performance monitoring in accordance with the relevant credentialing board's current requirements. Participation in employer-arranged supervision does not remove the certificant's individual responsibility for compliance.

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11.2 Supervision

Supervision may include direct or indirect observation, data review, feedback, competency assessment, modelling, role-play, and formal meetings. Staff must prepare for supervision, bring questions, implement agreed actions, and keep required documentation within the scope and requirements of the credentialing board.

11.3 Training and continuing professional development

Small Steps provides an ongoing programme of professional training and continuing professional development (CPD) for Behaviour Therapists, Case Supervisors, Behaviour Analysts, and other members of the clinical team. Training may be delivered internally or through approved external providers and may include induction, ABA teaching procedures, data collection and analysis, behaviour assessment and intervention, clinical documentation, ethical practice, safeguarding, inclusion, multidisciplinary working, communication, risk management, and other topics identified through supervision, quality assurance audits, competency reviews, changes in professional standards, or student need. Where appropriate and formally approved by the relevant credentialling body or provider, activities may be eligible for continuing education units (CEUs).

Training is intended to maintain competence, support consistent implementation, and ensure that clinical practice reflects current evidence, ethical requirements, and the needs of students within school settings. Completion of a course does not by itself establish competence. Staff may be required to demonstrate learning through knowledge checks, role-play, modelling, direct observation, competency assessment, supervised practice, or follow-up coaching before independently implementing a procedure. Where performance concerns or new responsibilities are identified, additional or refresher training may be required.

Attendance at mandatory training, CPD activities, supervision, and competency checks is a condition of the role where assigned. Staff must participate actively, complete required preparation or assessment, apply agreed learning in practice, and maintain accurate records of completed activities. Certificates from external training must be submitted to Human Resources and, where relevant, to the Clinical Director or credentialled Supervisor. Staff remain individually responsible for confirming that any activity meets the requirements of their own credential, licence, professional body, renewal cycle, and required CEU category, and for retaining evidence required for renewal or audit. Small Steps may support access to training or approved CEU opportunities, but this does not transfer responsibility for credential maintenance from the certificant.

12. Ethical and Professional Practice

All staff must comply with the ethical and professional requirements relevant to their role. Small Steps' ethical framework is aligned with the BACB codes applicable to RBTs, BCBAs, BCaBAs, applicants, and those in training; the International Behavior Analysis Organization (IBAO) ethical requirements; the Qualified Applied Behavior Analysis Credentialing Board (QABA) Code of Ethics; and the professional and licensing requirements applicable to psychologists and social-care professionals in the UAE and Dubai, including requirements connected to Small Steps' CDA licence and the Clinical Director's CDA psychologist licence.

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Staff are not expected to resolve complex ethical conflicts alone. Concerns must be raised with the Clinical Director, credentialled Supervisor, DSL, DPO, HR, or relevant regulator as appropriate. Where codes differ, staff must follow the most protective applicable requirement and obtain direction.

12.1 Core ethical duties

- Act in the student's best interests and protect dignity, rights, welfare, and safety.
- Work only within competence, training, authorisation, and scope of practice.
- Obtain and respect consent and, where appropriate, assent.
- Use evidence-based, least restrictive, and socially meaningful procedures.
- Maintain accurate records and truthful professional representations.
- Protect confidentiality and disclose information only on an authorised need-to-know basis.
- Avoid conflicts of interest, exploitation, discrimination, harassment, and dual relationships.
- Maintain professional boundaries with students, families, supervisees, and colleagues.
- Report unsafe, unethical, illegal, or incompetent practice through the appropriate route.
- Cooperate with audits, investigations and corrective actions.

Additional standards for Behaviour Therapists: Behaviour Therapists must follow the current technician-level ethics code applicable to their credential; provide services only under authorised supervision and within an approved plan; follow supervisory direction and promptly seek clarification when instructions are unclear; accurately represent credentials, role, competence, and services; protect privacy in person, in records, online, and during telepractice; collect and report data honestly; avoid fabricating, backdating, concealing, or selectively reporting information; respect client choice, communication, dignity, culture, and reasonable assent; avoid gifts, conflicts, exploitation, multiple relationships, unauthorised services, and personal or social-media relationships with clients and families; report changes that may affect safe or competent practice; cooperate with competency assessment, supervision, audit, and ethics processes; and notify the relevant Supervisor of suspected unethical, unsafe, or illegal practice.

