



POLICY 1

EARLY CHILDHOOD – ADVOCACY AND INFORMATION

1.1 INTENTION

The intention of this policy is to ensure that MPT Transformations is committed to the principles of respecting and protecting the legal and human rights of individuals and their right to services and supports.

1.2 POLICY STATEMENTS

MPT Transformations supports the right of parents/carers to use an advocate of their choice to negotiate on their behalf. This may be in relation to assessment, reviews, complaints, feedback or any other communication between the family and MPT Transformations or other services. The organisation will work co-operatively with any other advocate nominated by a parent/carer and treat them with respect.

MPT Transformations is also committed to providing families with advocacy and support when it is requested.

1.3 PROCEDURES

The MPT Transformations Management Team will be responsible for ensuring:

- All staff receive training in the use of advocates
- The availability at MPT Transformations of printed material on relevant advocacy services
- The maintenance of a local advocacy resource/contact lists

1.3.1 Providing clients with information

The Key Worker will ensure parents/carers are informed via appropriate formats (including verbally and in writing during the initial appointments) about their right to use an advocate and the role of an advocate when:

- The family attends appointments with MPT Transformations staff;
- Their child is being assessed;
- The family attends transition/funding meetings for enrolment of their child to a childcare service or school;
- An Individual Family Support Plan meeting is held; Or if:
- They want to make a complaint about the service;
- A staff member believes an advocate may be beneficial to the client.

It is the responsibility of the Key Worker at the time of first contact with the client to discuss any communication issues or requirements.

The MPT Transformations Management Team is required to ensure that clients are aware of their rights to use an advocate in relation to the service, including having their advocate present for all assessments, meetings and communication between themselves and the organisation.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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If the client is unsure whether they may want to nominate a person as an advocate, they are to be provided with information (in an appropriate format) on various specialist advocacy organisations that may be able to assist them. If they would like to contact any of these organisations their Key Worker will be able to assist them to make contact.

If a client has an advocate it is the Key Worker's responsibility to discuss and document any specific communication issues or protocols to be used between the service and the client's advocate. The name and contact details of the advocate are to be included in the child's file. Staff members will not disclose any information about the client to an advocate, when the client is not present, unless the client has provided her/his permission to do so.

1.3.2 Working with advocates (when a family has nominated an advocate)

Where a family has identified or nominated an advocate the Key Worker must:

- Record the advocates details in the child's file
- Ensure the family is aware of their advocacy rights including the right to have an advocate
- present for all assessments, meetings and communication between themselves and MPT Transformations
- Ensure the advocate knows s/he has been nominated as an advocate and agrees to this
- Ensure any identified advocate is present at the times the family requires her/him
- Communicate and work co-operatively with the advocate
- Ensure that the family knows they have the right to change their advocate at any time.

If an authorised representative is acting on behalf of a family or child, the organisation will require proof of representative authority.

Authorised representatives include:

- Foster Carers /Guardians
- Attorneys under enduring powers of attorney
- Agents under the Medical Treatment Act1988
- Administrators under the Guardianship and Administration Act 1986
- A person otherwise empowered by the consumers to act or make decisions in their best interests.

1.3.3 Providing advocacy and support

Where a family does not have an identified or nominated advocate and they request assistance from MPT Transformations the request will be taken by the Key Worker to the Family Support Worker. The type and amount of individual advocacy and support that can be provided will be dependent on the staff capability and resources at the time.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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1.4 DELEGATIONS

1.4.1 Service Management Team

Provide opportunity for:

- The Service User and/or their Family/Advocate to be involved in decision making
- Service Users and/or their Family/Advocate have the opportunity to be involved in their choice of Lifestyle Assistant
- Service Users/Family /Advocates interested to have input into Policy development
- Informing Service Users that MPT Transformations is the legal employer therefore a Service User does not have the right to dismiss a Lifestyle Assistant, however they do have the right to end a support session subject to further negotiation of the issue with the Service Management Team

