



Safeguarding Children¹

Policy and Procedures

This policy builds on the international child safeguarding standards of Keeping Children Safe and the best practices of other organizations and international groups. This policy covers work with minors and guides the work of our staff and volunteers. It highlights their roles and responsibilities on safeguarding and the manner in which they uphold and respect children's rights through their work. This is a responsibility we take seriously².

Designated Child Safeguarding Officer

Katie Stoudemire
katie@wonderconnection.org
919-914-0015

¹ For the purposes of this document, the term children refers to all individuals under 18 years of age.

² Effective 5/1/2022, to be reviewed 12/1/2022 and every two years thereafter



RESPONDING TO CONCERNS

All volunteers and staff are required to report all concerns or suspicions as soon as possible.

IF THERE IS A CHILD SAFEGUARDING EMERGENCY

*If a child has been seriously hurt or is in imminent danger of being harmed, staff must:
Call local emergency services (911).*

After contacting 911, please contact the appropriate person(s) based on the location of the child

**If there is not an emergency, please contact the appropriate person(s)
based on the location of the child**

PATIENT AT UNC HEALTH

Report to the child's nurse. You may also contact the BEACON hotline 984-974-0470

GUEST AT RONALD MCDONALD HOUSE

Report to executive director Heather Shanahan heather@rmhch.org or 919-913-2041
or the manager on duty 919-913-2040.

Then contact Wonder Connection's Child Safeguarding Officer

CHILD SAFEGUARDING OFFICERS

Katie Stoudemire, CSO for Wonder Connection
Katie@wonderconnection.org 919-914-0015

If you have concerns about Wonder Connection staff, please contact Sean McWeathy, CSO for our fiscal sponsor, SEEsean@saveourplanet.org 818-225-9150

Then fill out Wonder Connection's Online Reporting Form

ONLINE REPORTING FORM

<https://hipaa.jotform.com/213405166777056>

Then seek support

The BEACON program at UNC is a resource for support 984-974-0470. You may also reach out to CSO Katie Stoudemire.

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I. **Introduction**

Wonder Connection's mission is to promote joy, well-being, and self-confidence in hospitalized children and teens through the wonders of nature and science. We have developed this policy in order to protect children and young people who receive Wonder Connection's services from harm. We aim to provide staff and volunteers, as well as children and young people and their families, with the overarching principles that guide our approach to child protection. This policy applies to anyone working on behalf of Wonder Connection, including senior managers and the advisory board, paid staff, volunteers, and visiting educators. We believe everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them. We will give equal priority to keeping all children and young people safe regardless of their age, disability, gender, race, religion or belief, sex, or sexual orientation.

1. **Principles & Values**

A. **Principles**

- All children have equal rights to protection from harm.
- Children should always be treated with respect, regardless of their sex, ethnic or social origin, language, religious or other beliefs, disability, gender identity, sexual orientation or other status.
- All children have the right to freedom from all forms of violence, abuse, neglect and exploitation.
- All child abuse is an abuse of power and all violence towards children is both unacceptable and preventable.
- Although children may be resourceful and resilient, there is an inherent vulnerability in relation to abuse, given their general lack of status and power, dependence, stage of development, and reliance on adults.
- Children are most at risk from those people they know and often trust. Adults engaged in positions of trust towards children must therefore exercise the highest levels of integrity and good practice.
- Safeguarding children is 'everybody's business'. All organisations and professionals working or in contact with children have an obligation to ensure that their operations are 'child safe'. This means that staff, volunteers and contractors do not represent a risk to children and that programmes, policies and practices are designed and developed in ways that promote the protection of children

- All actions on child safeguarding are taken in the best interests of the child.

B. **Values**

Wonder Connection's values guide the way that we serve our community.

Compassion

We exercise compassion by designing adaptable experiences that aim to meet kids, teens, and families' unique needs. We lead and learn by listening to those we serve.

Discovery

Everyone should have the opportunity to experience the wonders of nature and science. By encouraging children and teenagers to explore, experiment, and create, we foster their curiosity and let them design their own learning pathways.

Empowerment

Our work is collaborative and person-centered. We aim to empower the children and teens we work with by giving them choices and encouraging them to be creative (in contrast to their hospitalization). We follow their lead and provide resources to help kids and teens develop a sense of self-efficacy and pride.

