



MY THERAPY
AUSTRALIA

Module 3 – Early Childhood Support

Policy and Procedure Manual

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Child Rights and Responsibilities Policy and Procedure

1.0 Purpose

Each child will receive access to supports to promote and respect their legal and human and rights. It is My Therapy Australia's responsibility to inform all stakeholders of a child's rights and incorporate them into our everyday work and support practices.

Families are supported by My Therapy Australia to understand their child's rights and their rights. Families are encouraged to feel confident to exercise these rights. The child and their family are empowered to make choices and decisions, establish child-centred goals and request support services that optimise their functional capacity, independence, health and wellbeing.

By enabling families to understand their responsibilities, My Therapy Australia is positioned to provide a thorough and continuous quality service to the child while also maintaining a high level of safety for the child, family, and staff.

2.0 Scope

It is the responsibility of all My Therapy Australia staff working with children to apply this policy in a meaningful manner for the child and meets their functional development goals.

3.0 Policy

Our policy ensures that families are informed and supported to understand and exercise their rights and responsibilities for their child receiving early childhood intervention.

My Therapy Australia requires that families be treated with respect, dignity and courtesy regardless of age, disability, cultural and linguistic background, gender, sexual orientation, socio-economic status, and religious or spiritual beliefs. Children and families have the right to privacy and confidentiality within limits imposed by the law and our duty of care.

All staff are instructed to report any risk of harm to the child using the procedures outlined in the Working with Children Policy and Procedure. All risk assessed roles will hold the relevant checks before commencing at our service.

Our organisation will respond to and investigate all complaints and feedback received promptly and use this information to improve services.

Families are informed that they are free to access their child's records. The review will involve a designated My Therapy Australia staff member so that all information can be explained so that the family understands it.

This policy ensures that children receiving supports from My Therapy Australia:

- are treated in a considerate and caring manner
- have their support network involved in facilitating their development
- have their privacy and confidentiality protection listed by law respected
- have the right to choose and make decisions regarding their support strategies and plans
- remain independent by allowing children or their family to make decisions and ensuring the provision of the dignity of risk and duty of care
- are provided with a safe environment through undertaking an individual risk profile assessment or safe environment check
- are safe due to risks being identified, managed and reported, as required
- are responded to appropriately and provided with services in a prompt manner
- are given accurate and relevant information promptly
- can transfer safely and efficiently to a different health professional upon request.

4.0 Procedure

4.1 Children rights and responsibilities principles

All My Therapy Australia staff and volunteers receive training in and have a thorough understanding of a child's rights and responsibilities.

All brokerage agencies are provided copies of this policy manual and instructed to follow appropriate procedures. Agencies must also train their staff in the Child's Rights -

Responsibilities and Rights (as outlined in NDIS Practice Standards and Quality Indicators 2020 - 1.1 Person-Centred Supports).

Each child's family or guardian is provided information to assist them in understanding all My Therapy Australia services available, including:

- costs of these services
- their rights and responsibilities in receiving services
- complaint process
- incident management process
- advocacy services available
- any other relevant information that may affect how and when services are delivered.

Translation services will be provided if there is a language barrier, so the family understands their rights and responsibilities. A copy of the rights and responsibilities can be provided in a family's first language upon request.

4.1 Initial contact

During the initial assessment, My Therapy Australia will provide the family, guardian or their advocate with the following documents relating to rights and responsibilities:

- Service Agreement
- Participant Handbook
- Easy Read Information (dependent on the family's needs)

The Director will discuss the children's rights and responsibilities with the family.

When discussing each right and responsibility, the Director will also refer the family, guardian or advocate to the written material provided relating to a specific area.

Where family members may have or are suspected of having a cognitive impairment or where their disability means they may lack the capacity to understand their rights, the Director will ensure an advocate or representative is present who can understand and explain their child's rights and responsibilities.

If language is a barrier to understanding the child's rights and responsibilities, My Therapy Australia will ensure suitable translation services have been arranged or an app or Easy Read documents may be used.

During the initial meeting, the Director will also:

- confirm that the child and their representatives understand their rights and responsibilities
- provide the child's family, guardian or their representative/s with a contact number if they wish to discuss or have questions regarding their rights and responsibilities or the printed material provided regarding these topics
- discuss continued protection of a child's rights and responsibilities
- inform the family and child that their rights and responsibilities will be discussed during service reviews, and updated information/pamphlets will be provided, as required, to the family or their advocate
- advise that My Therapy Australia will monitor service provision to ensure that the family's and child's rights are respected
- inform the family that My Therapy Australia conducts an annual survey to obtain feedback regarding My Therapy Australia's commitment to upholding the child's rights and responsibilities
- inform the family that an annual review of supports will occur to identify whether the participant's rights have been met appropriately.

4.2 Network (inclusion)

Our staff members will ensure that the child's support networks are actively involved in their development; this may include:

- functional engagement in activities (i.e. daily life, natural environment, community and family life)
- interaction modelling
- explaining how to continue activities during the child's day
- informing of the child's learning process and how support networks can be involved in the child's development
- maintenance of links through communication and sharing of information.

5.0 Related documents

- Annual Participant Survey
- Early Childhood (EC) – Provider Report /Support/Therapy Plan
- Easy Read Documents
- Individual Risk Profile

- Participant Handbook
- MTA Support Plan V3
- Support Plan Review Report
- Service Agreement
- Safe Environment Checklist
- Individual Risk Profile Assessment
- Family Supports Policy and Procedure
- Working with Children Policy and Procedure

6.0 References

- Disability Discrimination Action 1992 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986
- NDIS Act 2013 (NDIS Act)
- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- United Nations Convention on the Rights of the Child
- Work Health and Safety Act 2011 (Commonwealth)

Family Supports Policy and Procedure

1.0 Purpose

It is My Therapy Australia's objective to provide our services in a culturally inclusive environment, where families receive responsive supports that focus on their strengths. Our responsibility is to ensure that families are actively encouraged and educated, in both development and strategies, to assist the functioning capacity of their child.

My Therapy Australia's purpose is to provide early intervention to children that is family-focused, well-structured and based on reliable evidence-informed practices.

2.0 Scope

All My Therapy Australia staff member working with families are required to identify opportunities to enhance the family's learning to increase and support the child's capacity.

3.0 Policy

My Therapy Australia staff will collaborate with families to determine relevant, everyday activities and routines that can build the child's capacity and increase their functionality. Staff will demonstrate these strategies and explain why these are relevant to enhance the child's learning and development.

Family-centred interventions may include:

- staff and family members working alongside each other to learn how to support the child appropriately
- capacity building of the family or support network to achieve the functional outcomes in the plan
- encouraging support flexibility, including the opportunity for the service to be offered in a family home, kindergarten or an early intervention centre
- appropriate support and guidance for the child's family.

My Therapy Australia will use **family-focused strength-enhancing strategies** when supporting the child, which includes:

- acknowledging the family's expertise and knowledge related to their child
- identifying the strengths of each family member through discussion, observation and feedback
- determining strengths, needs and priorities of the family unit
- building upon identified strengths by using positive reinforcement strategies in a natural manner
- recording strengths and potential and real strategies to enhance this approach.

My Therapy Australia implements **developmentally appropriate interventions**, which are:

- specially designed for the child
- staffed by specially trained individuals with expertise in the intervention and provision of the designated services
- planned and reviewed regularly to meet the child's individual and changing needs
- observed and recorded to ascertain the progress
- reviewed against developmental goals
- analysed for applicability
- adjusted, as required, to suit the changing needs of the child.

Strategies that are implemented by My Therapy Australia are identified below:

Child-focused interventions will:

- focus on developing specific skills
- incorporate strategies to develop and use new skills in different settings
- locate means of integrating the child into the community, including with children of similar age.

Supportive and structured intervention will:

- provide a supportive learning environment where the child feels comfortable and supported
- be highly structured, well organised, regular and predictable
- be clear, easy to understand and flexible, to allow integration into the child's daily routine.

Cultural inclusive environment may include:

- culturally responsive activities and communication
- respect by My Therapy Australia of the family's cultural requirements

- clear information about input into the child's daily routine.

3.1 Natural learning environments

Learning and development strategies will incorporate the child's functional goals within daily activities, such as dressing, eating and playing. Our team of professionals will:

- engage children in the physical world
- use everyday activities as part of the plan and strategies
- use natural learning environments, including:
 - family home and surrounds
 - outside areas (e.g. parks, shops, playgrounds)
 - playgroups
 - visits to community areas
 - visits to support agencies (e.g. doctors, other allied health services).

4.0 Procedure

After the initial intake, where assessments and goals have been undertaken and recorded, our staff are required to:

- read the plan to determine the requirements and strategies for the child and the responses required to collaborate with the family
- follow the plan
- collaborate with the family and service providers to build the capacity of the child through mentoring, coaching and developing a team approach
- work collaboratively to affirm, challenge and support the child, family and other providers to develop the child's skills and improve practice and relationships
- develop a rapport with the family to enable a collaborative working relationship
- assist families in developing formal and informal resource networks so that therapeutic child-focused programs are not the sole source of support and development for the child
- take the time to demonstrate and explain to families how to support their child so that when the staff are not available, the family can use strategies to assist the child's functional outcomes
- work in partnership with the family within their environment (e.g. visits to community activities and home surrounds)
- use the family's strengths as a basis of support

- encourage the family to work with the child whilst staff are present to supervise and give guidance
- seek clarification from the family regarding the child's status
- use all complaints and feedback, and learnings from the child, family and others to improve the support delivery.