1.4.2 Support Coordinator

Provide opportunity for:

- The Service User and/or Family/Advocate to be involved in decision making
- The Service User and/or Family/Advocate to be involved in their choice of Lifestyle Assistant
- Changes to routine or support are made in accordance with the wishes of Service User/Family/Advocate

1.5 REFERENCES

Disability Service Act

Human Services Quality Standards

NDIS Practice Standards

Privacy Act 1988 & Privacy Amendment (Enhancing Privacy Protection) Act 2012

Disability Inclusion Act 2014 (NSW)

1.6 AMENDMENTS/REVIEWS

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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POLICY 2

EARLY CHILDHOOD BEHAVIOUR MANAGEMENT

2.1 INTENTION

The intention of this policy is to ensure that MPT Transformations promotes a positive approach to guiding children’s behaviour within an environment that is consistent, supportive and safe for all children.

2.2 POLICY STATEMENTS

Being sensitive and supportive in helping children develop self-control and learn and practice desirable behaviour is critical to children developing these important life skills. MPT Transformations staff are supported to use evidence based behaviour support systems, to help families identify the function of their child’s behaviour and plan for supporting these positively to change. MPT Transformations have experienced educators/staff to assist in using functional behaviour analysis to assist families and stakeholders to create a shared understanding response to challenging behaviour.

Learning to manage feelings and behaviour is an important process for all children. By focusing on each child’s strengths and taking a broad view of acceptable behaviour, staff can support each child to develop appropriate personal behaviour and social skills. At all times the rights and dignity of the child are respected.

Consistency in the approach to behaviour guidance among families and staff is important to ensure children’s sense of security and understanding of these complex processes. Therefore, it is important to discuss guidance strategies, both from the family’s perspective and the Centre’s procedures and value the family’s input.

By getting to know the child and family and communicating effectively and respectfully, staff can begin to understand the child and how best they can support the child. Consideration needs to be given to varying parenting styles, to the family’s cultural or social values and to the age, abilities and temperament of the individual child.

Staff also discuss ways to be pro-active and prevent undesirable behaviour through evaluation of the physical environment, routines and other stimuli that can affect the behaviour of children.

2.3 PROCEDURES

2.3.1 Consider the Context

When considering positive behaviour guidance strategies and techniques, it is important that staff consider the context of the situation as well as the behaviour itself, in their response to the behaviour.

For example:

- Has a particular situation or the play environment created the undesirable behaviour?
- What are the risks associated with the behaviour to the child, staff or others?

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 1



- What do you think were the child's intentions of the behaviour? What do you think the child is trying to communicate through their behaviour?
- Is my response to the same behaviour consistent with all children and generally across most situations?
- Am I expecting children to behave in ways that suit my values and beliefs, which may be different to those of families and/or other staff?

2.3.2 Supporting Children

Staff will guide children's behaviour in positive ways by:

- Treating all children with respect and dignity;
- Focusing on each child's strengths;
- Ensuring that expectations of children's behaviour are individually, culturally and developmentally appropriate to each child;
- Using positive words and directions when guiding children towards desired behaviour;
- Assisting children to recognise their feelings and find ways to express them that are appropriate/acceptable;
- Use simple words and explanations for younger children and help older children find words and reasoning to behaviour;
- Supporting protective behaviour by helping children use assertive phrases such as "stop, i don't like that" in appropriate contexts;
- Assuring children that at times suggested strategies for them to try to resolve conflict, may not always 'work' and that if it doesn't work they can come back and ask for further assistance;
- Talking with children about how their actions affect others and themselves;
- Trusting children and helping them understand and develop simple rules;
- Ensuring that expectations and limits are consistent and clear to children;
- Supporting children positively when they are meeting expectations;
- Ensuring that behaviour which is not acceptable is responded to immediately;
- Helping children to show empathy and begin to resolve conflicts;
- Providing an environment and daily/weekly plans that are child focused and safe to minimise confrontation and conflict;
- Keeping up-to-date with current trends in positive guidance by participating in professional development and training opportunities.