Additional standards for Supervisors and Behaviour Analysts: Supervisors and Behaviour Analysts must accept supervisory and clinical responsibilities only within their competence and capacity; establish clear written expectations, roles, documentation, evaluation methods, and emergency arrangements; ensure supervisees disclose their credential and supervised status as required; provide timely, behaviour-specific feedback and effective competency-based training; directly observe practice and review data at the frequency required by the applicable board and the needs and risks of the case; maintain secure and accurate supervision and assessment records; avoid exploitative, conflicting, or dual relationships; protect supervisee and client confidentiality; ensure delegation is appropriate to the supervisee's competence and is adequately monitored; correct performance concerns promptly and reassess competence before independent implementation where needed; intervene where impairment, incompetence, or unsafe practice may place a client at risk; do not endorse or sign off competency that has not been demonstrated; plan continuity and responsible transfer or termination of supervision; and make required reports to employers, regulators, credentialing bodies, or safeguarding authorities.

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12.2 Professional boundaries and dual relationships

Staff must not babysit, provide private therapy, tutoring, or privately arranged home sessions, accept paid work, enter business arrangements, socialise privately, or develop intimate or dependent relationships with current students or their families without formal written approval. Staff must not connect with students or parents through personal social media accounts.

12.3 Gifts and conflicts of interest

Gifts must comply with the Small Steps gift policy. Cash, transfers, gift cards, or repeated benefits are prohibited. Any gift or offer that could influence professional judgement must be declined and reported. Staff must disclose outside employment, family relationships, financial interests, or other circumstances that may create an actual or perceived conflict.

12.4 Assisting individuals outside Small Steps

Employees may not provide unauthorised clinical services, recommendations, assessments, or direct intervention to Small Steps students, other school students or families using Small Steps materials, information or professional relationships. Outside professional work must comply with contract terms, licensing, insurance, credentialing, and conflict-of-interest requirements.

12.5 Anti-bribery and corruption

Small Steps has zero tolerance for bribery, facilitation payments, falsified invoices, undisclosed commissions, or improper influence. Suspected misconduct must be reported to senior leadership or HR. Retaliation against a good-faith reporter is prohibited.

13. Confidentiality, Data Protection, and Intellectual Property

13.1 Confidential information

Confidential information includes student records, assessment results, behaviour data, photographs, videos, family information, staff records, business information, contracts, passwords, clinical materials, and school information. The duty of confidentiality continues after employment ends.

13.2 Data handling

- Access only the information required for assigned duties.
- Use approved devices, systems, and storage locations.
- Do not download or transfer records to personal devices, email accounts or cloud storage.
- Lock screens and store paper records securely.
- Verify recipients before sending information.
- Report loss, misdirection, unauthorised access, or suspected breach immediately to the DPO and leadership.
- Delete or return information when instructed and do not retain personal copies.

13.3 Photography, video and recordings

Images and recordings may only be created on approved devices for authorised purposes and where valid consent and school permission are in place. Staff must not use personal phones to photograph or record students. Content must be uploaded or stored only in the approved system and deleted from the capture device as instructed.

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13.4 Intellectual property

Programmes, data sheets, reports, training materials, visual supports, policies, and other resources created within employment are Small Steps property unless otherwise agreed. Staff must not copy, sell, publish, or use them for outside work without written permission.

14. Technology, Devices, and Online Safety

14.1 Small Steps tablets and accounts

Assigned tablets remain Small Steps property. Staff are responsible for reasonable care, charging, approved applications, secure use, and immediate reporting of loss or damage. Installation of unauthorised applications, account sharing and use for unrelated personal activity are prohibited.

14.2 Personal phones and belongings

Personal phones must be stored and may only be used during authorised breaks or emergencies. They must never interfere with active supervision. Personal belongings are brought at the employee's own risk and must be stored in designated areas. Lockers or locked cabinets may not be available on site.