Joy

A hospital stay shouldn't deprive a child of the joy of being a kid. We create experiences for kids and teens that are interactive, engaging, and fun. We love what we do and are grateful to do it; we aren't afraid to let that show.

Racial Justice

We are working towards racial and social justice in our organizational culture and the programming we provide. We acknowledge that striving for racial justice and equity at Wonder Connection and in the systems and structures in which we participate will be difficult and uncomfortable and that change and disruption will be part of the process. We are committed to this work and to creating safe spaces for conversation, reflection, and change.

3. Pledge and Application

With this policy, Wonder Connection commits to ensuring that through all its programs, it will strive to prevent abuse and promote the safety, protection, wellbeing and development of children.

4. Policy Breaches

Wonder Connection is committed to taking all appropriate action, including disciplinary, legal or other action in response to any breaches of this Safeguarding Policy. It is the responsibility of each individual member of staff to act if there is a cause for concern about a child or the behaviour of an adult towards a child but, it is not their responsibility to determine if abuse has occurred or what action is required to protect them. Should you become aware of a safeguarding concern, please report immediately to the designated officer listed on page 2.

5. Definitions and Terms

A child is any person under the age of 18 years.

What is child safeguarding?

Child safeguarding is the responsibility that organisations have to make sure their staff, operations, and programs do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organisation has about children's safety within the communities in which they work, are reported to the appropriate authorities.

'**Do no harm**' refers to organisations' responsibility to 'do no harm' or minimise the harm they may be doing inadvertently as a result of inappropriate programming.

Further definitions are located in Appendix A.

6. Roles and Responsibilities

This policy applies to all staff and associates.

- All paid Staff
- All volunteers
- All interns (paid or unpaid)

Associates includes:

- all contractors, e.g., consultants who interact with children
- all Board Members who interact with children

- Guests and Visitors who interact with children (including visiting scientists)

Each member of staff (including volunteers and interns) agrees to familiarise themselves with this policy and comply fully with its standards, behavior protocols, and code of conduct. Staff are required to be aware of risks to children and be vigilant. Staff are also responsible to report any suspected or known concern about the safety of children as per the reporting procedure in [\[add link when we have table of contents\]](#) and to participate fully in any safeguarding inquiry if requested. Furthermore, staff are to participate in annual training on child safeguarding.

If Wonder Connection develops partnerships beyond Hospital and RMH, agreements with partners will include a statement that partners who do not have a child safeguarding policy will either abide by Wonder Connection's policy or develop their own as a condition of the partnership.



PREVENTION

Our multi-faceted approach to preventing child maltreatment and abuse as a part of our Safeguarding Children Policy

RISK ASSESSMENT

An informal risk assessment was completed with Praesidium and UNC Health's Beacon program in 2021. A formal risk assessment planned for 2024

SAFER RECRUITMENT

Volunteer & Staff Recruitment require a detailed application, interview, background checks, relevant experience, and multiple references.

BEHAVIOR PROTOCOLS & CODE OF CONDUCT

All staff, volunteers, and affiliates must read, respond to, and agree to behavior protocols as well as a written code of conduct and ethics policy.

EDUCATION & STAFF TRAINING

All staff and volunteers will receive training on identifying, responding to, and reporting suspected child abuse.

SAFE PROGRAM DESIGN

Staff and volunteers follow all protocols set by UNC and RMH. They use signage to indicate if they are in individual patient rooms. Programming protocols and materials are approved by UNC Infection Prevention as well as risk management and nursing/medical staff as questions arise.

SOCIAL MEDIA & COMMUNICATIONS POLICY

Our written policy provides guidelines on appropriate use of images, videos, and information and requires signed permission from parents/guardians.

MANAGEMENT OVERSIGHT

Our policy has been approved by senior leadership at our fiscal sponsor, Social and Environmental Entrepreneurs, and has been reviewed by multiple outside sources.

Risk assessment/risk mitigation

Protecting children from abuse and protecting the rights of children will be addressed through the following steps:

Wonder Connection has undergone an informal risk assessment through consultations with Praesidium as well as with the BEACON consult program at UNC.