5.0 Related documents

- Early Childhood (EC) – Provider Report / Support/ Therapy Plan

6.0 References

- Disability Discrimination Action 1992 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- NDIS Act 2013 (NDIS Act)
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Partners in the Community
- NDIS Early Childhood Early Intervention (ECEI) Approach
- Privacy Act 1988 (Commonwealth)
- United Nations Convention on the Rights of the Child

Planning Supports (Outcome-Based Approach)

Policy and Procedure

1.0 Purpose

It is My Therapy Australia's aim to design a high-quality plan based on each child's individual needs. Each plan must include links to their family and networks and focus on capacity building and the use of evidence-informed practices. The key to our organisation reaching this aim is to gather evidence from various stakeholders, respectfully and responsively.

This policy also outlines the legislative requirements and practice procedures required by My Therapy Australia to undertake early childhood early intervention planning.

2.0 Scope

Compliance with this policy is a condition of appointment for all employees and support providers when providing services on behalf of My Therapy Australia. The necessary National Disability Insurance Scheme (NDIS) supports, and strategies have been identified and are implemented within My Therapy Australia and are outlined in this policy.

3.0 Policy

All families and participants are supported to contribute to developing a goal-oriented plan within a transdisciplinary framework. The plan will reflect individual goals and aspirations and will enhance the strengths of the child. The plan is based on the presumption of capacity and will safeguard the child's risks and needs.

My Therapy Australia works with children aged zero to six years who have a developmental delay or disability and their families and support workers. The development of a plan has several functions, including:

- supporting families to develop their capacity to enhance their child's skill development
- building the child's capacity in their natural development by incorporating participation in daily life activities

- achieving the best possible outcome for the child throughout their life.

The plan will provide clear and written information to the family, detailing the services and type of supports they will receive from My Therapy Australia. If there is a change in the participant's needs, preferences and goals, an amended plan will be created to convey the necessary change in supports required. This updated plan will be provided to the child's family and all other persons involved in implementation.

All employees working with children will be experienced in developing children with disabilities and hold all relevant professional qualifications, certifications and experience. An NDIS Worker Clearance Check (and where required, a Working with Children Check) will be conducted for all risk assessed roles within our organisation.

Each child receives supports that are outcome-based and goal-based. Functional outcomes for the child and family are based on their needs and priorities. The skills needed to achieve stated outcomes are identified through collaborating with the child and their family (for more information, see Collaboration Policy and Procedure).

4.0 Procedure

All plans are undertaken using a collaborative approach and include the following elements:

- emphasis is always on choice and decision-making
- description of interventions and their functional outcomes
- functional outcomes to support the child's meaningful participation in family and community life
- consulting and collaboration with the family to determine the child's preferences, aspirations, values and lifestyle choices (wherever possible)
- promotion of quality of life and functional and social independence
- goals listed and service choices agreed to reflect the family's goals for their child
- creativity and flexibility
- flexible approach - no specific and set patterns or methods of service delivery
- regular plan reviews to enable adjustments in response to the child's continuously changing needs and preferences during the early years
- include philosophy (e.g. strength-based, seeking to maximise independence, and build on the child's existing networks)
- acknowledgement of the family's strengths

- document family provided a copy of the plan in their first language (where appropriate or requested)
- review by advocate or family may be requested at any time.
- employees conducting plan development will have the necessary skills and competence to undertake relevant functions
- the family or guardian/advocate will be assisted to understand the NDIS plan, including:
 - understanding and self-directing their NDIS plan
 - understanding the supports in their NDIS plan
 - funded support budgets
 - purchasing general funded supports
 - purchasing stated funded supports
 - managing and paying for their supports
 - choosing their providers
 - making agreements with their chosen providers.

4.1 Plan Development

4.1.1 Planning

1. Staff to prepare for the planning meeting and to understand the child's individual needs by reviewing the following:
 - child's assessment information
 - any referral documents
 - additional other relevant notes or data available
2. The Director will explain the plan development process to the family or guardian/advocates.
3. The Director will arrange a meeting time with the family and (if applicable) their advocate and other providers, as appropriate.
4. My Therapy Australia will develop the plan with input from the family, advocate and other providers, as applicable.

4.1.2 Providing information to the child's family

Staff undertaking the plan development are required to:

1. Emphasise the importance of the family in identifying their child's personal goals.

2. Use the appropriate plan as a prompt to assist the family in identifying areas where My Therapy Australia may help them realise goals for their child.
3. Outline the prompts on the plan, including discussing the child's functional capacity in major life activities such as self-support, receptive and expressive language, cognitive development or motor development.
4. Provide the family/advocate with a clear understanding of choices, risks and services available to make informed decisions about the options and priorities.
5. Provide the family with examples or suggestions of how My Therapy Australia may help them achieve their goals, e.g. providing access to speech pathologists or occupational therapists.

4.1.3 Facilitating the development of child-centred goals

An essential element in the development of the plan to meet the child's needs is to set child-centred goals. All My Therapy Australia staff are required to:

- work with the family and their advocate(s) to identify the child's personal goals and build functional capacity
- ask the family to identify the types of help or assistance that would be most beneficial to their child
- help the family to recognise their child's strengths and capabilities to enhance the functional outcomes
- improve the child, family, and allied health team's capacity through coaching, collaboration, and building supports that meet their knowledge and skills to build upon their current understanding.
- transform the child's goals into SMART (Specific, Measurable, Attainable, Realistic and Timely) goals, for example:
 - simple goal: To say simple, monosyllabic words.
 - SMART goal: To use words to ask for a drink or something to eat and always set a timeframe for each goal so that that progress can be determined (e.g. be able to ask for a drink by 30 Nov)
- use the family's expressed priorities, agreed actions and goals to develop the child's plan, whilst considering:
 - the financial resource capacities and any limitations of My Therapy Australia or specific programs to be utilised
 - the capacities, expertise and appropriateness of current staff to provide the services
 - availability of specialised subcontracted employee or services (if applicable)

- other services/individuals who could provide services (as designated by the family)
- any volunteer supports available
- determine with the family how each goal will be measured so that progress can be recorded and monitored
- identify with the family, any potential barriers to achieving their goals and work out strategies to alleviate these barriers
- ask the family to prioritise their goals if many goals have been identified
- for each goal, list the actions, responsibilities, frequencies and duration of services to be coordinated on behalf of the child
- all stakeholders will be identified (child, family, My Therapy Australia, including other services or agencies) to help the child achieve each of their goals and details documented in the plan.

All communication, including evaluations and reports, will be undertaken to be meaningful to and understood by the child's family.

4.1.4 Plan development and review

All plans need to establish specific strategies and objectives related to the child and their family's requirements and needs. Our team, together with the family, will:

- negotiate the specific days for services or support and document these in the MTA Support Plan V3
- agree upon time ranges for the services (where possible) to build a level of flexibility into the service schedule (e.g. start between 1:00 pm and 1:30 pm for one hour of speech therapy support)
- negotiate service fees and record these in the Service Agreement and MTA Support Plan V3 (if not yet finalised)
- sign the plan to acknowledge agreement with it
- agree on the criteria to evaluate the effectiveness of My Therapy Australia service responses and document criteria in the plan
- ensure all stakeholders are provided with a copy of the agreed plan
- explain to the family that the Director will monitor the plan's progress, but the family may also request a review of the plan at any time.

Review timeframes will vary according to the complexity of supports and needs of each child, but to provide guidance, My Therapy Australia has established that reviews of the plan will be based on the following timeframes:

- Self-support – monthly
- Receptive and expressive language – every two months
- Cognitive development – every three months
- Motor development – every two months

5.0 Related documents

- Early Childhood (EC) – Provider Report/Support/Therapy Plan
- Service Agreement
- MTA Support Plan V3
- Participant health or other related documents

6.0 References

- NDIS Act (2013)
- Privacy Act 1988 (Commonwealth)
- NDIS (Quality and Safeguards) Commission 2018
- NDIS Practice Standards and Quality Indicators 2020

Collaboration Policy and Procedure

1.0 Purpose

My Therapy Australia's Collaboration Policy and Procedure has been developed to clearly understand the importance of active collaboration between participants, families, communities, and other support providers. Collaboration allows all parties to provide input into the service to ensure the supports are relevant, appropriate and in line with the MTA Support Plan V3 and Service Agreement.

2.0 Scope

My Therapy Australia is committed to ensuring employees understand the Collaboration Policy and the importance of working with others to benefit the participant to facilitate their development and address the family's need and priorities.

3.0 Definitions

Term	Description
Key worker	An early childhood intervention professional from one of the following disciplines: occupational therapist, speech pathologist, physiotherapist, special educator, family support worker or behaviour specialist.
Behaviour Specialist key worker role	The behaviour specialist key worker role is to: <ul style="list-style-type: none"> ● build a strong, supportive and trusting relationship with families and other caregivers in a child's life ● become an expert in the child's routines, interests and what is important to the family to help find ways to enhance the child's development in their everyday life ● provide the family with individualised information, resources, and support so they can make informed decisions about their child's needs

	<ul style="list-style-type: none">● work in the child's natural environment, e.g. home, school, or another place they spend time, to identify ways to practice their new skills and increase participation● provide the therapy a child needs while calling on the additional expertise of other therapists if needed.
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3.0 Policy

My Therapy Australia takes a collaborative approach to our service delivery. Our staff are required to undertake this approach when:

- locating a key worker with the family and other providers
- working with other providers in the supply of supports or services
- assisting a participant in transitioning or exiting our service
- capacity building
- support planning
- developing Service Agreements.