14.3 Online safety

Staff must model safe technology use, supervise student access according to individual plans and parental controls, and report exposure to inappropriate content, cyberbullying, contact risks, or security concerns. Staff must not communicate with students through social media or personal accounts.

15. Dress, Conduct, and Workplace Standards

15.1 Dress code

Staff must wear clean, modest, practical, and professional clothing suitable for movement, floor-based teaching, and school activities. Clothing must not contain offensive messages, create a safety hazard or expose the body during routine duties. Closed, secure, and flat footwear is required unless a site-specific activity requires otherwise. Staff must follow partner-school dress requirements.

Personal hygiene: All employees are expected to maintain a consistently high standard of personal hygiene appropriate to close work with students, colleagues, and school communities. Staff should shower or bathe daily before work, wear freshly laundered clothing that is clean and free from noticeable odour, use deodorant or antiperspirant as appropriate, maintain clean hair, hands, nails, teeth, and breath, and promptly change clothing that becomes heavily soiled, wet, or odorous. Strong fragrances should be avoided because students or colleagues may have sensory sensitivities, allergies, or respiratory needs.

Small Steps recognises that the UAE climate, outdoor duties, physical activity, and floor-based work may increase perspiration. Employees should plan accordingly by bringing suitable hygiene supplies and, where needed, a clean spare shirt or uniform item. A reasonable accommodation may be arranged through Human Resources where an employee has a medical, disability-related, religious, or other legitimate individual need affecting hygiene or clothing routines. The expectation remains that employees report to and remain at work clean, professionally presented, and fit for close-contact duties.

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15.2 Professional behaviour

- Use respectful language and maintain appropriate volume and tone.
- Do not shout at, shame, threaten, ridicule, or discuss a student negatively.
- Do not sleep, vape, smoke, consume alcohol, or use illegal substances during work or on/near school premises.
- Do not attend work impaired by medication, alcohol, drugs, fatigue, or illness.
- Maintain active supervision and do not conduct personal business during student contact time.
- Follow reasonable and lawful instructions from authorised leaders.

16. Employment Administration and HR

Employment conditions are governed by the employee's contract, applicable UAE law, and approved Small Steps policies. The summaries below are operational guidance and should not be interpreted as creating benefits beyond those documents.

16.1 Safer recruitment and ongoing suitability

Small Steps uses safer recruitment procedures, including identity, qualification, reference, police-clearance, and safeguarding checks. Employees must disclose information that may affect suitability to work with children, professional registration, visa status, or legal compliance. Failure to disclose relevant information may lead to disciplinary action.

16.2 Probation and notice

Probation, notice, and termination arrangements are stated in the employment contract and are applied in accordance with applicable law. Staff should obtain written guidance from HR before relying on any assumed notice period.

16.3 Leave and mandatory closure periods

Leave requests must be submitted through the approved process and are not confirmed until written approval is received. Operational and school calendars may include mandatory closure or leave periods. Staff must not book travel before approval. Unauthorised absence may be treated as misconduct.

16.4 Reporting illness and fitness for work

Illness must be reported personally to the designated operational and clinical contacts within the required timeframe. Medical documentation may be required. Staff must not attend work when contagious, medically unfit or unable to maintain safe supervision. HR will advise on sick leave entitlements and documentation.

16.5 Salary, insurance and statutory schemes

Salary payment, medical insurance eligibility and any statutory insurance obligations, including Involuntary Loss of Employment insurance where applicable, are governed by the contract, insurer terms, and law. Employees are responsible for completing any personal registration or payment obligations notified by HR.

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16.6 Home sessions and outside work

Small Steps does not currently provide home sessions as part of the standard programme. Employees must not arrange private home sessions with Small Steps families. Outside work must be disclosed and approved where required by the contract, law, or professional code.

Employees must not initiate, accept, or maintain personal social-media connections or direct messaging with current clients, students, or their parents or carers. This prohibition applies to all platforms, including LinkedIn and other professional networking services, because a professional platform can still create a dual relationship, boundary concern, or confidentiality risk. Any unavoidable existing connection or contact request must be disclosed promptly to the Clinical Director or Human Resources and managed through an approved professional channel.

