



## Policy on Working with Separated or Separating Parents

### Purpose:

To provide clear guidelines for therapists at Grow Paediatric Therapy when working with families where parents are separated, in the process of separating, or experiencing custody disputes. This policy ensures compliance with South Australian laws, upholds ethical standards, and prioritises the child's therapeutic needs. Our services exist solely to support the child's developmental and emotional goals.

### 1. Guiding Principles

- **Child-Centred Practice:** Therapy at Grow Paediatric Therapy is provided for therapeutic purposes only. Our role is to support the child's developmental, emotional, and functional goals.
- **Therapeutic Boundaries:**
  - We do **not** provide court-ordered assessments, court reports, or opinions intended for legal proceedings.
  - Any reports we provide are **objective**, descriptive, and solely intended to outline the child's progress toward their therapy goals.
  - We do **not** offer opinions on parenting capacity, custody arrangements, or the suitability of either parent.
- **Equal Parental Rights:** In the absence of a court order, both parents have equal rights to be informed about and consent to therapy. Reasonable efforts will be made to involve both parents appropriately.
- **Confidentiality:** Information shared in therapy is confidential and will only be released with proper consent or as required by law.

### 2. Initial Intake and Consent

**Consent to Therapy:** Consent for therapy should ideally be obtained from both parents. If consent is obtained from only one parent, the therapist must assess the appropriateness of commencing therapy and document the decision-making process.

**Communication with Both Parents:** At the initial intake, therapists should clarify the involvement of both parents. Where possible, therapists should offer to meet or communicate with the non-referring parent to explain the therapy process and discuss any concerns.

Intake Forms: Intake forms should be completed by the parent initiating therapy. If the non-referring parent requests to provide additional information or complete a separate intake form, this should be accommodated to ensure a comprehensive understanding of the child's needs.

### **3. Handling Requests for Information**

- Progress Reports:
  - Reports focus strictly on therapy participation, observed strengths and challenges, and progress toward therapy goals.
  - Reports will **not** include statements or interpretations related to parenting, co-parenting, or custody arrangements.
- Session Notes: Detailed notes or confidential therapeutic content will not be released unless legally required.
- Court-Related Requests:
  - We do not prepare court reports, provide recommendations for parenting arrangements, comment on family dynamics for legal purposes, or attend court.
  - Families requesting these services will be referred to professionals who specialise in forensic or court-related assessment.

#### **Communication with Parents and Third Parties:**

- Grow Paediatric Therapy will generally communicate directly with a child's legal parents or guardians regarding therapy participation, progress, appointments, and recommendations.
- Requests to involve or share information with third parties, including step-parents, partners, extended family members, support workers, or other individuals, require written consent from both parents where both parents hold parental responsibility and there are no court orders stating otherwise.
- In situations where one parent does not consent to the involvement of a third party, Grow Paediatric Therapy will maintain communication with the child's parents only.
- This approach is intended to maintain neutrality, protect confidentiality, reduce the risk of parental conflict impacting therapy, and ensure the therapeutic relationship remains focused on the child's best interests.

### **4. Managing Parental Conflict**

Neutrality: Therapists must remain neutral and not take sides. If parental conflict begins to interfere with therapy or creates risk for the child, alternative arrangements or referrals may be considered.

Purposeful Communication: All communication with parents will remain focused on the child's therapy goals and progress. Therapists will redirect any attempts to discuss parenting disputes, family conflict, or legal matters.

Referrals and Termination of Services: If parental conflict significantly disrupts the therapeutic process or places the child at risk, the therapist may consider referring the family to another service or terminating therapy. Such decisions must be made in consultation with a supervisor and documented thoroughly.

### **5. Legal and Ethical Considerations**

Compliance with South Australian Laws: Therapists must adhere to all relevant laws in South Australia, including those related to child protection, family law, and privacy.

Professional Ethics: Therapists are expected to follow the ethical guidelines of their professional associations, such as Developmental Educators Australia Inc (DEAI).

Mandatory Reporting: If there are concerns about the child's safety or well-being, therapists have a legal obligation to report these concerns to the appropriate authorities as mandated by South Australian child protection laws.

## **6. Documentation and Record Keeping**

Thorough Documentation: Therapists must document all interactions with parents, including consent, discussions about therapy, requests for information, and any decisions made regarding the child's therapy.

Secure Record Keeping: All records must be securely stored in accordance with privacy laws and Grow Paediatric Therapy's policies on data protection.

## **7. Review and Supervision**

Ongoing Supervision: Therapists should regularly consult with supervisors regarding cases involving separated or separating parents to ensure that all actions taken are in line with this policy and best practice standards.

Policy Review: This policy will be reviewed annually or as needed to ensure compliance with changes in legislation, ethical standards, or clinical practice guidelines.