Our employees are required to work cooperatively with other agencies in the delivery of service and supports, and this may include:

- initial contact
- sharing ideas and input from the child and family
- following through on ideas of the provider
- actively listening to discussions.

My Therapy Australia will collaborate with all relevant stakeholders to provide a child and their family with the opportunity to access a service network that meets the full range of their needs. The Director will contact and establish a relationship with the relevant service provider and maintain ongoing collaborative relationships and protocols while participating in relevant agency networks.

Information, knowledge and skills are communicated and shared between the family, our organisation, and other collaborating providers. My Therapy Australia will work with the child and their family to ensure the participant maintains their functionality.

4.0 Procedure

4.1 Key worker

The key worker empowers the family to create a strong support system and a capable environment to support their child's developmental needs. Families may require assistance to locate the right person to meet their requirements. My Therapy Australia will:

- discuss requirements with participants, family or advocate
- gain consent to be able to share information with other providers
- contact other service providers working with the participant to collaborate and determine the criterion
- identify a key support worker and contact participant, family/advocate, and the other providers
- assist participant's family and advocate to select the most appropriate worker
- record information in the participant's MTA Support Plan V3.

4.2 Collaborating with other providers

Children require many important influences to assist their development and support. The Director will make initial contact to:

- ensure family consent has been given before contacting other collaborating providers to enable the establishment of a coherent team
- maintain contact through emailing, phoning and networking
- record any contact in the participant's plan.

4.3 Transition and exit

The child's (and family's) needs, interests, or aspirations may change during their support delivery, leading the child to transition or exit from our service. If this situation occurs, the Director will, with the consent of the participant's family:

- contact the relevant service provider
- send documents relevant to the participant
- communicate current supports, practices and needs to enable the participant to transfer to exit
- complete a Transition or Exit Plan.

4.4 Capacity building

To build support and increase the functional capacity of the participant, My Therapy Australia will collaborate with:

- the child and their family to affirm, challenge and provide appropriate support
- collaborate with other support providers to further:
 - develop the participant's skills
 - improve practices and relationships

For additional information, see the Capacity Building Policy and Procedure.

4.5 Risk management

To effectively manage participant risk, collaboration is key. To manage risk appropriately, the Director will:

- record all stakeholder collaboration in the plan
- complete an Individual Risk Profile Assessment for each child
- complete a Safe Environment Checklist (if required)
- document all risk assessments within the plan
- plan appropriate risk mitigation and management strategies
- collaboratively work with our staff and the child's family to implement risk strategies
- inform and train other support providers in the management of identified risks (if necessary)
- work collaboratively with all stakeholders to implement strategies to treat known risks
- review risks annually, or earlier, according to the child's changing needs or circumstances

4.6 Support planning

During the assessment and planning process, collaboration is undertaken with the participant, family and advocate to ensure that the plan meets their needs and interests.

With consent (or direction) from the child's family My Therapy Australia collaborates with other providers when developing a plan to:

- develop network and community links
- maintain links

- share information
- meet the participant's needs.

4.7 Service agreements

My Therapy Australia will collaborate with the child's family or advocate to:

- develop a Service Agreement that outlines agreed expectations
- identify a schedule of fees and delivery, including total costs
- explain the supports to be delivered
- specify any conditions attached to the delivery of supports, including the reason why conditions are attached.

5.0 Related documents

- Early Childhood (EC) – Provider Report / Support/ Therapy Plan
- Service Agreement
- MTA Support Plan V3
- Participant Information Consent Form
- Easy Read Documents

6.0 References

- National Disability Insurance Agency
- NDIS (Provider Registration and Practice Standards) Rules 2018
- Disability Discrimination Act 1992 (Commonwealth)
- Privacy Act (Commonwealth)

Capacity Building Policy and Procedure

1.0 Purpose

Capacity building is how children improve and obtain and retain the skills and knowledge needed to support their learning and development. My Therapy Australia's objective is to provide high-quality practices to participants to develop their capacity.

We aim to develop the family's skill and confidence in providing support to their child.

2.0 Scope

My Therapy Australia staff members are responsible for building the knowledge, skillset and abilities of families and collaborating providers to support each child's learning and development.

3.0 Policy

Capacity building is a model or paradigm for conceptualising how early childhood intervention practitioners work with families and their support network. Our staff will establish practices that engage families and their support networks in participatory experiences and opportunities to build and strengthen the child and family capacity. Capacity building assists to develop parent knowledge and skills for carrying out parenting responsibilities and promoting child learning. My Therapy Australia works to develop a sense of parenting competence and confidence.

Family capacity-building refers to early childhood practitioners' methods and procedures to create parenting opportunities and experiences that strengthen existing parenting abilities. These methods also promote the development of new parenting abilities to enhance and strengthen parenting self-efficacy beliefs.

Family experiences and opportunities that actively involve families in everyday, real-life activities are more likely to have capacity building characteristics and consequences. These include, but are not limited to, a family providing their child everyday learning opportunities to

promote the development and the use of naturalistic teaching procedures to encourage and support child learning while engaged in everyday activities.

4.0 Procedure

My Therapy Australia practitioners design supports related to the child's functional outcomes after completing a functional assessment. The assessment is comprehensive and includes information about the child's functioning in all developmental domains or areas in which the child needs further support.

After an initial assessment or ongoing reviews, our staff will develop and document a plan with strategies and goals. Our staff will work with support networks and families using strategies to develop their capacity to support the child.

4.1 Capacity building

My Therapy Australia requires our staff to work with families and the child's support network so that all parties can build their capacity to assist develop the child's functional outcomes. Our team will explain both the purpose and goal of the learning opportunities and the specific benefits to young children. My Therapy Australia staff will:

- illustrate or demonstrate how to engage a child in everyday learning activities and outlining the essential characteristics of the practices
- engage the families in real-life, authentic activities to provide their children with everyday learning opportunities (the more familiar the activities are to parents, the more likely they will feel confident using the activities as sources of child learning opportunities)
- focus on two crucial child and family behaviours as part of everyday child learning opportunities:
 - the first is the importance of the child interests and preferences as factors increasing child engagement in everyday activities
 - the second is the role family's responsiveness to child behaviour in everyday activities plays in supporting child learning
- provide parents supportive guidance and feedback during and after the use of everyday learning opportunities with their child
- point out which characteristics of the practice were used by the parents and describe the benefits of the practices

- engage the parents in conversations, discussions, or review their confidence in using the practices
- provide specific, non-judgmental, positive comments, feedback, and suggestions in response to parents' descriptions to reinforce their sense of confidence
- jointly identify four or five everyday activities that the parents can use to provide learning opportunities for their child; the best activities provide their child with multiple opportunities to interact with people, toys, and other objects.
- provide regular, ongoing support to encourage the family's continued use of the practices
- plan time with the parents to review and evaluate the learning opportunities and decide which activities should be continued, modified or added.

4.2 Collaboration

My Therapy Australia's practices require our staff workers to collaborate with families and support networks. Their knowledge of the child is essential to allow for focused planning.

Collaboration allows a staff worker to develop a type of coaching role that provides them with the opportunity to suggest techniques positively to enhance the family's confidence whilst developing their capacity and building on the child's functional outcomes.

The collaborative relationship incorporates affirming or positively reinforcing the child's development, family and other providers' skills. The support process allows for the improvement of practice and relationships whilst challenging skills to ensure ongoing development.

My Therapy Australia staff members will:

- work as a team with families, other providers and support networks
- be inclusive and engage collaboratively with all parties
- use positive reinforcement to affirm practices
- coach strategies and activities as per the plan
- work to assist all parties to improve practices
- develop relationships with all parties

4.3 Feedback

Using a collaborative approach, the staff worker can identify and record the feedback and learnings from the family, child and other professionals.

All feedback and learnings are recorded in the participant's record, and the information is used to monitor, review and adjust the plan to ensure functional outcomes are being met.

4.0 Related documents

- Early Childhood (EC) – Provider Report/Support/Therapy Plan
- Support Planning Policy and Procedure

5.0 References

- NDIS Act 2013
- NDIS Practice Standards and Quality Indicators 2020

Evidence-Informed Practice Policy and Procedure

1.0 Purpose

My Therapy Australia aims to use evidence-informed methods as part of our everyday practices. Evidence-informed practice is the process that compiles the best available research, expert knowledge, current data and input from children and their families to identify and provide services, evaluated and proven to achieve positive outcomes for children and families.

2.0 Scope

Our professional support team will gather evidence and scaffold knowledge from various sources relevant to the individual participant. Sources may include current research, family, experts and professionals, and other support providers.

3.0 Policy

Evidence-informed practice is the key to the provision of high-quality services to our participants and their families. Our support workers must hold all appropriate registrations, qualifications and experience relevant to the delivery of the participant's supports.