17. Performance, Feedback, Grievances and Discipline

17.1 Feedback and performance support

Feedback is a routine part of clinical and professional practice. Supervisors may provide coaching, retraining, competency checks, performance plans, or increased observation. Staff are expected to respond professionally, ask for clarification, and implement agreed actions.

17.2 Disciplinary action

Depending on the seriousness and circumstances, concerns may be addressed through informal guidance, a verbal warning meeting, written warning, final warning, suspension, termination, or referral to an authority or credentialling body. Small Steps may proceed directly to a more serious stage where warranted. Procedures will be handled in accordance with the contract, law, and approved HR policy.

17.3 Examples of gross misconduct

- Abuse, neglect, violence, or serious safeguarding failure.
- Falsification of data, records, qualifications, attendance, or supervision.
- Serious breach of confidentiality or unauthorised recording.
- Theft, fraud, bribery, or deliberate damage.
- Working under the influence or possession of illegal substances.
- Unauthorised physical restraint or degrading treatment.
- Abandoning a student or serious failure of supervision.
- Harassment, discrimination, retaliation, or serious insubordination.
- Providing unauthorised private services to a student or family.
- Deliberate breach of law, licensing, or professional ethics.

17.4 Grievances and speaking up

Employees should raise workplace grievances with their Supervisor or HR. Where the concern involves that person, it may be raised with the next level of leadership. Safeguarding, fraud, data protection, and serious ethical concerns should be escalated through the relevant specialist route. Good-faith reporting is protected from retaliation.

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18. Equality, Harassment and Respect at Work

Small Steps is committed to a professional environment free from unlawful discrimination, harassment, sexual harassment, bullying, cyberbullying, victimisation, and abuse of authority. This applies to conduct in person, online, at work events, in school settings, and in work-related communication.

18.1 Harassment and bullying

Harassment includes unwanted conduct that violates dignity or creates an intimidating, hostile, degrading, humiliating, or offensive environment. Bullying may include repeated belittling, exclusion, threats, malicious rumours, unreasonable humiliation, or misuse of supervisory power. Legitimate feedback, performance management, and reasonable instructions are not bullying when delivered appropriately.

Cyberbullying is bullying or harassment carried out through email, messaging applications, group chats, social media, shared documents, online meetings, professional networking platforms, or other digital systems. It includes repeated hostile or humiliating messages; targeted exclusion; impersonation; sharing private, altered, or embarrassing material; threats; dogpiling; malicious tagging; persistent unwanted contact; or encouraging others to attack, isolate, or discredit a colleague. Employees must not post, forward, react to, endorse, or participate in such conduct, whether during or outside working hours when it affects the workplace, colleagues, clients, families, partner schools, or Small Steps.

Employees must not knowingly make false statements, fabricate allegations, spread malicious rumours, slander colleagues orally, publish defamatory or libellous statements, manipulate evidence, or use insulting, degrading, or abusive language about colleagues in person or online. Legitimate concerns, grievances, safeguarding disclosures, and good-faith reports must be raised factually through the approved reporting route and will not be treated as misconduct merely because they are difficult or critical.

Small Steps will assess reported concerns promptly, impartially, and as thoroughly as reasonably possible. Relevant digital or documentary evidence may be preserved and reviewed, involved persons may be interviewed, confidentiality will be maintained as far as practicable, and both the seriousness of the conduct and the available evidence will be considered. Knowingly false or malicious allegations, retaliation, interference with an investigation, destruction of evidence, or dishonesty during an investigation may result in disciplinary action. Substantiated misconduct may lead to corrective or disciplinary action up to and including termination and, where appropriate, referral to a school, regulator, credentialing body, or competent authority.

18.2 Sexual harassment

Sexual harassment includes unwelcome sexual comments, jokes, images, messages, invitations, touching, staring, or conduct linked to sex or gender. Consent cannot be inferred from silence or a prior relationship. Concerns should be reported immediately to HR or senior leadership.

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18.3 Borrowing and financial relationships

Borrowing or lending money between colleagues is strongly discouraged because it may create pressure, conflict, or exploitation. Managers and supervisors must not request loans or financial benefits from staff they supervise. Any employee who chooses to lend money to a colleague does so entirely at their own risk and remains solely responsible for any repayment arrangements or recovery action. Small Steps will not mediate personal financial disputes, pursue repayment, or accept responsibility for any loss arising from a private loan between employees.