By 2024, a formal risk assessment of all Wonder Connection operations, programmes and project activities will be conducted by Praesidium (or another highly qualified consultant). Risk mitigation strategies have been developed and will be reviewed in order to minimise the risk to children, and they will continue to be incorporated into the design, delivery and evaluation of programmes, operations and activities which involve or impact children.

Safer Recruitment

Wonder Connection's Safer Recruitment Policy demonstrates our commitment to safeguarding and protecting all children and young people by ensuring that we apply the highest standards in our recruitment and vetting policies. Staff and volunteer candidates are checked for their suitability for working with children and their understanding of child advocacy.

Job or volunteer positions for those whose work will bring them directly into contact with children, or give them access to children's contact or protected health information, will be dependent on an **application, interview, background checks, relevant experience and references.**

Job Postings for staff and volunteers include a description of our commitment to keeping children safe with a link to this policy. (We will put this policy on website when it's finished being edited)

Application questions assess suitability for working with children.

Interviews for all staff and for any volunteers who will work with children will include questions about the candidate's attitudes about children as well as if/when they may have acted on behalf of a child (or wish they had) and what they learned from that.

Background checks include confirmation of identity. Background checks will be performed for all paid staff as well as any volunteers who work with children before they begin work. Staff background checks are performed by SEE's HR manager, Sean McWethy. Volunteer background checks are conducted by UNC Health and/or the Ronald McDonald House of Chapel Hill. Staff and volunteers will have subsequent background checks every 3 years after employment begins.

Relevant Experience with children/teens is required for staff and volunteers who work directly with children.

References:

Staff applicants for positions that include work with children must provide 3 references that discuss previous work with children. Staff who will not work directly with children must have at least 1 reference that can discuss previous work with children.

Volunteer applicants who will work with children must provide 2 references that discuss previous work with children and/or their suitability for working with children and 1 additional reference.

All employees are at-will employees; if employees are deemed unsuitable to work with children they will be terminated.

Behaviour Protocols/Code of Conduct

Our behavior protocols and code of conduct and ethics policy are part of the job/volunteer description and are included in the [volunteer guidebook](#) and [staff guidebook](#).

All staff and volunteers including visitors who work directly with children should agree to the code of conduct when they are employed and/or start their job. For Wonder Connection's *Code of Conduct* please see appendix E. For our *Best Practices* document, please see Appendix F.

Staff Contacting Participants/Patients By Phone/Email/Text:

Wonder Connection staff should use work email addresses if they email families. Wonder Connection should primarily use work numbers to contact families. Sometimes parents or caregivers prefer that we text with them. Wonder Connection staff can share their personal cell number with parents. If a parent and teen patient wish to text, Wonder Connection staff should text with parents and patients and/or another staff member and the teen patient (so another adult is always part of the conversation).

Wonder Connection staff should not meet alone with patients outside of the hospital. If they must meet with patients (e.g. for a special event), they should have another adult present.

With parental permission, Wonder Connection staff can email or call or text board members who are minors. Staff should not contact other minors without copying their parents and/or other Wonder Connection staff.

Use of Social Media

Neither volunteers nor staff should message families or patients via social media.

Staff and Volunteers may repost, share, like, and comment on Wonder Connection's posts but should not independently post photos or share confidential information.

Education and Staff Training

All those employed by Wonder Connection will have access to regular training on child safeguarding. For all staff and any volunteers who work with children, child safeguarding training will begin at orientation, and will include helping them understand why it is necessary to safeguard children as well as their role in safeguarding and how to report concerns. Training will be repeated annually.

All staff and volunteers should participate in the 45 minute, free online training "Recognizing and Reporting Child Abuse and Neglect" via the Monique Burr Foundation website
<https://www.mbfpreventioneducation.org/resource/child-abuse-resources/>

In addition, staff and volunteers should read our [Reporting Guide](#) that includes relevant parts from this policy to learn specifics about how to report and what to do if a child makes a disclosure.

Safe program design

Wonder Connection is committed to designing and delivering programs which are safe for children. Wonder Connection works in partnership with the infection control department at UNC Health and follows all protocols and procedures set by UNC Health as well as those set by the Ronald McDonald House of Chapel Hill in order to help ensure physical safety as well as child safeguarding.