My Therapy Australia uses this evidence-based practice when designing participant plans and programs. Intervention strategies used by or support workers are based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Our organisation uses various communication methods to ensure that evidence-informed practices are discussed and evaluated. Depending on the situation and our staff availability, different communication methods are used, including staff meetings, emails, phone calls, memo's, training sessions and tele- or web conferencing. These communication methods may also be used to gather evidence from relevant sources outside of our organisation.

Our staff members are required to maintain currency in their field and share key learnings with our team. Shared knowledge allows our team to access current research and practices relevant to our field of expertise.

4.0 Procedure

4.1 Evidence-informed practice

The designing of a participant's plan requires our staff to practice evidence-informed methods and have a comprehensive understanding of:

- the health or developmental issue being addressed
- evidence-based practices that will bring about desired outcomes
- how to use evidence to implement effective practices
- stakeholders and their role, including families, communities and other providers
- why action is needed
- the size, duration and sophistication of an intervention.

When using evidence-informed practices in My Therapy Australia, it is used to:

- plan and implement actions that will result in effective short and long term outcomes
- consider the capacity of the participant, their family, providers or communities
- create awareness and sensitivity to the specific context in which a health issue may occur (e.g. setting, culture, history)
- recognise moral, ethical, cultural and spiritual values (both those of the participant and practitioner) that may affect our practices when improving health or development
- be applied systematically to enable appropriate evaluation methods of participants and plans.

Our evidence-informed practice allows us to be creative and innovative when support planning. It allows My Therapy Australia to underpin our planning with sound theory and methodology while, at the same time, allowing our support workers to be flexible and responsive to different individuals, groups and communities.

Our support workers plan the evaluation requirements of any program before commencement, allowing us to capture relevant information from the outset. A strong evidence base is built by My Therapy Australia evaluating programs and plans at various milestone stages or

responding to a change in requirements. Evaluation practices of this kind continually inform the improvement of our practices.

4.2 Evidence-informed practice checklist

My Therapy Australia staff are required to collate evidence to inform their practice across all aspects of working with the participant, including:

- an initial assessment
- during delivery of supports
- monitoring and reviewing of the support being provided.

As qualified, trained professionals, our support workers will have appropriate underpinning knowledge and skills relating to evidence-informed practice. Also, they will use the Evidence-Informed Practice Checklist to assist in their practice.

4.3 Employee review

My Therapy Australia undertakes an annual employee performance management review where qualifications, currency and professional development are checked. The annual performance management review requires the employee to undertake a self-assessment against their position description and key performance indicators.

Self-reflection of skills and knowledge is part of our regular staff monitoring meetings. These meetings allow for open discussion, peer review and adjustment of practices and professional development.

5.0 Related documents

- Early Childhood (EC) – Provider Report/Support/Therapy Plan
- Evidence-Informed Practice Checklist
- MTA Support Plan V3
- Position Description
- Training Needs Analysis
- Staff Training Plan
- Staff Performance Management Form
- Planning Supports Policy and Procedure

6.0 References

- NDIS Act 2013
- NDIS Practice Standards and Quality Indicators 2020

Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

1.0 Purpose

Children and young people form one of the most vulnerable groups in our society. My Therapy Australia must identify, consult and respond to instances where a child or young person is at risk of significant harm. Common reasons for children and young people to be at risk of significant harm may include:

- domestic and family violence
- physical, sexual or emotional abuse
- neglect.

The purpose of this policy is to prevent and mitigate the effects of violence, abuse and neglect on children and young people through training and implementing process to inform staff and protect participants what are at risk of significant harm

2.0 Scope

My Therapy Australia will encourage and support any person who has witnessed the abuse of a participant or suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution.

3.0 Definitions

Term	Description
Child abuse and neglect	Any behaviour by parents, caregivers, other adults, or older adolescents outside the norms of conduct entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).

Discrimination	<p>Treating or proposing to treat someone unfavourably because of a personal characteristic protected by law.</p> <p>Discrimination includes bullying someone because of a protected characteristic.</p>
Exploitation	<p>The action or fact of mistreating someone to benefit from the work they completed.</p> <p>The action of making use of and benefiting from resources.</p>
Violence	<p>Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.</p>

3.1 Types of abuse

Term	Signs and symptoms	Causes
Physical abuse	<p>Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical well-being</p>	<p>Hitting, slapping, pushing, punching or burning, which entails an incident that is non-accidental, resulting in pain or injury.</p>
Psychological/emotional abuse	<p>Loss of interest in self-care, helplessness, withdrawal, apathy, insomnia, fearfulness, reluctant to communicate openly, chooses not to maintain eye contact, paranoia and confusion.</p>	<p>Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, or not allowing the person to maintain their decision-making powers leads to a pattern repeated over time.</p>
Sexual abuse	<p>Unexplained sexually transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas inner</p>	<p>Rape (penetration or oral-genital contact), interest in older persons' bodies, inappropriate comments and sexual references,</p>

	thigh or around breasts, anxiety, torn or bloody underclothes, difficulty in walking or sitting, change in sleep pattern and repeating nightmares.	inappropriate (possibly painful) administration of enemas or genital cleansing, indecent assault, sexual harassment is mainly about violence and power over another person, rather than sexual pleasure.
Neglect	Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing or lack of food.	The intentional failure to provide basic life necessities.
Domestic and family abuse	Any type of controlling, bullying, threatening or violent behaviour between people in a relationship, including emotional, physical, sexual, financial or psychological abuse.	Many experts believe in psychopathology. Witnessing abuse as the norm, or being abused, destroys the child's ability to trust others and undermines his or her ability to control emotion.

4.0 Policy

The objective of this policy is to ensure My Therapy Australia:

- takes a preventative, proactive and participatory approach to child safety
- values and empowers children to participate in decisions that affect their lives
- fosters a culture of openness to disclose risks of harm to a child's safety
- respects diversity in cultures and child-rearing practices while keeping child safety paramount
- provides training to appropriately qualified staff workers with all required screening clearances on appropriate conduct and behaviour towards children
- engages the most suitably trained and qualified staff to work with children
- ensures children know whom to talk to if they are worried or are feeling unsafe
- encourages children to tell staff when they feel uncomfortable and to raise issues regarding their safety
- reports suspected abuse, neglect or mistreatment promptly to the appropriate authorities

- shares information appropriately and lawfully with other organisations where the safety and wellbeing of children is at risk
- communicates regularly with families and carers and values their input
- follows the NDIS (Incident Management and Reportable Incidents) Rules 2018.

4.1 Statement of Commitment to Safety

My Therapy Australia has implemented the following Statement of Commitment to Safety. My Therapy Australia is committed to the safety and wellbeing of all participants. This commitment is the primary focus of our support and decision-making. My Therapy Australia is committed to providing a safe environment where participants are safe and feel safe, and their voices are heard regarding decisions that affect their lives. Attention is to be paid to the cultural safety of Aboriginal participants and participants from culturally or linguistically diverse backgrounds and the safety of participants with a disability.

Every employee working for My Therapy Australia has a responsibility to understand the critical and specific role they play both, individually and collectively, to ensure that the wellbeing and safety of all participants and young people are at the forefront of all they do and every decision they make.

4.2 Safe Code of Conduct

My Therapy Australia is committed to the safety and wellbeing of participants. Our organisation recognises the importance of, and responsibility for, ensuring our environment is a safe, supportive and enriching one that respects and fosters the dignity and self-esteem of all participants and families and enables them to thrive.

This Safe Code of Conduct aims to protect our staff and participants by reducing any opportunities for abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, disability legislation, organisational policies and procedures and professional standards, codes or ethics as applied to staff and all other My Therapy Australia personnel.

My Therapy Australia management support implementation and monitoring of the Safe Code of Conduct and plan, implement and monitor arrangements to provide inclusive and safe environments for participants and staff.

All staff members, volunteers, and other community members involved in participant-related work must comply with the Safe Code of Conduct by observing expectations for appropriate behaviour (outlined below). The Safe Code of Conduct applies in all situations, including during planned activities and the use of digital technology and social media.

4.2.1 Acceptable behaviours

Staff members or any other persons involved with participant-related work are responsible for supporting and promoting the safety of participants by:

- upholding the My Therapy Australia Statement of Commitment to Child Safety at all times
- treating the participant and their family/carer with respect, both within the service delivery environment and outside activities (e.g. normal social and community activities).
- listening and responding to the views and concerns of the participant, particularly if informing they or someone else has been abused or that they are worried about their safety or that of another child
- promoting cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander participants through interactions with their community leaders and members
- promoting the cultural safety, participation and empowerment of students with culturally or linguistically diverse backgrounds through engagement with the community accessing the service
- promoting the safety, participation and empowerment of people with a disability
- reporting any allegations of abuse or any personal safety concerns to the Director immediately
- understanding and complying with all reporting or disclosure obligations (including mandatory state reporting requirements) as they relate to protecting the participant from harm or abuse
- maintaining the right to live in a safe environment by promoting and informing the participants of their rights
- protecting participants as quickly as possible if abuse is suspected, ensuring they are safe and protected from harm
- identifying themselves upon entering premises and always using required identification.