19. Safeguarding, Health, and Safety

19.1 Safeguarding responsibility

Safeguarding is everyone's responsibility. Any concern about a child's safety or welfare must be reported immediately to the Small Steps DSL/DDSL and the relevant school safeguarding lead in accordance with site procedures. Staff must not investigate, promise confidentiality, or delay reporting while seeking proof.

19.2 DSL and DDSL roles

The DSL leads Small Steps safeguarding practice, liaises with school safeguarding leadership and relevant authorities, ensures records are maintained, and coordinates response. DDSLs support this role. Their involvement does not remove the duty of every staff member to report concerns.

19.3 Body maps and injuries

Visible injuries or marks observed at arrival must be documented through the approved body-map process and referred to the school clinic where required. New injuries occurring during the day must receive appropriate first aid or clinic assessment, be reported to leadership and be documented factually. Staff must not speculate about cause.

19.4 PEEP, fire and emergency procedures

Each student requiring individual support during evacuation should have a Personal Emergency Evacuation Plan. Staff must know their assigned role, participate in drills, keep exits clear, and follow the school incident commander. Personal belongings must not be collected during an evacuation unless specifically directed.

19.5 Risk assessment

Risk assessments are required for activities, transport, trips, health needs, dangerous behaviour, and other identified hazards. Staff must follow control measures and report changes. An activity should be paused when conditions differ materially from the approved assessment.

19.6 Illness and infection control

Complete a discreet health check on arrival and monitor throughout the day. Symptoms of significant illness must be reported to the school clinic and parent through approved procedures. Staff must follow hand hygiene, cleaning, personal protective equipment, and exclusion requirements. Staff should not diagnose illness.

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19.7 Medication and non-medicinal products

Small Steps staff do not administer medication unless a specific authorised policy, training, and written plan state otherwise. Non-medicinal products such as sunscreen, nappy cream, insect repellent, or lip balm may only be used with written parent consent and according to the approved plan. Products must be labelled and not shared.

19.8 Personal care and toileting

Personal care must preserve dignity, privacy, safety, and consent. Staff must follow the student's Intimate Care Plan, use appropriate protective equipment, maintain two-adult or open-door safeguards where required, and document concerns. Staff must never photograph intimate care or use personal devices in care areas including the sink/basin areas of the washroom.

19.9 Electronic devices and online safety for students

Student devices may only be used where authorised and must have appropriate controls. Staff should avoid using screens as the default response to distress or as unrestricted reinforcement. Any concerning content, contact or device use must be reported.

20. Crisis Intervention and Child Protection Reporting

20.1 Emergency response to dangerous behaviour

The first response to escalating behaviour is prevention and positive handling: reduce demands, increase space, support communication, remove hazards, offer regulation options, use calm and approved de-escalation strategies, and call trained support. Staff must follow the individual crisis plan. Employees who have completed approved Positive Handling training should use the taught preventive, non-restrictive, and de-escalation techniques within their current competence and authorisation. Staff who are not trained must not attempt physical techniques and should prioritise safety, summon trained assistance, clear hazards, and maintain observation. Restrictive intervention may only be used where there is imminent risk of serious harm and no safer effective alternative, and only by appropriately trained and authorised staff within the limits of the approved plan, policy, and law.

- Never use restraint for punishment, convenience, compliance, or staff frustration.
- Never use prone, neck, chest, airway-obstructing, or other life-threatening restraint.
- Never use seclusion as punishment or leave a child unsupervised.
- End the intervention as soon as imminent danger has passed.
- Seek medical review where required and report injury immediately.
- Complete incident documentation and participate in debrief, and plan review.

20.2 Allegations against staff

Any allegation or concern about a staff member's conduct towards a child must be reported immediately to the DSL and relevant school safeguarding lead. The staff member receiving the concern must make a factual record and must not investigate, confront the alleged person, contact the family independently, or discuss the matter with colleagues. If the concern involves the DSL or school Principal, use the alternative escalation route identified in the safeguarding policy.