Wonder Connection's work sometimes involves working with patients who are in their hospital rooms without other adults. When that is the case, staff and/or volunteers leave a note on the door that alerts hospital staff and visitors to the fact that Wonder Connection is in that room visiting with that patient. Staff and volunteers should also make every effort to make their interactions as visible as possible. This can include raising the blinds on windows if the patient allows it.

Social Media and Communications

In our use of information and visual images, both photographic stills and video, our overriding principle is to maintain respect and dignity in our portrayal of children, families and communities. All photos are taken only after the child gives verbal permission and the guardian gives written permission. Children and guardians are informed that photos and videos may be used on Wonder Connection's website or social media pages.

(<https://hipaa.jotform.com/202736912667058>)

See additional information in Appendix B & C.

Management Oversight

The policy has been approved by our fiscal sponsor's (Social and Environmental Entrepreneur's) Senior Management.



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Report Tracking

After an initial report is made, Wonder Connection CSO Katie Stoudemire will use a secure online form (<https://hipaa.jotform.com/220315005918043>) to track progress on actions to be taken. This form asks for information to document that:

1. The incident was reported to all appropriate authorities,
2. Wonder Connection staff consider and address if there are ways to minimize future risks of harm
3. Support was offered to the person making the report and others involved in the process.

Concerns and Allegations:

If you can answer yes to any of the following questions, you are required to make a report:

- Did you witness a safeguarding incident?
- Do you suspect someone of having breached this policy?
- Has someone alleged a safeguarding breach?
- Has someone disclosed a safeguarding concern to you?

Definition of a safeguarding allegation

This is where a person has:

- a. behaved in a way that has harmed a child or might lead to a child being harmed;
 - b. possibly committed or planning to commit a criminal offence against a child or related to a child;
- and c. behaved towards a child in a way that indicates s/he is or would be unsuitable to work with children.

The allegation may:

- Involve a child/ren, or adults(s) or both.
- Not directly have a 'known child' victim as such. For example, if a member of staff is accessing abusive images of children online or using the internet to groom children with the intent to harm in future.
- Be about any type of abuse.
- Concern a breach of the Wonder Connection safeguarding code of conduct.
- Relate to a staff member or volunteer who has left Wonder Connection, for behaviour during employment (known as a 'historical non-recent allegation').
- Concern the child of a staff member.

A safeguarding allegation may arise when:

- A child or parent/carer makes a direct allegation against a member of staff.
- Someone directly observes behaviour that is cause for concern.
- Wonder Connection receives a safeguarding allegation from any individual in the course of another internal procedure, for example a disciplinary procedure or a complaint.
- The police or local authority informs Wonder Connection that an individual is the subject of a child or adult protection and/or criminal investigation.

- A member of staff informs Wonder Connection that they have been the subject of allegations, have harmed a child, committed an offence against or related to a child.

If a volunteer or member of staff is concerned about the behaviour of another member of staff or volunteers, they should not worry about the confidentiality of this information. Even if it turns out to be mistaken, it is better to discuss it and enable a proper investigation and assessment to happen than not report it at all.

If a Child Discloses Concerning Information

Wonder Connection will receive disclosures from children with sensitivity and will strive not to re-traumatise children in their handling of complaints. The safety and best interests of children are always our first priority.

If a child or young person tells you they are being, or have been, abused or neglected:

1. Listen to and accept what the child or young person says. Take it seriously.
 - o Do not ask questions or press for information.
 - o Do not investigate
 - o do not inform, question or confront the alleged abuser.
2. Respond to the child and validate their feelings (see below for more info)
3. Share information confidentially with appropriate people based on location and include Wonder Connection director, Katie Stoudemire (katie@wonderconnection.org)

Potential Responses to the Child Making the disclosure:

"Oh, thank you for telling me/sharing that information"

This is really all you need to say

If you want you can say a bit more...

Reflect back what they shared about how they were/are feeling:

It sounds like you were/are _____ (insert feeling they described). That must have been a lot.

Let them know you're going to tell someone-

I think it's important for [doctors and nurses/grownups who care] to know about this (situation, worry, the kids feelings...). I'm going to share this with them because it's important.

If a kid asks you keep it a secret, don't promise to keep it secret
You could say "I'm so glad you felt you could share that with me. But I'm not someone who can help. I would like to tell [doctors and nursing staff/grown ups who care] because things like that shouldn't be happening."