Staff can be effective role models for children by:

- Interacting with children and other adults in positive ways;
- Listening to children so that the appropriate cause of behaviour can be determined and alternatives to undesirable behaviour offered;
- Modelling desirable behaviour that display trust, respect and empathy;
- Responding calmly and sensitively to children's challenging behaviour;
- Seeking assistance from other staff when they need help so children can also feel confident about asking for help from other children or adults;
- Labelling the desired behaviour, rather than labelling the child or focusing heavily on undesirable behaviour.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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2.3.3 Working with Families

Staff will work in partnership with families by:

- Encouraging on-going open communication between them and the child's family;
- Sharing and discussing relevant information about the child to ensure positive guidance is consistent in the centre and at home;
- Being sensitive when discussing concerning behaviour with families;
- Working with families in positive ways and not being critical or judgmental of family practices;
- Clarify any family approaches that may be inconsistent with the centre's procedures and how mutually agreeable goals and strategies can be reached;
- Ensuring families have access to the centre's behaviour guidance procedures and other resources;
- Providing information to families about external supports services and other resources in the community
- Educating families on the principles of positive behaviour support systems.

2.3.4 Supporting Each Other

Staff can support each other to positively guide children's behaviour by:

- Discussing their own values and beliefs about desirable behaviour in young children and how these can be promoted;
- Helping each other being consistent by monitoring each other's responses to situation;
- Stepping in when staff may show signs of frustration or not coping with a child's difficult behaviour;
- Sharing information and perspectives on how to best support children to be self-regulated.

2.3.5 Managing Very Difficult Behaviour

When a child's difficult behaviour becomes extreme and/or continues to be a cause of concern to staff, in consultation with the family, staff may:

- Ensure confidentiality of the child's situation;
- Discuss the situation at an all-of-staff meeting and develop a specific plan of action;
- Monitor the plan and evaluate the outcomes;
- Consider seeking external intervention support, if needed.

Note: At no time should staff use behaviour or language that conflicts with the MPT Transformations Code of Conduct when guiding children's behaviour. It is unacceptable for staff to use any techniques that may humiliate, frighten or threaten the child. Staff should never isolate the child or use any form of verbal, physical or emotional punishment.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 3



2.4 DELEGATIONS

2.4.1 Service Management Team

Provide opportunity for:

- The Service User and/or their Family/Advocate to be involved in decision making regarding behaviour management
- Service Users/Family /Advocates interested to have input into Policy development
- Informing Service Users that MPT Transformations is the legal employer therefore a Service User does not have the right to dismiss a Lifestyle Assistant, however they do have the right to end a support session subject to further negotiation of the issue with the Service Management Team

2.5 REFERENCES

Disability Service Act
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2.6 AMENDMENTS/REVIEWS

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 4



POLICY 3

EARLY CHILDHOOD – CHILD PROTECTION

3.1 INTENTION

The intention of this policy is to ensure that MPT Transformations is committed to the safety of children with a disability and to the cultural safety of children from a CALD background and respects different cultural traditions and child rearing practices while keeping them safe.

3.2 POLICY STATEMENTS

MPT Transformations has a duty of care to children and takes all reasonable steps to keep them safe from harm and provide a safe environment. MPT Transformations has a zero tolerance policy to child abuse, harm and neglect. It is everyone’s responsibility (staff, managing directors, volunteers and contractors and families), to ensure a child safe environment, taking every concern and allegation seriously, in line with the principles of procedural fairness and believe children when they raise a concern or make an allegation.

MPT Transformations staff, managing directors, volunteers and contactors have a responsibility to report any concerns where there are children at significant risk of harm.

3.3 DEFINITIONS

3.3.1 Child:

A person under the age of 18 (unless otherwise specified in relevant legislation).

