Family & Community Services
Ageing, Disability & Home Care

Disability Resource Hub Disclaimer

The material on the Disability Resource Hub is for reference only. No claim or representation is made or warranty given, express or implied, in relation to any of the material. You use the material entirely at your own risk.

The material is provided as point-in-time reference documents. FACS does not maintain the material and does not undertake to ensure that it is accurate, current, suitable or complete.

Where conditions and warranties implied by law cannot be excluded, FACS limits its liability where it is entitled to do so. Otherwise, FACS is not liable for any loss or damage (including consequential loss or damage) to any person, however caused (including for negligence), which may arise directly or indirectly from the material or the use of such material.

Family &
Community Services
Ageing, Disability & Home Care

Addendum to the Standards in action manual:

Guide for services working with children and young people with disability and their families

January 2014

Acknowledgements

This work was completed by ARTD consultancy team on behalf of the Department of Family and Community Services (FACS), and with the assistance of Ageing, Disability and Home Care (ADHC), Community Access Directorate and the project reference group including representatives from the following: Individualised Options Directorate, FACS (ADHC); Office of the Children's Guardian; SDN Children's Services and Early Childhood Intervention Australia, NSW Chapter; Noah's Shoalhaven; Coffs Harbour Aboriginal Family Community Care Centre; University of Western Sydney, School of Education and Association of Children's Welfare Agencies (ACWA). Input was also provided by National Disability Services (NDS) NSW, FACS Legal Services and FACS Cultural Diversity team.

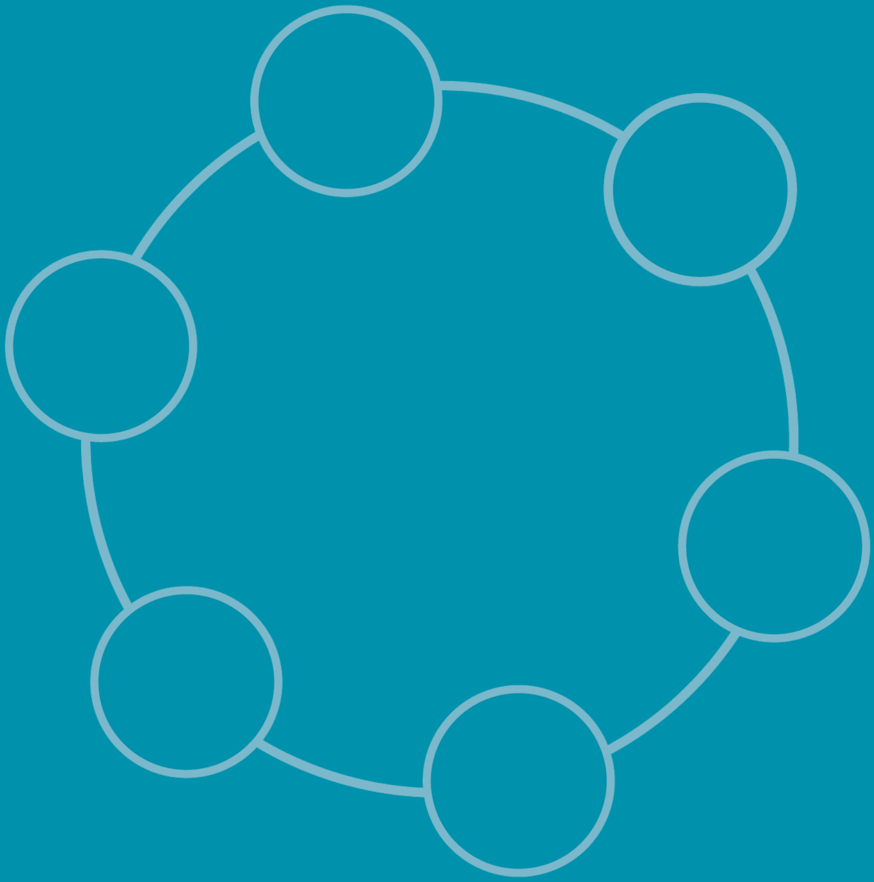
ARTD consultancy team
Jade Maloney, Chris Milne