If they still don't want you to, you can say "I have to tell because we don't want it to keep happening."

Identifying information about children will be shared on a 'need to know' basis only. Any staff who raise concerns of serious malpractice will be protected as far as possible from victimisation or any other detrimental treatment if they come forward with serious concerns, provided that concerns are raised in good faith. Deliberate false allegations are a serious disciplinary offence and will be investigated.

The subject of the complaint (alleged perpetrator) and all witnesses must cooperate fully and openly with internal and statutory investigations and hearings. Their confidentiality will be protected and information which could identify them will be shared on a 'need to know' basis only.

Historical or non-recent abuse

Any disclosure or concerns that breach this policy and that relate to abuse that happened more than a year ago, involving anyone working at Wonder Connection must still be taken seriously and acted upon in line with the procedures outlined in this section

Wonder Connection will fully support and protect any member of staff who, in good faith, reports his or her concern that someone is, or may be, abusing a child. If an allegation is made that is found to be malicious or fraudulent, Wonder Connection retains the right to take appropriate action against the individual responsible for making the claim.

Allegations against a staff member

- Staff member will be suspended from their employment immediately following reporting during the investigation of the issue.
- If the allegation is a criminal issue, this should be reported to the formal authorities before taking action or informing the alleged perpetrator. Internal investigations related to allegations of criminal behaviour should be discussed with the formal authorities prior to embarking on this course of

action to ensure that the organisation does not compromise the formal investigation.

- Internal investigations will be conducted by contracting with a third party with experience in conducting abuse investigations (such as Praesidium). The investigation should involve interviews of all parties involved including witnesses to gather all relevant details of the allegation.
- Appropriate disciplinary measures should be taken in the event that the allegation is found to be true and likely will result in termination.
- If the investigation shows that the allegation is clearly about poor practice, Wonder Connection will determine how best to remedy this e.g., as part of the disciplinary procedure, depending on the nature and seriousness of the practice.
- If the allegation is found to be without base, appropriate steps should be taken to minimise damage to the reputation of the individual accused.

Support

Support and counselling will be available for those involved in the report and response. The Beacon program at UNC is a resource for support 984-974-0470.

II. **Monitoring and review**

CSO (Katie Stoudemire) and senior management (Sean) will review all reports related to child safeguarding to ensure that child safeguarding measures are in place and effective.

This policy will be reviewed a minimum of every 3 years or when it is shown necessary that additional issues need to be identified and addressed through this policy.

Appendices A-E

Appendix A: Definitions of harm

Physical abuse: *actual or potential physical harm perpetrated by another person, adult or child. it may involve hitting, shaking, poisoning, drowning and burning. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.*

Sexual abuse: *forcing or enticing a child to take part in sexual activities that he or she does not fully understand and has little choice in consenting to. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching. It may also include involving children in looking at, or producing sexual images, watching sexual activities and encouraging children to behave in sexually inappropriate ways.*

Child sexual exploitation: *a form of sexual abuse that involves children being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs. It usually involves a child being manipulated or coerced, which may involve befriending children, gaining their trust, and subjecting them to drugs and alcohol. The abusive relationship between victim and perpetrator involves an imbalance of power where the victim's options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual. Child sexual exploitation manifests in different ways. It can involve an older perpetrator exercising financial, emotional or physical control over a young person. It can involve peers manipulating or forcing victims into sexual activity, sometimes within gangs and in gang-affected neighbourhoods. It may also involve opportunistic or organised networks of perpetrators who profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men or women.*

Neglect and negligent treatment: *allowing for context, resources and circumstances, neglect and negligent treatment refers to a persistent failure to meet a child's basic physical and /or psychological needs, which is likely to result in serious impairment of a child's healthy physical, spiritual, moral and mental development. It includes the failure to properly supervise and protect children from harm and provide for nutrition, shelter and safe living/working conditions. It may also involve maternal neglect during pregnancy as a result of drug or alcohol misuse and the neglect and ill treatment of a disabled child.*

Emotional abuse: *persistent emotional maltreatment that impacts on a child's emotional development. Emotionally abusive acts include restriction of movement, degrading, humiliating, bullying (including cyber bullying), and threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.*

Commercial exploitation: *exploiting a child in work or other activities for the benefit of others and to the detriment of the child's physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labor.*

Appendix B: Communications Policy & Guidelines

Principles

1. We will respect the confidentiality and dignity of the subject.

- We will always seek permission when taking photographs or video footage of individuals.
 - Consent for taking and using photographs will be sought first by asking children directly and then by asking parents/guardians and obtaining written photo releases.
- Wherever possible, we will explain to the child/family way we will likely use the images.
- We will never take pictures of people who say they don't want to be photographed.