3.3.2 Child Abuse:

“All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power¹”

3.3.3 Child Protection:

Any measure taken to safeguard children from abuse or harm.

3.3.4 Grooming:

Any act with the aim of befriending, building rapport, and gaining the trust of a child for the purpose of subjecting them to abuse. Signs of grooming include giving gifts or special attention, or inappropriate touching such as tickling or wrestling with a child.

3.3.5 Online Grooming:

Establishing a relationship with a child or young person online with the aim of meeting him/her in person for sexual activity. This can include online chat or sexting, and the abuser may lie about their age or identity.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 1



3.3.6 At Risk of Significant Harm:

'At risk of significant harm' - in relation to a child or young person means that there are current concerns for their safety, welfare or wellbeing because of the presence to a significant extent of any of the following circumstances (Any such circumstances may relate to a single act or omission or to series of acts or omissions):

- The child's or young person's basic physical or psychological needs are not being met or are at risk of not being met.
- The parents or other care givers have not arranged and are unable or unwilling to arrange for the child or young person to receive medical care.
- In the case of a child or young person who is required to attend school in accordance with the Education Act 1990 – the parents or other care givers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act;
- The child or young person has been or is at risk of being physically or sexually abused or ill- treated;
- The child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm;
- A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm; or

3.3.7 Reasonable Grounds for Belief:

"A belief based on reasonable grounds (see below) that child abuse has occurred when all known considerations or facts relevant to the formation of a belief are taken into account and these are objectively assessed. Circumstances or considerations may include the source of the allegation and how it was communicated, the nature of and details of the allegation, and whether there are any other related matters known regarding the alleged perpetrator.

A reasonable belief is formed if a reasonable person believes that:

- a) the child is in need of protection,
- b) the child has suffered or is likely to suffer "significant harm as a result of physical injury," or
- c) the parents are unable or unwilling to protect the child.

A 'reasonable belief' or a 'belief on reasonable grounds' is not the same as having proof, but is more than mere rumour or speculation. A 'reasonable belief' is formed if a reasonable person in the same position would have formed the belief on the same grounds."

3.3.8 Sexual Abuse:

Occurs when an adult or another child or young person uses power and authority to involve a child in sexual activity, and can be physical, verbal or emotional.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 2



3.4 PROCEDURES

3.4.1 Roles and Responsibilities of Governing Body, Staff and Volunteers

All members of the governing body, management, staff, and volunteers must sign and act in accordance with the MPT Transformations Code of Conduct as part of their induction into the organisation, to commit to keeping children safe within the organisation and act in their best interests at all times.

3.4.2 Governing Body

The Management Committee has the ultimate responsibility for policies and procedures to ensuring that all staff and volunteers abide by these to prevent and respond to child abuse. They must also be aware of their legal liability for failure to disclose abuse or failure to reasonably protect based on known risks.

3.4.3 Management

MPT Transformations Management should be aware of all mandatory and voluntary reporting obligations which apply in the jurisdiction in which MPT Transformations operates, and ensure that all staff and volunteers are made aware of the obligations that apply to them. MPT Transformations Management is also responsible for being aware of and managing any risks to children, and to facilitate internal and/or external reporting by any members of staff/volunteers.

3.4.4 Staff, Volunteers

Staff and volunteers have a responsibility to act in accordance with the Code of Conduct, and be aware of and comply with their obligations relating to reporting concerns, allegations and incidents of child abuse, including internal and external reporting.

3.4.5 Staff Recruitment, Supervision and Training - Advertising a Position

When advertising a position that is child-related, MPT Transformations outlines the requirements to undergo police, reference and Working with Children Checks during the recruitment process.

