Preamble
AAMT’s Code of Ethics and Standards of Practice describing the therapeutic goals and process of massage therapy apply equally to the treatment of minors as they do to adults. The treatment of minors, however, brings with it distinctive challenges for the therapist, particularly in the areas of assessment, risk, consent, and therapeutic relationship requirements about communication, professional boundaries, currency of skills and knowledge.

Aim
The following guidelines have been developed to assist the therapist when treating minors. As guidelines, it is the responsibility of the individual therapist to construct policies and procedures that adhere to the law and to best practice. These guidelines may be read as AAMT’s statement on current best practice as it applies to massage therapy.

These guidelines should be read in conjunction with the AAMT Code of Ethics and Standards of Practice, and any Australian legislative, licensing, regulatory and certification requirements.

AAMT recommendation: That each therapist or practice location develop a working with minors policy which adheres to law in their jurisdiction, and to the guidelines and recommendations in this document.

Definitions
Informed consent: For informed consent to treatment to be present, the massage therapist must ensure that the person who gives consent is provided with disclosure of the risks, benefits and side effects of treatment; that the person who gives consent is legally, intellectually and emotionally capable of giving consent; and that the person giving consent is able to freely exercise their decision making without being forced to do so by another person.

Jurisdiction: One of the states or territories in Australia.

Massage therapist (therapist): A person who is appropriately trained in massage therapy techniques, holds the Certificate IV in Massage Therapy Practice, Diploma of Remedial Massage (or equivalent), Advanced Diploma of Massage (Myotherapy) and their successive qualifications who maintains the currency of their skills and knowledge by undertaking continuing professional development, and who holds appropriate professional memberships and professional indemnity insurance.

Majority: A person attains majority at the age of 18 years.

Minor: A minor is a person under 18 years of age.

Responsible adult: A responsible adult is a person to who care, custody and control of a minor is entrusted. This may be a parent, or may be an appointed guardian.
Working with children check (WWCC): The statutorily defined check as to the fitness of a person to provide services to a child.

Process

Working with children checks
In some Australian states and territories (jurisdictions) compulsory checks have been introduced1, with the aim of protecting minors from abuse in certain circumstances. Therapists may be required to undertake these checks by the law in their jurisdiction, or there may be no check, or the check may be optional. A check valid in one state is not transferable to another jurisdiction, and the holder must apply for a check in each jurisdiction in which they work. Therapists who work temporarily in another jurisdiction (for example, travelling with a sporting team) should enquire with the authority in the jurisdiction to which they are travelling to determine if they will require a check. The following table summarises whether or not a check is required by law in your jurisdiction:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Working with vulnerable people check</td>
</tr>
<tr>
<td>NSW</td>
<td>Working with children check</td>
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<tr>
<td>NT</td>
<td>Working with children clearance notice / Ochre Card</td>
</tr>
<tr>
<td>QLD</td>
<td>Blue Card</td>
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<tr>
<td>SA</td>
<td>National Police Certificate</td>
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<tr>
<td>TAS</td>
<td>No requirement2</td>
</tr>
<tr>
<td>VIC</td>
<td>Working with children check</td>
</tr>
<tr>
<td>WA</td>
<td>No requirement3</td>
</tr>
</tbody>
</table>

Correct as at 15 August 2014

Therapists are advised that it may be an offence under the law to provide treatment to a child without holding an appropriate check.

**AAMT recommendation:** That all therapists who work with children obtain the relevant WWCC for their jurisdiction, and make the findings of such a check available to the responsible adult prior to commencing treatment on a minor.

**AAMT recommendation:** That a therapist who, for whatever reason, is unable to obtain a WWCC in their jurisdiction immediately cease working with minors, and under no circumstances allow an unaccompanied minor to be present in their workplace.

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2 While no statutorily required check exists in Tasmania, individual workplaces or authorities may require a worker to supply a National Police Certificate, or undertake other checks.
3 While no statutorily required check exists in Western Australia, individual workplaces or authorities may require a worker to supply a National Police Certificate, or undertake other checks.
Confidentiality of a minor’s information
Under normal circumstances, the responsible adult is entitled to access information relating to the minor’s health status and the treatment performed. This entitlement may be varied in the case of sensitive information, or when the minor is capable of providing informed consent. The therapist must use their best judgement when providing information about a minor’s health status and treatment.