2. We will not exploit the subject.

- We will not manipulate the subject in a way which distorts the reality of the situation (e.g., we will not ask them to cry for the camera).
- Special consideration will be given to photographs depicting children with disabilities to accurately portray context and maintain dignity.
- If necessary to protect confidentiality, the names of children and families will be changed. Never will a child's full name or contact details be published.

3. We will maintain standards of taste and decency consistent with our values and those of our supporters.

- Pictures of children should always be decent and respectful.
- We will not use images which are erotic, pornographic or obscene.
- We will take images that represent a broad range of children – boys and girls of various ages, abilities and ethnic groups.
- Any complaints or concerns about inappropriate or intrusive images should be reported and recorded, as with any other child safeguarding concern.

4. We will treat in a positive manner the people whom we are helping.

- Patients we serve will be portrayed as dignified humans, not hopeless objects. We will highlight capacities and aspirations of those affected, not focus on their vulnerabilities and fears

5. We will maintain a suitable photo library.

- Images will be current and appropriate.
- All images will be kept centrally and fully documented.
- Images without current photo releases will be archived.
- Pictures, materials and personal information regarding children will be saved in a password protected area where practicable.

6. We will take every measure to ensure that children are protected.

- Make sure that photographers and film-makers are not allowed to spend time with or have access to children without supervision.
- Photos will not be tagged with the child's full name, DOB, home address or other confidential information.

7. We will obtain consent before taking any photos

Wonder Connection will ensure verbal consent from children as well as written consent from parents/guardians for photos. Parents/Guardians will fill out Wonder Connection's photo release as well as either RMH-CH or UNC Health's photo release.

Appendix C: Social media policy:

Social Media/Internet will be used appropriately

- Electronic media and Internet access should only be used in appropriate, professional ways.
- Any immoral, unethical, illegal, or inappropriate use of electronic media is strictly prohibited.

Confidential information will not be shared without prior written consent

- Unauthorized disclosure of confidential information relating in any way to patients is strictly prohibited and may also be a violation of HIPAA regulations.
- Wonder Connection staff will ensure that all proper authorization and written photo releases have been obtained before posting any photos/video of patients/family members on social media (see Appendix B for more info).

Staff and Volunteers may repost, share, like, and comment on Wonder Connection's posts but should not independently post photos or share confidential information.

- Volunteers and staff may like, share, and comment on Wonder Connection's social media pages as long as they don't disclose information about patients. For example, you may share Wonder Connection's post and write "I had a great time with this patient" but you should not write "I had a great time with Benny from Durham".
- Volunteers and staff should not independently post any content or pictures involving patients (they may only Share what Wonder Connection has posted).
- All postings on social media or blogs must comply with our policies on confidentiality and disclosure of proprietary

information. If you are unsure about the confidential nature of information you are considering posting, consult a staff member.

Violations of any of these prohibitions may result in immediate discharge.

Appendix D: Resources

[Beacon at UNC](#)

[Helpline/Hotline Numbers](#)

[Directory of DSS offices in NC](#)

[List of Domestic Violence Service Providers in North Carolina](#)

Appendix E: Code of Conduct and Ethics Policy

This code of conduct and ethics policy reflects Wonder Connection's commitment to carry out our mission by conducting business in an honest, ethical, and law-abiding manner. Each volunteer has a duty to Wonder Connection to act with integrity and honesty.

Our goal is to make a difficult time in an unfamiliar place as normal and enjoyable as possible. Successful Wonder Connection volunteers are friendly, dependable, and flexible. We strive to ensure that a culture of openness and a sense of accountability exists between staff so that poor practice or potentially abusive behavior does not go unchallenged.

Wonder Connection's values guide the way that we serve our community. It is our policy to treat program participants and their families and all others fairly and with compassion, without regard to race, ethnicity, nationality, religion, gender, or any other protected group or status.