3.4.6 Worker Screening

The Manager will:

- Ensure that all staff members, Board of Directors, contractors and volunteers at MPT Transformations have a current Working With Children and National Police Certificate prior to commencing employment/volunteer work;
- Orientate every working adult to this child protection policy, Keep Them Safe protocols and Mandatory Reporter responsibilities and ensuring their regular review of these.
- Ensure that MPT Transformations staff members complete the online child protection training provided by Department of Education and Training, annually.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 3



3.4.7 Staff Training and Development

During staff and volunteer induction processes a copy of the Child Protection Policy and the Complaints and Feedback Policy is provided and MPT Transformations Management guides the staff member or volunteer through the application of these policies and procedures.

Continuous development and training around child safety occurs on a regular basis. This training includes mandatory staff and voluntary reporting, including duty of care obligations and how to identify and minimise risks of child abuse.

3.4.8 Reporting and Investigating Child Abuse Concerns, Complaints and Allegations

MPT Transformations staff members will:

Develop trusting relationships with their key worker families;

- Make reports of current concerns for any child at risk of significant harm to the Child Protection Helpline for Mandatory Reporters; and
- Make appropriate responses to all disclosures of abuse and any allegation of abuse against staff members of the service.
- Provide each participant with information about the use of an advocate (including an independent advocate) and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.

3.4.9 Documentation of Current Concerns

The Management Team will support staff members through the process of documenting and reporting current concerns of children at risk of significant harm.

Staff members will:

- Make a record of the indicators observed which have led to the belief that there is a current risk of harm to a child or young person, in the family file.
- Discuss the observations with the Manager or Practice Manager to determine whether or not the child is at “significant risk of harm”.

3.4.10 Mandatory Reporting

The Manager will:

- Make available to all staff members working directly with children a copy of this Child Protection Policy and follow all Mandatory Reporting Legislation;
- Provide all staff members, working directly with children, with access to Child Wellbeing and Child Protection Interagency Guidelines; and
- Display the Child Protection Helpline number (132 111) on all phone lists of emergency contact numbers in the interests of timely reporting.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 4



Staff members will:

- a) In an emergency, where there are urgent concerns for a child's health or life, it is important to contact the police, using the emergency line '000';
- b) Follow any Mandatory Reporting Legislation to answer the questions relating to concerns about a child or young person.
- c) If there are grounds to suspect a risk of significant harm to a child or young person, the staff member will phone the Family and Community Services Helpline on 132 111;

Note that the legislation requires that a carer continue to respond to the needs of the child or young person (within the terms of their work role) even after a report to the Child Protection Helpline has been made;

- a) If the Mandatory Report determines that the staff member's concerns do not meet the risk of significant harm threshold s/he does not need to make report to the Family and Community Services Helpline, however, s/he should discuss the matter with MPT Transformations Management to determine future support options for the family to keep the children safe. MPT Transformations Management will collaborate with other agencies to find the supports the family requires and will contact a Family Referral Service about other supports as required.
- b) The staff member should monitor the situation and if s/he believes there is additional information that could be taken into account, please repeat steps 1 to 5 as required.
- c) MPT Transformations Management will respond to requests for information from other service providers about MPT Transformations families and children regarding their safety, well-being and protection. The conversation will be documented in the family file.

3.4.11 Disclosures of abuse

Staff members will:

- React calmly to child or carer making the disclosure;
- Listen attentively and later write down the exact words used;
- Provide comfort to the individual;
- Follow the steps for reporting.

Reassure the child or young person that:

- It is not their fault;
- It was right to tell;
- It is not OK for adults to harm children – no matter what;
- Explain what will happen now – that it is part of your job to tell people who can help the child or young person.

Staff members will not prompt the child for further details or ask leading questions which would make the child feel uncomfortable or has the potential to jeopardise any future legal proceedings that may arise as a result of any investigation.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 5



It is important to understand that our role is solely to support the wellbeing of the child at all times, not to investigate further any disclosure made by the child.