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20.3 Recognising possible abuse or neglect

- Unexplained or repeated injuries.
- Conflicting explanations for injuries.
- Significant changes in behaviour, attendance, performance, or emotional state.
- Age-inappropriate sexualised behaviour or knowledge.
- Persistent hunger, poor hygiene, inadequate clothing, or unmet medical needs.
- Fear of a person or place, withdrawal, hypervigilance, or regression.
- A direct or indirect disclosure of harm.

20.4 Responding to a disclosure

- Listen calmly and allow the child to speak in their own words.
- Do not show shock, blame or disbelief.
- Do not ask leading or repeated questions.
- Reassure the child that they were right to tell and that the concern will be shared with people who can help.
- Do not promise confidentiality.
- Record the child's words, date, time, location, and relevant observations as soon as possible.
- Report immediately through the safeguarding route.

21. Team Member Commitment

We strive to create an environment based on transparency, best-practice intervention, collaboration, and innovation. Each team member commits to the following:

1. I will report to work on time, prepared, professionally presented, and maintaining appropriate personal hygiene, with a positive and professional attitude.
2. I will maintain a growth mindset and use challenges, supervision, and feedback as opportunities to develop.
3. I will practise compassionately, humanely, and in a trauma-informed and assent-aware manner, minimising coercion and unnecessary physical intervention.
4. I will build my professional practice on honesty and integrity, acknowledge errors, and take timely corrective action.
5. I will communicate openly and respectfully with colleagues, leaders, professionals, and families for the benefit of the students we serve.
6. I will maintain professional curiosity in psychology, child development, education, and behaviour analysis.
7. I will make ethical decisions and comply with the codes and requirements applicable to my role.
8. I will work to create meaningful positive impact in the lives of students and families.
9. I will remain open to responsible innovation and evidence-based improvement.
10. I will have the courage to ask questions, raise concerns and speak up when safety, dignity or ethics may be compromised.

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22. Staff Acknowledgement

Acknowledgement of Receipt and Understanding

I confirm that I have received and reviewed the Small Steps Employee Handbook 2026-2027. I understand that I am responsible for following the policies, procedures, and professional standards described in it, together with my employment contract, job description, safeguarding policies, school procedures, clinical protocols, and written instructions issued by authorised leadership.

I understand that this handbook does not replace applicable law, regulatory requirements, professional codes, or my employment contract, and that Small Steps may update policies when necessary. I agree to seek clarification when I am uncertain and to report safeguarding, ethical, clinical, data protection, health and safety, or workplace concerns promptly through the appropriate route.

Employee Signature:	
Job Title:	
Signature:	
Date:	____/___/_____
Witness/Manager:	

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Appendix A: Immediate Escalation Guide

Issue	Immediate action	Primary escalation
Child safeguarding concern	Ensure immediate safety; do not investigate; make a factual record.	DSL/DDSL and school safeguarding lead immediately.
Medical emergency or serious injury	Call school clinic/emergency response; provide trained first aid; preserve supervision.	School emergency lead, Operations, Supervisor, and parent through approved route.
Dangerous behaviour	Use prevention and approved crisis plan; call trained support.	Case Supervisor/Clinical Director; complete incident report.
Data breach or lost device	Contain where possible; do not delete evidence.	DPO and Operations immediately.
Ethical concern	Pause unsafe or unauthorised practice where possible.	Clinical Director/credentialled Supervisor; HR where appropriate.
Workplace harassment or retaliation	Preserve evidence and avoid confrontation where unsafe.	HR or senior leadership.
Unclear clinical procedure	Do not improvise.	Case Supervisor before implementation.

Appendix B: Required Daily Checks for Behaviour Therapists

- Review the student schedule, communication needs, allergies, health information, risk plan, behaviour support plan, and current goals.
- Confirm the tablet is charged, secure and functioning.
- Prepare required materials before student arrival.
- Complete arrival health/body-map checks and required communication.
- Collect accurate data and complete notes throughout the day.
- Maintain active supervision and clear handovers.
- Check food, water, hat, clothing, and personal-care supplies.
- Return materials, secure records, and report incidents before leaving.
- Confirm any follow-up task assigned by the Case Supervisor.

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