4.2.2 Unacceptable behaviours

Our staff, volunteers and any other community member involved in participant-related work, must not:

- ignore or disregard any concerns, suspicions or disclosures of abuse
- develop a relationship with any participant that could be seen as favouritism or amount to 'grooming' behaviour (e.g. offer gifts)
- exhibit behaviours or engage in activities with participants that may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context
- ignore behaviours towards young participants by other adults, particularly if they are overly familiar or act inappropriately
- discuss any content of an intimate nature or use sexual innuendo with participants, except where it occurs relevantly in the context of parental guidance or a therapeutic setting
- treat a participant unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity.
- communicate directly with an underage participant through personal or private contact channels (e.g. social media, email, instant messaging, texting) except where that communication is reasonable in all circumstances and related to work or activities, or where there is a safety concern or other urgent matter.

4.3 NDIS Worker Screening and Risk Assessed Roles practices

Registered NDIS providers must ensure that key personnel and other workers in specific types of roles have appropriate worker screening clearances that meet the NDIS Practice Standards and Quality Indicators' requirements. Appropriate clearances ensure that the key personnel and employees in risk assessed roles do not pose an unacceptable risk to our NDIS participants' safety and wellbeing. All roles identified as risk assessed by My Therapy Australia must meet all NDIS worker screening requirements.

In addition, staff workers working with participants under the age of 18 years may require a Working with Children Check.

For more information, refer to the Working with Children Policy and Procedure and the NDIS Worker Screening and Risk Assessed Roles Policy and Procedure.

5.0 Procedure

5.1 Strategies to identify and reduce risks of child abuse

My Therapy Australia recognises that creating a safe organisation begins with a clear understanding of the potential risks to participants in our organisation's setting (i.e. what could go wrong and what is being done to reduce or remove these risks?).

To reduce the likelihood of harm to participants, My Therapy Australia will consider, define and act against its organisational risks. Identified strategies to do this include:

- reviewing the organisation, its activities and the services it provides to participants
- planning how to make activities as safe as possible
- developing a safety plan for participants who require additional supports
- supporting participants and their families to understand safety plans and procedures in a manner that supports their understanding
- informing participants that they have the right to live in a safe environment
- proactively reducing the likelihood of risks.

5.2 Reporting violence, abuse, neglect, exploitation and discrimination

A report must be made by My Therapy Australia to the appropriate authorities, if:

- a participant shows a change in behaviour or mood that may indicate they are being abused
- someone is observed behaving towards a participant inappropriately
- a participant advises that another person is abusing them
- someone tells a staff member or another person that they are abusing a participant
- a participant, family member, staff member or visitor advised that they have observed abusive acts
- a participant, family member or staff member observe an action or inaction that may be considered abusive
- My Therapy Australia suspect or have any reason to believe a participant is being abused.

Failure to report an abusive situation may result in a criminal offence. Reporting procedure below relates to:

- abuse or neglect of a person with a disability

- unlawful sexual or physical contact with, or assault of, a person with a disability
- sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming of the person with a disability for sexual activity
- unauthorised use of restrictive practices in relation to a person with a disability.

5.3 Reporting roles

My Therapy Australia will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
 - Has the authority to review reports before submission to the NDIS Commission.
 - Submits new reportable incidents.
 - Views previous reportable incidents submitted by their organisation.
2. Authorised Reportable Incidents Notifier responsibilities:
 - Supports the Authorised Reportable Incident Approver to collate and report the required information.
 - Creates new reportable incident notifications to be saved as a draft for review and submission by the Authorised Reportable Incident Approver.

5.4 How to report

The Director will review the information and contact the police immediately to inform them of the suspected abuse.

Important note: Information regarding how our organisation reports abuse against children can be found in Working with Children Policy and Procedure.

Reporting to the NDIS Commission

Reportable incidents are submitted via the NDIS Commission Portal > My Reportable Incidents page as follows:

1. Complete an **Immediate Notification Form** and submit it within 24 hours:
 - Approved Reportable Incident Notifier will create for approval.
 - Approved Reportable Incident Approver will approve and submit.
 - Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.

2. The **5-day Form** is to be completed within five days of key stakeholders being informed of an incident:
 - Approved Reportable Incident Notifier will create a form for approval.
 - Approved Reportable Incident Approver will approve and submit.
 - Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.
3. A final report will be submitted if requested by the NDIS Commission.
 - Approved Reportable Incident Notifier will create for approval.
 - Approved Reportable Incident Approver will approve and submit.
 - Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.

5.5 Details to provide

The Director will give the following information to the authorities:

- participant's name, age, date of birth and address
- description of injury, abuse and neglect (outline current and previous)
- participant's current situation
- location of the participant and alleged perpetrator, if known
- explanation of when and how abuse was discovered and by whom.

Note: NDIS forms must be submitted to the NDIS Commission. The required police contact will also use the above information if investigating an incident.

5.6 Investigating allegation or incident

The Director undertakes a review of the allegation or incident by completing each of the following steps:

1. Gather data from relevant staff members or other witnesses.
2. Analyse information to identify what occurred, how it occurred, and who was involved.
3. Determine the effect on the participant and if additional support required.
4. Consult with all relevant stakeholders but will not seek information directly from children (the reporting authorities will undertake this).
5. Inform the participant or their family/carer that an advocate can be made available to provide additional support.

6. Review the outcome against organisation practices to determine if changes are required.
7. Undertake any action required to prevent the incident from recurring.

5.7 Support the participant

Reported allegations or incidents require the Director to gather all the relevant information and make a report to the relevant authority such as the police or via each state's reporting process.

Support will be provided to the participant relevant to the allegation or incident. The participant will be provided with an appropriate advocate if required.

5.8 Documentation

- Record all allegations and incidents in the Incident Register.
- Complete Incident Investigation Form, if required.
- Reports to be included in the participant's file.
- Complete Immediate Notification Form and 5-Day Form and NDIS Report, as required.
- Maintain records for seven years.

6.0 Related documents

- Incident Register
- Incident Report
- Incident Investigation Form
- Participant Notes
- Contractor Risk Assessed Check Form
- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Working with Children Policy and Procedure

7.0 Related documents

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020

- The National Framework for Protecting Australia's Children
- United Nations Convention on the Rights of the Child 1989

Working with Children Policy and Procedure

1.0 Purpose

My Therapy Australia recognises the participant's right to feel safe and live in an environment that protects from assault, neglect, exploitation, or any other form of abuse. This policy specifically looks at the requirements when working with participants under the age of eighteen years.

As part of our risk strategy, this policy has been devised to ensure that our organisation is compliant with both State and Commonwealth requirements and linked to the United Nations Declaration on the Rights of Disabled Persons and the United Nations Convention on the Rights of the Child.

2.0 Scope

This policy applies to all staff and positions identified in our Risk Assessed Role Register and Risk Assessed Role – Employee Register. The policy requirements encompass employees, volunteers and subcontractors. The Working With Children Check is for people who work directly with children, in areas of work specified as child-related work, or work in a designated role as stated in South Australian legislation.

3.0 Policy

My Therapy Australia will encourage and support any person who has witnessed the abuse of a participant or who suspects that abuse has occurred to make a report and be confident of doing so without fear of retribution.

All instances of abuse reported are reportable incidents, and additional reporting is undertaken as per our Reportable Incident, Accident and Emergency Policy and Procedure.

My Therapy Australia, as a mandatory reporting body, is required to report any indicators. As a mandated notifier, the Director will make a report to the South Australian Government's Department for Child Protection if they suspect on reasonable grounds that a child or young

person is, or maybe, at risk of harm. It is noted that as a mandated notifier, My Therapy Australia do not have to prove that harm has occurred.

My Therapy Australia acknowledges that prevention is the best protection from abuse and neglect and recognises their duty of care obligations to implement prevention strategies.

It is a legislative requirement that all of our staff engaged in risk assessed roles have the required South Australian clearance checks. Staff must undergo the NDIS worker screening process before employment (see NDIS Worker Screening and Risk Assessed Roles Policy and Procedure). Results are recorded in their personnel file.

The Director will verify that all current staff working with children hold a current Working with Children Check (WWCC) via the organisational portal [Department of Human Services, Screening and Background Checks](#). After verifying the certification, the Director will download the Certificate of Interrogation and file it in the employee's personnel file.

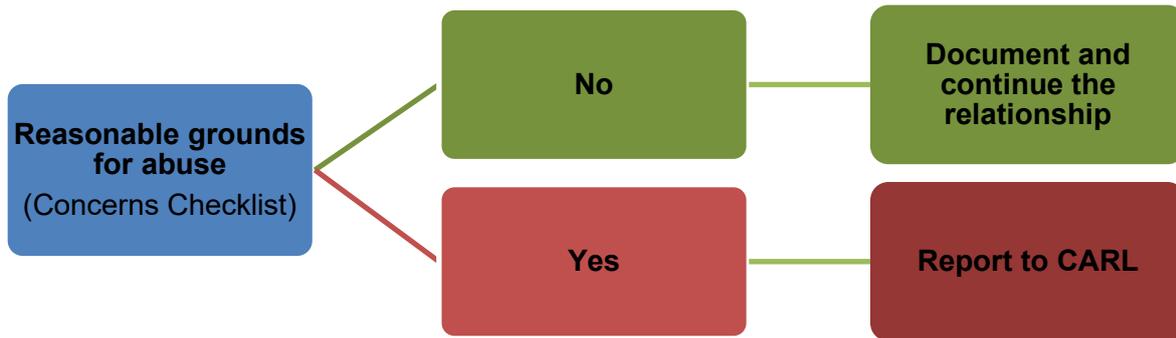
A WWCC is valid for five years and is portable across organisations and roles in South Australia. Staff must re-verify each Working with Children Check (as required), including a new certificate issued. Staff must undergo the NDIS worker screening process prior to employment. Results are recorded in their personnel file.