3.4.12 Allegations of Abuse Against MPT Transformations Staff Members, Contractors, Volunteers or Students

The Manager will:

- Take all allegations of abuse seriously and clarify what is being alleged with the person who is making the allegation;
- In the case of an allegation of sexual misconduct the manager or assistant manager will immediately notify the police;
- Assess whether or not the child or young person is ‘at risk of significant harm’ and, if so, make a report to the Child and Protection Helpline;
- Determine whether or not the allegation is a reportable allegation, a reportable conviction, or reportable conduct.
- Report reportable allegations and reportable convictions to the Ombudsman within 30 days of receipt;
- Consider whether or not the police need to be informed of the allegation and if so, make a report;
- Ensure confidentiality is maintained at all times and that systems are in place to deal with any breaches of confidentiality;
- Develop an investigational plan of the matter. Obtain relevant information from a range of sources. This may include a statement from the person against whom the allegation had been made and any other relevant documentation;
- If the allegation is being investigated by Family and Community Services or the Police, the service will be guided by their advice as to whether they should independently investigate the allegation;
- If the investigation is carried out by the service, the information that has been gathered will be assessed and a finding made as to whether the allegation is false, vexatious, misconceived, not reportable conduct, not sustained or sustained. The reasons for the finding will be clearly recorded to ensure that the decision making has been transparent;
- The staff member/contractor/volunteer or student will be advised of the outcome of the investigation in writing. Advice will be provided about the investigation finding and any follow up that may be required. Advice will also be provided about any rights of appeal and the person will be advised that the NSW Ombudsman has been notified and the Commission of Children and Young Persons also notified of any relevant employment proceeding;
- Family and Community Services will also be informed of the outcome of the investigation.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 6



3.4.13 Informing the Staff Member, Contractor, Volunteer or Student

The Manager will:

- Treat the staff member/contractor/volunteer or student with fairness at all times and uphold their employee rights at all times;
- Depending on the nature of the allegation, arrange to inform the person immediately (though be guided by the advice of the Police);
- Arrange for the person against whom the allegation has been made, to have a support person attend the meeting. This support person must not participate in the discussions throughout the meeting;
- Make accurate documentation of all conversations, and ensure that all records are being kept confidentially;
- Offer counselling or support to the person subject to the allegation;
- Depending on the nature of the allegation made, the person subject to the allegation may be suspended pending further investigation;
- After all investigations are completed, provide the staff member/contractor/volunteer/student with verbal and written notification of the outcome of the investigation.

3.4.14 Rights of All Parties

- The decision-making process throughout the investigation will be based on the safety and wellbeing of the child/ren and staff/carers/carer's household members;
- Consideration will be taken in relation to actual or potential 'conflicts of interest' that may be held by the investigator;
- All reportable allegations will be notified to the Ombudsman. The person, against whom the allegation is made, will be notified of this and will also be notified of the investigation find and follow up action, including the notification to the Commission of Children and Young Persons, if relevant;
- The person, against whom the allegation has been made, will be notified of any appeal mechanisms if they are not satisfied with the investigation process or the outcome of the investigation;
- The Licensee, Authorised Supervisor, Manager or other nominated person who conducts the investigation, will ensure that they act without bias, without delay and without conflict of interest; and
- All parties can complain to the Ombudsman if they are not satisfied with the conduct of the investigation;

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 7



3.5 DELEGATIONS

3.5.1 Service Management Team

Provide opportunity for:

- The Service User and/or their Family/Advocate to be involved in decision making regarding Child Protection Service
- Users/Family /Advocates interested to have input into Policy development

3.6 REFERENCES

Disability Service Act
Human Services Quality Standards
NDIS Practice Standards
Disability Inclusion Act 2014 (NSW)
Child Protection Act 1999

3.7 AMENDMENTS/REVIEWS

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 8



POLICY 4 EARLY CHILDHOOD EVIDENCE INFORMED PRACTICE AND CAPACITY BUILDING POLICY

4.1 INTENTION

The purpose of this policy is to ensure that MPT Transformations provides services that are based on early childhood intervention best practice principles and evidence informed practice, as well as to build the knowledge, skills and abilities of the family and other collaborating providers in order to support the child's learning and development.