It may be appropriate to clarify, at the commencement of the therapeutic relationship, how confidentiality will be maintained, who can access information and under what circumstances. This can be challenging in situations where a child’s parents are separated or divorced.

**AAMT recommendation:** That therapists maintain the confidentiality of a minor’s health information, while respecting the right of responsible adults to access this information; and that therapists use their best judgement when asked to release information that is sensitive, or when the minor is capable of providing informed consent.

Presence of a responsible adult during treatment
While not required by law, under most circumstances it is considered best practice to ensure that a responsible adult is present in the treatment area during treatment of a minor at all times. This may be less appropriate in the case of an older minor and more appropriate in the case where a therapist treats a minor of the opposite gender.

**AAMT recommendation:** That, unless the minor is able to provide informed consent, the therapist requires that a responsible adult remain in the treatment area at all times, and that unless a responsible adult is present, treatment does not begin or continue.

Procedures performed on children
The developmental status of a minor will determine the range of appropriate assessment and therapeutic techniques and procedures selected by the therapist. It is important that the therapist has an appropriate understanding of the developmental status of the minor, and uses techniques and procedures that are appropriate for use in minors, drawn from their scope of practice, and are based on best practice evidence.

Therapists who feel unprepared to work with children should not do so until they obtain further training and preparation.

**AAMT recommendation:** That therapists practice within their accepted scope of practice, and select only those assessment and therapeutic techniques and procedures that have been demonstrated to be safe and effective for use in children.

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Clarifying who the client is

Regardless of who provides consent, and who is responsible for payment of the client account, the therapist must ensure that, at all times, the integrity and dignity of the client is preserved. Whilst children may not be competent to provide consent, they are human beings who are entitled to a full measure of dignity, respect, protection and care. This includes but is not limited to;

- Seeking information directly from the client where possible, and placing appropriate weight on the information provided;
- Allowing the child to dress and undress in private (or in the presence only of the responsible adult);
- Ensuring the child is appropriately draped at all times, to protect their dignity and right to privacy;
- Providing a full and age appropriate explanation of the treatment to the child; checking often and using age appropriate language that the child is still comfortable with treatment, is not experiencing pain, and wishes to continue treatment; and
- Allowing the child to cease treatment at any time, for whatever reason.

**AAMT recommendation:** That therapists who work with children ensure that they maintain the dignity and privacy of each client, and work in a way which is respectful, caring and protective of the child.

**AAMT recommendation:** That therapists who work with children regularly reflect upon and review their policies, procedures and practices to ensure that they comply with the need to maintain the dignity and privacy of each client.

Notification of actual or suspected child abuse, or possible harm

All jurisdictions in Australia place an obligation on some people to make a notification to authorities of a child at risk of harm, or who has been harmed. This varies from jurisdiction to jurisdiction, and therapists should check to see whether or not they are required to make a mandatory notification, to whom, and under what circumstances.

It is important to follow the law when you suspect that a child is at risk of being harmed, or has been harmed, so you should be aware of what your obligations are. The Australian Institute of Family Studies’ website can provide further information.

**AAMT recommendation:** That therapists who work with children seek clarification as to whether they are required to make mandatory notifications, to whom, and under what circumstances. If therapists are required to make mandatory notifications, they should ensure they comply with the law at all times.

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Even if you are not required to make mandatory notifications, you have a duty of care towards your client. If you have reasonable suspicions or evidence that a child has been harmed, or is at risk of harm, you should seek advice from the child protection authorities in your jurisdiction.

ACT: Office for Children, Youth and Family Support - Department of Disability, Housing and Community Services

NSW: Community Services - Department of Family and Community Services

NT: Children, Youth and Families - Department of Health and Families

QLD: Department of Communities (Child safety services)

SA: Families SA - Department of Families and Communities

TAS: Child Protection - Department of Health and Human Services

VIC: Child Protection and Family Services - Department of Human Services

WA: Department for Child Protection