Staff will guide children who require assistance to Kids Helpline on 1800 55 1800 for support, as required.

4.0 Procedure

4.1 When to report an abusive situation – reasonable grounds

It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. If a participant shows one or more of the possible signs of abuse, it must be reported immediately, even though this does not automatically mean abuse has taken place.

Diagram 1. Reporting decision tree

According to the Department for Child Protection, reasonable grounds to report suspected abuse or neglect may include:

- when any staff member's observations of a particular child's behaviour or injuries lead them to suspect a child is or may be at risk of harm
- when a child tells a staff member that they have been harmed
- a child telling a staff member that they know of someone who has been harmed (they may be referring to themselves)
- when a staff member's observations about the behaviour of the child, or their adult caregivers, give them cause to suspect that a child is being, or is at risk of being, harmed
- when staff hear about it from someone who can provide reliable information, e.g. a relative or friend, neighbour or sibling of a child at risk.

The Director will then report their concerns to the South Australian Government Department of Child Protection. Failure to report an abusive situation may result in a criminal offence.

4.2 How to report

In an emergency, the Director will call '000'.

4.2.1 Serious concern

The Director will use their professional understanding and knowledge of child protection to determine when to contact the required reporting body. When it is determined there is a risk of harm, the Director will report a suspected case of child abuse or neglect via a phone call to **Child Abuse Report Line (CARL): Phone 13 14 78**.

Important note: All serious concerns are to be reported via the Child Abuse Report Line and NOT via the website's online reporting system.

4.2.2 Less serious concern

To report a less serious concern, the Director will use the organisation's account to access the Department of Child Protection's online reporting system:

- **Department of Child Protection website:** www.reportchildabuse.families.sa.gov.au

4.3 Details to provide

The Director gathers evidence using the Concerns Checklist and Notification Checklist outlined in Appendix 1 - Checklists. The Director needs to gather as much detail as possible before calling the Child Abuse Report Line.

The Director will provide the following information to the Child Abuse Report Line:

- child's name, age, date of birth, address, school
- parent or caregiver's name, age, address, phone number
- cultural background and considerations, including clan group for an Aboriginal child if known
- relevant parent, caregiver or family information
- a detailed description of injury, abuse or neglect (current and previous), including timeframes, impact on the child and context of the alleged incident or reported concerns
- the child's current situation
- the current location of the child, parent or caregiver
- the alleged perpetrator's name, age, address, phone number, relationship to the child and current whereabouts
- what supports and networks does the family have in terms of family, friends and community
- what agencies and professionals are currently involved or have been involved in the past
- when and how did you find out about the abuse or neglect
- name, contact details and relationship with the child and family.

See Appendix 1 – Checklists to review Concerns Checklist and Notification Checklist.

4.4 Defining child maltreatment, abuse and neglect

Child abuse and neglect are related to any behaviour by parents, caregivers, other adults or older adolescents outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).

The Department of Child Protection website states the following are indicators of child abuse:

4.4.1 Sexual abuse

The following indicators may indicate sexual abuse:

- genital injuries
- bite marks
- sexually transmitted diseases
- persistent soiling or bedwetting
- sleep disturbance
- inappropriate sexual behaviour based on the child's age
- promiscuous affection seeking behaviour
- excessive masturbation, which does not respond to boundaries or discipline
- obsessive and compulsive washing
- wary of physical contact with others
- unusually fearful of having their nappy changed.

For more information, our staff will be guided by the document titled [Responding to Problem Sexual Behaviour](#).

4.4.2 Physical abuse

The following indicators may indicate physical abuse:

- bruises in unlikely places (e.g. face, back, ears, hands, buttocks, upper thighs and soft parts of the body)
- inconsistent or absent explanation of bruises
- any bruising on a baby
- pressure marks from fingers on the face, chest or back
- weal, ligature or bite marks

- skull fracture, subdural bleeding, multiple fractures of different ages
- suspicious burns
- poisoning or significant over-medicating.

4.4.3 Emotional abuse

The following indicators may indicate emotional abuse:

- avoiding home (particularly if the abuser is in the family home)
- running away or continually staying at friend's houses
- fear of the dark, not wanting to go to bed, bedwetting or nightmares
- lying or stealing
- lack of trust in adults
- poor self-image/self-esteem, poor academic performance, poor peer relationships
- secretive, demanding or disruptive behaviour.

4.4.4. Neglect

The following indicators may indicate neglect:

- failure to thrive
- developmental delay
- prone to illness
- sallow or sickly appearance
- abnormally high appetite, stealing or hoarding food
- a smelly or dirty appearance
- untreated medical conditions.

5.0 Related documents

- Concerns Checklist and Notification Checklist (Appendix 1)
- Incident Report
- Incident Investigation Form
- Incident Register
- Participant Notes
- Risk Assessment Form
- Risk Management Plan
- Risk Register

- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure
- Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure

6.0 References

- Children's Protection (Miscellaneous) Amendment Act 2005
- Children and Young People (Safety) Act 2017 (SA)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Quality and Safeguards) Commission 2018
- NDIS Practice Standards and Quality Indicators 2020
- United Nations Convention on the Rights of the Child 1989
- United Nations Declaration on the Rights of Disabled Persons

Appendix 1. Checklists

Concerns Checklist

The Director will have the following information available when making a notification:

<p>Observations of neglect—for example, poor nutrition or hygiene, inadequate supervision, inappropriate responsibilities in the home, frequent failure to collect from the site:</p> <ul style="list-style-type: none"> • Have the issues related to the child’s learning, social development or safety, been raised with the parents/caregivers? • Have the parents/caregivers been advised of local health/parenting/financial/other services that might assist them? • Have you used all available and appropriate support in your workplace to assist you in responding to your observations? • With frequent failure to collect a child from the site, have you confirmed emergency contacts for overnight care on the enrolment form or discussed alternative arrangements? 	<p>Young people with ‘at risk’ behaviour—for example, offending, substance abuse, signs of mental health problems, sexual vulnerability, home instability:</p> <ul style="list-style-type: none"> • Have you and/or a senior staff member communicated your concerns with parents/caregivers where safe to do so? • Have you and/or a senior staff member established a belief that the parents/caregivers are not protective? • Have you and/or a senior staff member linked the young person to appropriate youth services, including mental health/health/juvenile justice services? • Have you and/or a senior staff member used integrated support services team or referred to an interagency service?
<p>Persistent non-attendance of compulsory-age children:</p> <ul style="list-style-type: none"> • Has a referral been made to the DECD attendance and engagement officer or delegate, and has a file of actions taken by the school, student support services team and other agencies been compiled? 	<p>Discussion with other professionals working with the child/young person or their family members (e.g. siblings):</p> <ul style="list-style-type: none"> • Have you discussed your concerns with your principal/Director/senior staff member/student support team, etc.? • Have you discussed your concerns with OSHC, family daycare, childcare, preschool personnel? • Have you discussed your concerns with staff at education or care sites where the child was previously enrolled? • Have you discussed your concerns with other agencies — government, non-government, local government?
<p>Children and young people in care (Guardianship):</p> <ul style="list-style-type: none"> • Has the child/young person’s caseworker been contacted to discuss concerns? 	
<p>Children with Aboriginal or Torres Strait Islander identity:</p> <ul style="list-style-type: none"> • Has the site and/or education office Aboriginal Community Education Manager/Aboriginal Service Engagement Officer or other services supporting the child/young person, or their family been consulted? 	

Children with disability: <ul style="list-style-type: none"> • Has the special educator, student support services team staff or other professional supporting the child or young person been asked for advice and have family members been consulted? 	Documentation of your actions: <ul style="list-style-type: none"> • Have you ensured that the site has recorded its actions in following up on its concerns?
Children of culturally and linguistically diverse (CALD) backgrounds: <ul style="list-style-type: none"> • Has the site contacted the CALD community liaison officers (DECD only) 	

Notification Checklist

The following checklist outlines the information required by the Director when making a notification:

Identification details for the child, siblings, parent/caregivers:

- full name
- date of birth/age/year level
- current address; contact number
- care setting
- Aboriginal or Torres Strait Islander identity/kinship group
- non-English speaking/disability

Other family details:

- are parents separated; any Family Court orders
- does custodial/non-custodial parent have a partner/partner's name
- knowledge about the functioning of the family
- or family violence/animal cruelty/violence to people outside of the family or drug/alcohol abuse/mental health problems or extended family or other support networks/childcare arrangements or nature of involvement with any agencies/any relevant health factors
- alleged perpetrator's name, age, address, relationship to child/young person, current whereabouts
- current whereabouts of child/young person
- next contact with the alleged perpetrator

Notifier details:

- full name, job title
- name, address and contact number
- your relationship to child/young person of concern
- type of contact you have with the family/how frequent
- capacity in which you are working with child/family

Details of concerns:

- if child/young person disclosed: what did child/ young person say?
- what was the emotional presentation?
- who saw/heard what and when
- size and location of injuries/description of any bruising
- a GP has seen a child/young person; if so, name and contact number
- description of carer behaviours of concern and frequency/severity
- description of any of child's/young person's behaviours of concern and frequency/severity

History of care actions:

- response from parents/caregivers when concerns have been raised with them
- 'take up' from parents/caregivers of referrals facilitated for them
- special supports for the child/young person (SSO, support/transport/uniform/modified/learning program/counselling/mentoring/overnight care)
- referrals and involvement of integrated support services team with child/young person
- involvement of other government or non-government services
- files/documents available for transfer to child protection staff
- your discussion with Director or delegate about this notification
- your record of this notification on the official form in your office

NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

1.0 Purpose

Registered NDIS providers must ensure that key personnel and other workers in certain types of roles have appropriate worker screening clearances that meet the NDIS Practice Standards and Quality Indicators' requirements. Appropriate clearances ensure that the key personnel and employees in risk assessed roles do not pose an unacceptable risk to our NDIS participants' safety and well-being. Compliance with the NDIS Practice Standards and Quality Indicators 2020 is a registration condition for all registered NDIS providers.