4.2 POLICY STATEMENTS

MPT Transformations recognises that the provision of services based on early childhood intervention best practice principles and evidence informed practice is essential in the provision of supports and services. MPT Transformations also supports the notion of "early intervention" and the earlier that the intervention is provided the better the outcome for the child and family.

4.3 PROCEDURES

MPT Transformations adopts The National Guidelines for Best Practice Principles in Early Childhood Intervention:

- Family - the centre of all services and supports - MPT Transformations works together with the family as active and equal partners where planning and interventions for children are based on individual family life, priorities and choices.
- All families are individual and unique - MPT Transformations provides services and supports in ways that are sensitive and respectful of families cultural, language and social backgrounds as well as family values and beliefs.
- Your child at home and in the community - MPT Transformations provides services and supports to ensure that the child is fully included and participates meaningfully in home and community life, with additional supports as needed, creating a real sense of belonging.
- Your child practices and learns new skills everyday - MPT Transformations supports the child and family to engage, learn and practice skills through participation in activities and daily routines of their everyday life.
- Team around the child - MPT Transformations works in partnership with families as a team around the child's communication and sharing of information, knowledge and skills, with one main person, called a key worker, working with the family.
- Building everyone's knowledge - MPT Transformations will assist to build the knowledge, skills and confidence of the family and the important people in the child's life through the coach approach model.
- What you want for your child and family - MPT Transformations will focus on what families want for their child and family and will work closely with you to achieve the best outcomes for the child.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
File Notes:	Copyright 2024 © BlueSafe Online Pty Ltd. All Rights Reserved.			CONFIDENTIAL	PAGE 1



- Quality Services and supports - MPT Transformations ensures that professionals working with children and families have appropriate qualifications and experience and base their intervention on sound clinical evidence and research.

MPT Transformations supports this by the following:

- MPT Transformations recruits professional staff with the necessary skills, knowledge and expertise to carry out the position and to deliver quality supports for families;
- All MPT Transformations allied health staff need to have a current and up to date membership with the appropriate professional registration group;
- Staff are provided with relevant and up to date professional development and training;
- Staff are provided with ongoing supervision and support;
- Staff are provided with an in-depth induction which includes the necessary information about early childhood intervention best practice procedures, coach approaches, family centred practice information etc, NDIS/ECIA code of conduct;
- Staff induction includes a list of all mandatory training, which includes best practice principles such as the "Key Worker Model" and the "Coach Approach".
- Intervention strategies are based on explicit principles, validated practices, best available research and relevant laws and regulation.
- Staff are equipped with relevant resources such as professional texts, access to computer systems to retrieve relevant information such as the raising children's network, ECIA Aust website etc.
- MPT Transformations follows all relevant legislative requirements of the NDIS Act and the NDIS Practice Standards, as well as participates in the NDIS commission registration and associated quality assurance processes to ensure a high quality of service provision based on best practice principles.

4.4 DELEGATIONS

This policy applies to MPT Transformations staff, volunteers, contractors and families.

4.5 REFERENCES

Disability Service Act
NDIS Practice Standards
Disability Inclusion Act 2014 (NSW)
Child Protection Act 1999

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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POLICY 5

EARLY CHILDHOOD

PARTICIPATION AND SOCIAL INCLUSION

5.1 INTENTION

The purpose of this policy is to ensure that MPT Transformations provides services that are based on early childhood intervention social inclusion, participation and support.

5.2 POLICY STATEMENTS

MPT Transformations values and promotes the participation of children with disabilities and developmental delays and their families in the life of their community, through MPT Transformations’s mission statement and key components of service provision.

MPT Transformations will:

- Support children and families to participate in communities and activities of choice respecting their choices and plans regarding employment, education, leisure and their social lives;
- Enable children and families to be involved in decisions that affect them and the services they receive;
- Encourage and support children and families to be involved in service development, evaluation, planning and organisational management;
- Seek child and family input regarding client participation information strategies, assistance and support, service involvement and development;
- Develop links with other groups to promote greater opportunities for connections and
- Meaningful participation in the community.