Contents

Acronyms

AbSec	Aboriginal Child, Family and Community Care State Secretariat
ADHC	Ageing, Disability and Home Care
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CCYP	Commission for Children and Young People
CDA	Children with Disability Australia
ECIA	Early Childhood Intervention Australia
FACS	Department of Family and Community Services
NDIS	National Disability Insurance Scheme
NSDS	National Standards for Disability Services
NSW DSS	New South Wales Disability Services Standards
NSW FACS	New South Wales Department of Family and Community Services
OCG	Office of the Children’s Guardian
SNAICC	Secretariat for National Aboriginal and Islander Child Care
UN	United Nations

Introduction



Introduction

1 Why an addendum?

In 2012, the NSW Disability Service Standards (NSW DSS) were updated to reflect new National Standards for Disability Services (NSDS), key events and policy developments, particularly the:

- ratification by Australia of the United Nations (UN) Convention on the Rights of Persons with Disabilities in 2008
- development of the National Disability Strategy 2010–2020
- move towards individualised funding, person centred and lifespan approaches through the NSW Government's Stronger Together 2 and now the National Disability Insurance Scheme (NDIS)
- commitment to further strengthen inclusion in mainstream and community settings for people with disability (now part of the NDIS and the NSW Disability Inclusion Act 2014).

As a provider of supports and services to people with disability, the NSW Department of Family and Community Services (FACS), Ageing, Disability and Home Care (ADHC) and providers funded by FACS (ADHC) are required to comply with the NSW DSS. The Standards in Action manual (2012) provides guidance to help FACS (ADHC) operated and funded services meet the revised NSW DSS.

This document provides additional guidance to support services working specifically with children and young people with disability and their families to meet the NSW DSS. It also aims to ensure that services are provided in accordance with the principles in the Disability Inclusion Act 2014. Children with disability are recognised in the Act as a group that has particular needs, and the Act places additional responsibilities on the providers of services to this group.[1]

This guide reflects the particular considerations for this client group, including the need to:

- respect the needs of children with disability as they mature, and their rights as equal members of the community as outlined in the Disability Inclusion Act 2014[2]
- respect children's rights, including the right to be involved in decisions that affect them, as outlined in the UN Convention on the Rights of the Child

---

[1] Section 5(5) Disability Inclusion Act 2014

[2] Section 4(12) Disability Inclusion Act 2014

- respect the role and responsibilities of parents for children aged less than 16 years and young people aged between 16 and 18 years
- support children, particularly young children, in the context of their families
- support children, young people and their families through the many transition points that occur between birth and 18 years.

2 What does it contain?

The guide has two parts:

- **Part 1** outlines the principles for working effectively with children, young people and their families and provides links to more detailed advice.
- **Part 2** mirrors the Standards in Action manual. It has a section for each Standard, which describes practice when applied to children, young people and their families, tips and individual practice examples.

3 Who should use it?

FACS (ADHC) operated and funded services working with children aged less than 16 years and young people aged between 16 and 18 years should use the guide to help them meet the NSW DSS and comply with the legal requirement to have regard to the principles of the Disability Inclusion Act 2014. Mainstream and community-based services may also choose to use it to guide their practice.

4 How should I use it?

The guide is designed to be used in conjunction with the Standards in Action manual and the Key Performance Indicator Guide (2012).