The risk assessed role is linked to the NDIS requirements. All roles identified as risk assessed by My Therapy Australia must meet all NDIS worker screening requirements.

2.0 Scope

The Director must identify and record information regarding each role in the organisation to determine all risk assessed roles within Director. The Director determines and identifies all employees who meet the criteria of performing in risk assessed roles.

Employees performing within a role that has been determined as a risk assessed role require NDIS Worker Screening. It is the employee's responsibility to apply to the state Worker Screening Unit (WSU), provide the relevant application information and pay the fee.

It is then the responsibility of the Director to verify all risk assessed roles and maintain appropriate records using the Contractor Risk Assessed Check Form, Risk Assessed Role Register and the Risk Assessed Role – Employee Register.

3.0 Definitions

Term	Definition
A risk assessed role	<p>A key personnel role (person or an entity) as defined in s11A of the National Disability Insurance Scheme Act 2013 (e.g. a Director or Team Leader) as:</p> <ul style="list-style-type: none"> ● a role for which the normal duties include the direct delivery of specified supports or specified services to a person with a disability ● a role for which the normal duties are likely to require 'more than incidental contact' with people with disability, which includes: <ul style="list-style-type: none"> ○ physically touching a participant ○ building a rapport with a participant as an integral and ordinary part of the performance of normal duties ○ having contact with multiple participants, as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.
Contractor	<p>If the NDIS provider engages another organisation or individual to perform work on their premises (or otherwise) as part of their support and services provision. The organisation or individual is considered a contractor engaged by the registered NDIS provider.</p>
Exceptions/exemptions	<p>A registered NDIS provider may engage a person in a risk assessed role who does not have an NDIS Worker Screening clearance, only if the registered NDIS provider is subject to the transitional and special arrangements and the registered NDIS provider is complying with those arrangements.</p> <p>A registered NDIS provider can also allow secondary school students on a formal work experience placement to engage in risk assessed roles without having an NDIS Worker Screening clearance or an acceptable check under the transitional and special arrangements, provided the students are directly supervised by another worker who has an NDIS Worker</p>

	Screening clearance or acceptable check under the transitional and special arrangements.
Worker Screening Check	<p>An assessment of whether a person who works, or seeks to work, with participants poses a risk to them.</p> <p>The worker screening check assessment determines whether a person is cleared or excluded from working in certain roles with participants.</p>
Worker Screening Unit (WSU)	<p>The Worker Screening Unit conducts the NDIS Worker Screening Check in the state or territory where a person applies.</p> <p>The Worker Screening Unit also decides whether a person is cleared or excluded.</p> <p>Registered NDIS providers are required to ensure that they only engage workers who have been cleared in certain roles, called risk assessed roles.</p>
National NDIS Worker Screening Database	<p>The National NDIS Worker Screening Database:</p> <ul style="list-style-type: none"> ● holds a register of cleared and excluded workers ● supports ongoing national monitoring of the criminal history records of workers with NDIS Worker Screening clearances ● means NDIS providers across the country can use a single online portal to verify their workers' Worker Screening Check applications and review the NDIS Worker Screening clearances of prospective workers, without needing to contact individual state and territory Worker Screening Units ● helps NDIS providers with record-keeping requirements.

4.0 Policy

As a registered NDIS provider, My Therapy Australia will comply with the requirements relating to worker screening, as per the [National Disability Insurance Scheme \(Practice Standards – Worker Screening\) Rules 2018](#). It is the responsibility of the Director to verify that all workers performing in a risk assessed role have applied for and hold the appropriate worker screening clearances (as determined by the Worker Screening Unit) by reviewing the details recorded in

the National Worker Screening Database (NWSD). The Director or an authorised delegate will manage, record and verify worker screening.

The Director will identify which roles are risk assessed roles and ensure all workers in the roles have an NDIS Worker Screening Check or an acceptable check under the transitional and special arrangements. The following table lists the NDIS registration groups that may have risk assessed roles.

Table 1. Supports and services that may have risk assessed roles as described by the NDIS

Descriptor
Assistance to access and maintain employment or higher education
High intensity daily personal activities
Assistance in coordinating or managing life stages, transitions and supports
Assistance with daily personal activities
Assistance with travel/transport arrangements, but only if the services are concerning specialised transport to school/educational facility/employment/community (does not include public services, i.e. taxi, bus and train)
Specialist positive behaviour support
Community nursing care
Assistance with daily life tasks in a group or shared living arrangement
Innovative community participation
Development of daily living and life skills
Early intervention supports for early childhood
Specialised hearing services
Interpreting and translating
Participation in community, social and civic activities
Exercise physiology and personal training
Management of funding for supports in participant plans
Therapeutic supports
Specialised driver training
Specialised support coordination
Specialised supported employment
Hearing services
Customised prosthetics
Group and centre-based activities

Only employees who work in risk assessed roles require worker screening clearances. My Therapy Australia is not required to verify that employees, who do not work in risk assessed roles, have an NDIS worker screening clearance or an acceptable check under the transitional and special arrangements.

However, My Therapy Australia or a self-managed participant may (as a safety measure) require a staff worker to undergo an NDIS worker screening clearance or have an acceptable check under the transitional and special arrangements before engaging them for a role that is not a risk assessed role.

5.0 Procedure

5.1 Risk assessed role

The Director will determine whether the normal duties of a role involve more than incidental contact with a participant; this may include:

- physical contact
- face-to-face contact
- oral communication
- written communication
- electronic communication.

The Director will undergo a review of every role within My Therapy Australia and identify and record all risk assessed roles in the Risk Assessed Role Register. Staff whose role has been identified as a risk assessed role will undergo the appropriate worker screening checks. All clearance check details are recorded in the Risk Assessed Role – Employee Register.

Roles that have been determined as not risk assessed are not required to hold worker screening clearances.

5.1.1 Documenting a risk assessed role

The Director will complete the Risk Assessed Role Register for each risk assessed role and will document:

- risk assessed role title
- description of the role

- type of risk assessed role (as contained in the NDIS (Practice Standards - Worker Screening) Rules 2018)
- date risk assessed role determined
- employees who are role assessed
- the name and title of the person who made the assessment.

5.1.2 New reclassification of risk assessed role

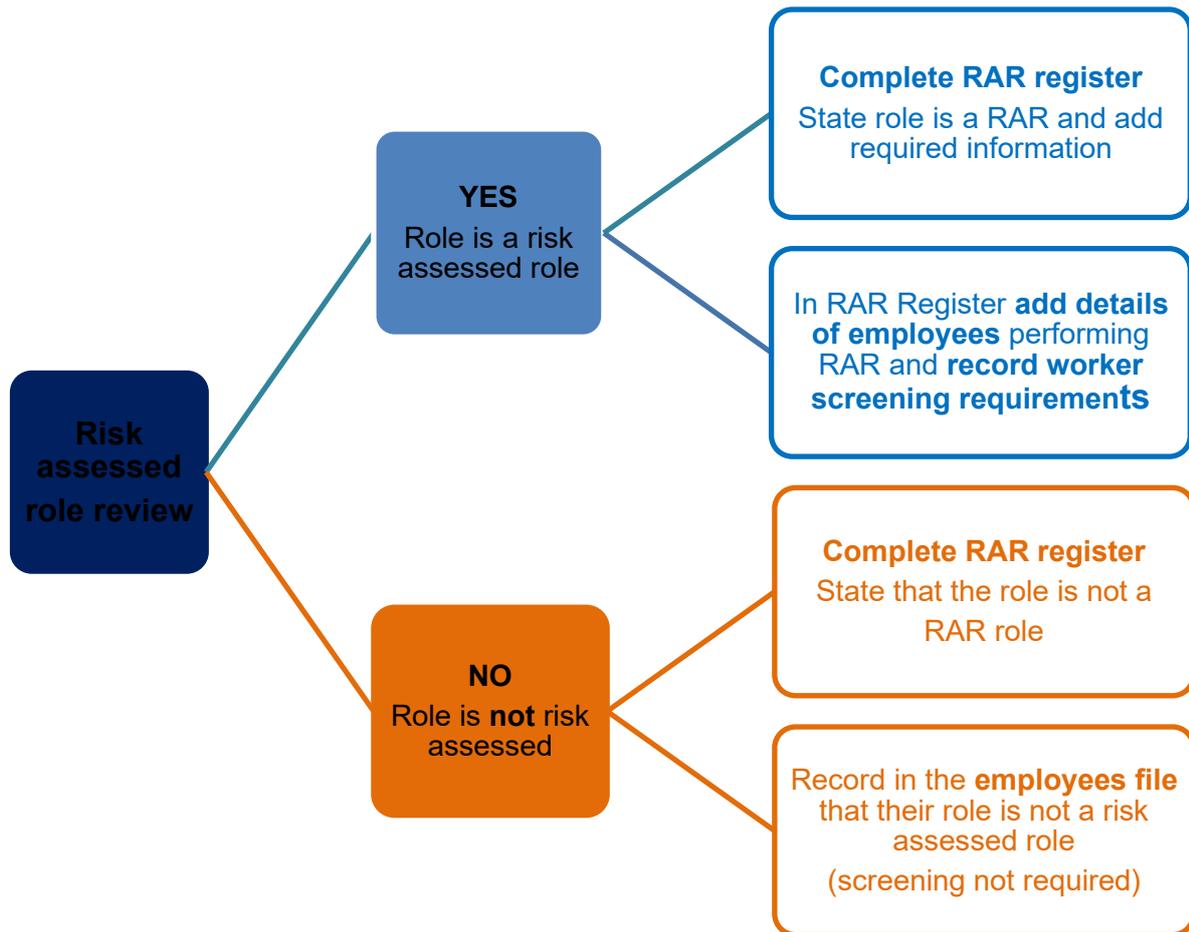
When a new risk assessed role is identified (or a current role is reclassified as a risk assessed role following a review), the Risk Assessed Role Register must be updated within 20 business days of the identification (or review) of the risk assessed role.