5.3 PROCEDURES

- MPT Transformations will provide information and support to families that enable them to identify community-based services and activities through the Individual Family Service Planning and the NDIS Early Childhood Early Intervention processes.
- MPT Transformations will assist families to access and participate in the identified community services/activities as requested by the family. This may involve visiting the services /activities with the family, collaborating with the provider/ organiser to overcome any barriers to participation such as transport difficulties or lack of understanding about disability, and to assist them to understand the child’ s strengths, interest and needs so that they are able to implement helpful strategies to maximise the child’s participation.
- Families are encouraged and supported to choose and participate in community activities that reflect their cultural and recreational interest and preferences.
- The intervention focus for the children will be on teaching functional skills which can be generalised to natural environments hence supporting the transitions from home to a small group setting such as playgroup then to larger group settings such as preschool and school.
- MPT Transformations provides opportunities within the Service to support the development of social networks between families.
- MPT Transformations encourages the participation of all family members within all facets of the MPT Transformations program.
- MPT Transformations actively works to engage and enhance networks and partnerships within the community.

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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- MPT Transformations staff participate in ongoing professional development and learning opportunities which up skill them to strengthen family capacity.

Clients are encouraged and supported to become involved in service development and organisational management, if they choose to do so.

These opportunities might include:

- Taking part in client surveys and feedback forums;
- Input when new services or activities are being developed;
- Representation on client committees or groups;
- Attending training or information sessions;
- Active membership of the organisation;
- Standing for the board or management committee.

5.4 DELEGATIONS

This policy applies to MPT Transformations staff, volunteers, contractors and families.

5.5. REFERENCES

Disability Service Act
NDIS Practice Standards
Disability Inclusion Act
Child Protection Act

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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POLICY 6

EARLY CHILDHOOD - FAMILY CENTRED PRACTICE

6.1 INTENTION

The purpose of this policy is to ensure that MPT Transformations provides services that respects the rights of and supporting the family to make decisions about the type, frequency and location of MPT Transformations services they request, orienting services to the needs of family members.

6.2 POLICY STATEMENTS

Family Centred Practice is the recommended approach for professionals who work with young children with a disability or developmental delays and their families. This Practice values the child's family as the key decision maker when planning services and supports. Family Centred Practice refers to the attitudes and behaviours which MPT Transformations staff exhibit when working alongside families and the parent- professional partnerships which are formed. These include: respecting the rights of, and supporting the family to make decisions about the type, frequency and location of MPT Transformations services they request, orienting services to the needs of family members in addition to the child's and being positive, responsive, friendly and sensitive.

6.3 PROCEDURES

The Key Worker model of service provision and Individual Family planning meetings are the key tools used with families to promote family centred practice.

MPT Transformations undertakes the following:

- Builds positive and respectful relationships with families.
- Invites families to attend meetings, which involve them in decision making and goal setting which reflects the families' concerns & priorities.
- Is flexible and ensures that families have access to all the information they need to be able to make an informed choice.
- Considers the needs, priorities and strengths of all family members.
- Supports families to make decisions and to be advocates for their own child and family.
- Demonstrates teamwork with workers from other agencies to develop a cohesive support for families.
- Enables families to identify ways in which they themselves are making a difference for their child.
- Develops partnerships in which both family and professional contributions are valued and respected, with the family acknowledged as the primary stakeholder.

6.4 DELEGATIONS

This policy applies to MPT Transformations staff, volunteers, contractors and families.

6.5 REFERENCES

Disability Service Act
NDIS Practice Standards
ECIA Code of Ethics
ECIA Best Practice Principles

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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NDIS Code of Conduct

Date Adopted:	18/08/2022	Next Review Date	18/08/2023	Version:	1.0
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