General Guidelines

While the list below does not encompass all potential situations, it does offer some foundational principles:

Don't volunteer if you might be sick

Don't share confidential information

Don't disclose any confidential information relating in any way to Wonder Connection, UNC Hospitals, former or current program participants, or employees. This is strictly prohibited and may also be a violation of HIPAA regulations.

Don't take photos without written permission

Don't post on social media or blogs unless posts comply with Wonder Connection's policies on confidentiality and disclosure of information. If you are unsure about posting, consult a staff member.

All of the following actions are prohibited (for what should be obvious reasons). Do not:

Hit or otherwise physically assault or physically abuse children.

Develop physical/sexual relationships with children or develop relationships with children which could in any way be deemed exploitative or abusive.
Act in ways that may be abusive or may place a child at risk of abuse.
Use language, make suggestions or offer advice which is inappropriate, offensive or abusive.
Behave physically in a manner which is inappropriate or sexually provocative.
Have a child/children with whom you are working in your personal vehicle or stay overnight at your home unsupervised.
Do things for children of a personal nature that they can do for themselves.
Condone, or participate in, behavior of children which is illegal, unsafe or abusive.
Act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse.
Discriminate against, show differential treatment, or favor particular children to the exclusion of others.
Use, consume, or be under the influence of alcohol, prescription drugs, or over-the-counter drugs while on the job where the use of such drugs impairs your ability to safely perform your job or adversely affects your safety or the safety of others.
Use electronic media and Internet access in any way that is not appropriate or professional.

This is not an exhaustive or exclusive list. The principle is that staff and volunteers should avoid actions or behaviors which may constitute poor practice or potentially abusive behavior. Each individual must apply his or her own sense of personal ethics to govern behavior where no existing regulation provides a guideline.

In the case of suspected abuse, potential risks, or problematic behavior:

Report suspected abuse to nursing staff/medical team or RMH staff (depending on where child is staying) as well as Wonder Connection director and/or program manager immediately.

Share your concerns, questions, and information about potential risks with Wonder Connection staff.

Consequences

If this code of conduct is breached by staff/volunteers, disciplinary action will be taken and termination is likely. Child protective services and law enforcement will be involved as appropriate.

I, _____, have read and will abide by the code of conduct listed above.

Signature _____ Date _____

Appendix F: Best Practices

The kids, teens and the families that we serve are the reason we are here. Volunteers and staff are expected to act with the utmost professionalism and integrity when interacting with them.

Here are some things to keep in mind when working with kids and their families:

Be flexible. Be patient. You'll be interrupted more times than you will believe.

Take care of yourself. Arrive well fed and hydrated and eat/drink if you need to.

Wear appropriate clothing and close-toed shoes.

Listen to the kids and focus on their experience (don't just talk to/focus on parents). Be respectful of their feelings (even if they are negative).

We encourage all volunteers and staff to maintain emotional boundaries with the patients that we serve as well as their families.

Don't assume gender (some girls might have short/no hair, some boys may have braids etc).

Don't treat kids with pity or unnecessary/unrealistic praise – treat them as you would any other kid.

Silence is ok. Don't feel like the kids need to be talking the whole time.

Make sure your activity and energy is kid centered – not agenda focused or parent-centered.

Remember that some kids fatigue easily – don't take it personally if they don't have energy to start, continue or complete a project – or if they fall asleep while you're there.

Give positive feedback ("I appreciate how you are following directions/using the materials/asking good questions, etc.).

Children want control – anything we can do to give them control in a healthy way is encouraged – give lots of choices!

Younger kids tend to have an easier time making choices when you can show them what you're talking about – so bring a couple of actual objects, games, etc. to their rooms when you go to meet them.

Don't ask about a child's treatment, diagnosis, or prognosis. If kids bring it up, you can listen, but don't ask them questions about it. And don't share info about medical illnesses or procedures you've had (the focus should be on the child).

Talk to Child Life Specialists, Hospital School Teachers, PTs and OTs, nurses and NCA- they are all great resources.

I have read this document. I will continue to be mindful of these comments and will continue to ask questions as they come up.

These are my top 3 takeaways from this document:

1.

2.

3.

Signed: _____ Date: _____