5.1.3 Worker risk assessed role checks

For each employee working in a risk assessed role, the Director or their authorised delegate will document all relevant details in the Risk Assessed Role – Employee Register. Information documented includes:

- the full name, date of birth and address of the employee
- the risk assessed role or roles in which the employee engages
- if the worker may engage in a risk assessed role without an NDIS worker screening clearance:
 - the basis on which they may do so (refer to sections below regarding the exemptions to the requirement for a worker to have an NDIS Worker Screening clearance)
 - the start and end date of the period in which the exemption that allows them to work in a risk engaged role applies
- the name of the staff member who supervises the worker during this period
- the worker's NDIS Worker Screening Check application reference number
- the worker's NDIS Worker Screening Check outcome expiry date
- whether the worker's NDIS Worker Screening Check is subject to any decision which affects that My Therapy Australia may not allow the worker to engage in a risk assessed role, and the nature of any such decision (i.e. interim bar, suspension, exclusion)
- records relating to an interim bar, a suspension, an exclusion, or any action taken by the provider concerning these kinds of decisions concerning any worker
- allegations of misconduct against a worker with a check and the registered NDIS provider's action in response to that allegation.

Table 1. Internal review process



5.1.4 Engaging contractors

When engaging contractors, My Therapy Australia will work with the contractor to ensure that any contractor workers (including individual contractors) have the required worker screening checks and clearances.

When working with contractors, the Director or their delegate will complete a Contractor Risk Assessed Check Form.

5.2 NDIS Worker Screening

All workers employed in a risk assessed role must apply for an NDIS Worker Screening Check with the state’s Worker Screening Unit. The Worker Screening Unit manages the application process and collects the required application fee.

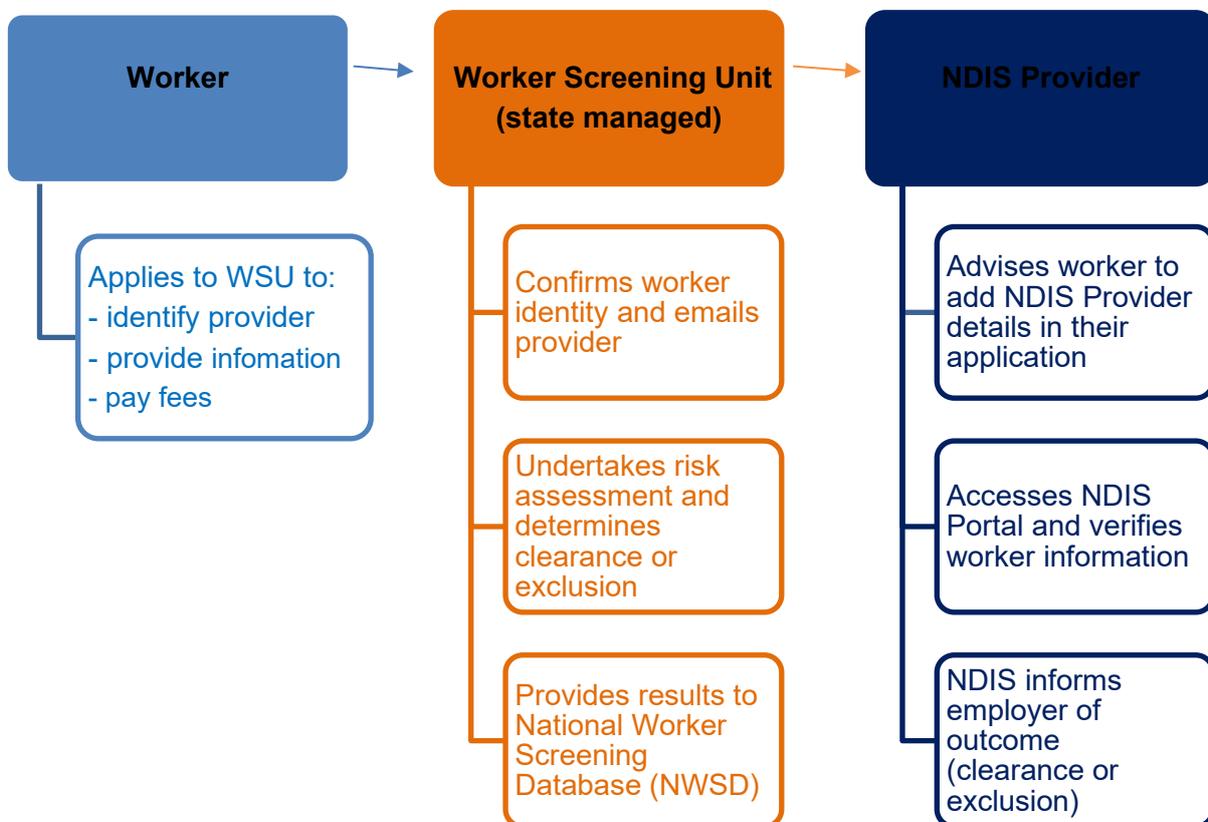
The Director or a delegated staff member will access the NDIS Portal and validate the worker screening checks. The National Worker Screening Database (NWSD) will advise My Therapy Australia via email of a worker’s clearance or exclusion.

The Director, in turn, will inform the staff member of the results. If the NWSD advises exclusion or provides negative advice regarding a worker, it is the Director’s responsibility to immediately withdraw that particular worker from the risk assessed role.

In addition to the National Police Check, some staff workers may require a Working with Children Check if they work with participants under the age of 18 years.

For more information regarding worker screening, refer to Appendix 1. Worker Screening Unit and Transitional Requirements.

Diagram 2. Risk Assessed Role - NDIS Worker Screening Process



5.3 Risk management

As a registered NDIS provider, My Therapy Australia is required to develop, implement and maintain risk management strategies to ensure our participants' safety. Risk management strategies for risk assessed roles will be recorded in our Risk Management Plan.

My Therapy Australia's Risk Management Plan will:

1. Identify the risks relating to:
 - non-supervision of a worker during the delivery of services or supports
 - safety of our participants
 - a participant being injured or not receiving the necessary support they need.
2. Outline actions to be taken by our organisation to address risks, which may include the Director:
 - identifying if the employee has any current worker screening clearances
 - allocating an appropriate supervisor to the employee to monitor their work until worker screening clearances are received
 - checking references and seeking additional information about employees working a risk assessed role to confirm they understand and perform safe work practices.

5.4 Document records

My Therapy Australia will keep all documents up to date. Records will be kept for seven years from the date they were made. Records will be stored by My Therapy Australia on a secure password-protected server in an organised, accessible and legible manner.

Information relating to workers engaged in a risk assessed role will be kept in a manner that is easily accessible to the NDIS Commission or a quality auditor. Information will include workers engaged on any given day over the previous seven years.

6.0 Related documents

- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Contractor Risk Assessed Check Form
- Personnel File Contents Checklist
- Risk Management Plan

7.0 References

- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020

Appendix 1: South Australia Worker Screening Unit and Transitional Requirements

1.0 State worker screening unit

For information about how to apply for a Worker Screening Check, visit the Department of Human Services webpage via the link:

State	State Worker Screening Unit (Web Link)
South Australia	Department of Human Services

2.0 Risk assessed role transitional requirements as of 1 February 2021

NDIS workers in a risk assessed role	Transitional arrangements
South Australia	
Disability screening can be used for NDIS work.	Disability screening can be used until it expires or is revoked.
Employers can still verify that screening is valid until 31 March 2024 via their employer portal.	
Note: Risk assessed workers must hold a verified NDIS Screening before work commencement.	