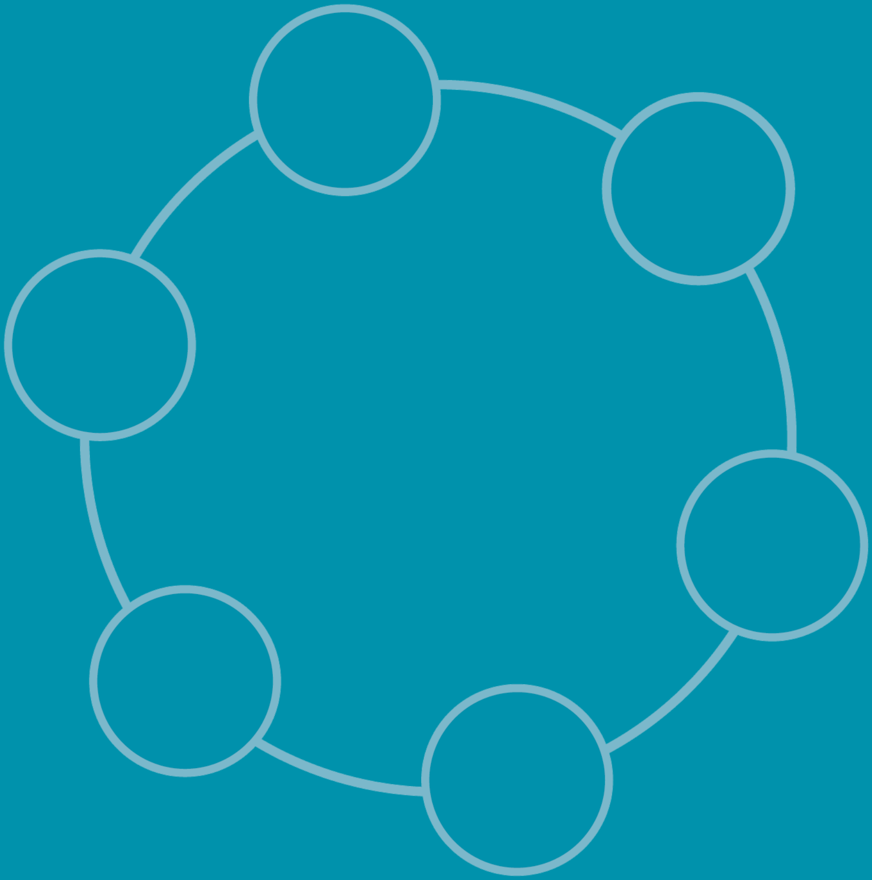
The practice requirements in the Standards in Action manual should guide your practice because they are used for third party verification of FACS (ADHC) funded services' compliance with the NSW DSS. The Key Performance Indicator Guide can help you to measure your organisation's performance against the Standards, identify areas for improvement, implement relevant actions, and monitor progress. The references to 'people with disability' in both of these include children and young people.

The principles in Part 1 of this guide should be reflected in your organisation's policies and processes and staff members' practice. Part 2 can help you to meet the NSW DSS when working with children, young people and their families. Use the guidance on the practice requirements to help you better understand what the NSW DSS practice requirements look like when working with children, young people and their families. Choose tips that are relevant to your clients and your context; you may also identify others because the lists are neither prescriptive nor exhaustive. Read the practice examples to see the NSW DSS as implemented in particular situations. Follow the links in the additional information sections for more detailed advice on particular topics.

You can use the FACS (ADHC) Accreditation Systems Recognition Tool to understand the extent to which your existing accreditations and systems meet the NSW DSS if your service is also required to meet any of the following industry standards:

- National Safety and Quality Health Service Standards (NSQHS) (PDF)
- NSW Children's Guardian Standards for Statutory Out-Of-Home Care 2013 (PDF)
- Community Care Common Standards (CCCS) (PDF)
- Australian Children's Education & Care Authority National Quality Standard (NQS) (PDF)
- National Standards for Mental Health Services (NSMHS) (PDF)
- Commonwealth Disability Employment Service Standards (DES) (PDF)
- National Community Housing Standards (NCHS) (PDF)
- Attendant Care Industry Standards (ACIS) (PDF)
- International Organization for Standardization 9001: 2008 (ISO 9001) (PDF)
- National Disability Advocacy Program (NDAP) Quality Assurance Framework (PDF)
- Quality Improvement Council Health and Community Service Standards (QIC) (PDF)
- Aged Care Standards and Accreditation Agency (ACSA) (PDF)
- Council on Quality and Leadership Accreditation (CQL) (PDF).

Part 1: Guiding principles



PART 1: Guiding principles

The principles outlined in this section should guide your organisation when working with children, young people and their families. They are consistent with contemporary research, international treaties, laws, policies and practice including:

- the UN Convention on the Rights of Persons with Disabilities
- the UN Convention on the Rights of the Child
- Investing in the Early Years—A National Early Childhood Development Strategy
- the NSW Disability Inclusion Act 2014
- FACS (ADHC)'s Strengthening Supports for Children and Families 0–8 years
- FACS (ADHC)'s Supports for Children and Young People Aged 9 to 18 Years and their Families Framework[3]
- Early Childhood Intervention Australia NSW Chapter's Early Intervention Best Practice Discussion Paper
- the Principles supporting Keep Them Safe[4].

The Disability Inclusion Act 2014 has a number of specific principles to which services working with children with disability and their families should have regard.[5] Section 5(5) of the Act also recognises that: a child with disability has the right to a full life in conditions that ensure the child's dignity, promote self-reliance and facilitate the child's active and full participation in family, cultural and social life; and that children are more vulnerable to risk of abuse or exploitation. Taking into account that right and that risk, the Act requires that supports and services be provided to a child with disability in a way that ensures the best interests of the child, while also respecting the responsibilities, rights and duties of a parent or other person legally responsible for the child, and respecting the views of the child, having regard to the child's age and maturity.

---

[3] To be published early 2015

[4] Principles set out in the final report of the Special Commission of Inquiry into Child Protection Services in NSW.

[5] See sections 4, 5 and 6 of the NSW Disability Inclusion 2014.

The principles identified for services working with children, young people and their families are that services will be:

- child and family centred
- inclusion-focused
- responsive to changing abilities and needs
- holistic
- culturally competent
- strengths-building
- collaborative
- safe and protective
- supportive of risk taking with safeguards.

These principles are interconnected and, in some cases, contain overlapping elements. In particular, being child and family centred incorporates many of the other principles. However, each has its own section because each principle is crucial when working with children, young people and their families.

1 Child and family centred

Why services should be child and family centred

Children and young people have the right to be involved in decisions that affect them in ways appropriate to their age and stage of development under the UN Convention on the Rights of the Child. Even very young children can make choices and communicate their feelings, ideas and wishes in numerous ways. Parents or legal guardians also have a role in decision-making concerning their children because they have the primary responsibility for children's upbringing and development.

Parents play a crucial role in the lives of their children with disability and as well as needing support for their children, they may also need support to fulfil their caring role. While adolescents start establishing independent lives, family relationships remain important. The principle contained in section 4(11) of the Disability Inclusion Act 2014 supports this. It states that 'the crucial role of families, carers, and other significant persons in the lives of people with disability, and the importance of preserving relationships with families, carers and other significant persons, is to be acknowledged and respected.'

Working with families has always been a major focus of early childhood intervention. The primary goal of this is to ensure that families are able to provide experiences and opportunities that promote their children's acquisition and use of competencies that enable them to participate meaningfully in everyday environments. Other goals are to support families to develop caring and responsive relationships with their children and to address the stressors that can be associated with parenting a child with disability, including the need for information, interpersonal and family distress, lack of confidence in their ability to meet their children's needs, and additional resource needs. Since family functioning and development are influenced by immediate external environments, there is a need to support families to ensure that their external environments are as fully supportive and inclusive as they can be. There is also a need to support families to address personal and resource issues because family functioning and development can also be undermined by lack of access to material resources and by personal and relational problems.[6]

The benefits of family centred practices include parent and family empowerment, family wellbeing, positive judgements by parents about their confidence and competence, and positive judgements about their children's behaviour.[7] Access to support can promote families' resilience and wellbeing and enable children and young people to enjoy positive and caring family relationships.[8]

What it involves

A child and family centred service will[9]:

- recognise children and young people with disability as children and young people foremost
- recognise that people are unique and have their own values, beliefs, goals, strengths and needs
- be mindful of and respect different interpretations of 'family'
- treat people with dignity and respect
- provide information and communicate honestly and openly with children, young people and their families
- involve children, young people and their families in planning and decision-making as appropriate to the child's age and stage of development
- offer choice and respect decisions
- make children and young people's best interests a primary consideration in decision making consider the needs of the child or young person with disability, individual family members and the family as a whole

---

[6] Moore, T., 2012, Rethinking early childhood intervention services: Implications for policy and practice, Pauline McGregor Memorial Address, 10th Biennial National Conference of Early Childhood Intervention Australia, Perth, Western Australia, 9th August 2012

[7] Dunst, C.J. and Wilson, L.L., 2005, 'Checklist for Assessing Adherence to Family-Centered Practices', *FIPP CASE tools, Instruments and Procedures for Implementing Early Childhood and Family Support Practices*, Volume 1, Number 1

[8] FACS, 2014, *Supports for Children and Young People Aged 9 to 18 Years and their Families Framework*

[9] Compiled from Moore, T. and Larkin, H. (for Scope), 2005, More than my child's disability: A comprehensive literature review about family-centred practice and family experiences of early childhood intervention services; UN Convention on the Rights of the Child; ADHC, 2014, *Supports for Children and Young People Aged 9 to 18 Years and their Families Framework*

- adapt supports to changing abilities, needs, interests and circumstances
- strengthen the existing skills of children, young people and their families and support them to develop new skills
- help families to find ways of meeting their own needs using their existing strengths, sources of support and abilities when possible
- support the use of informal, community, and specialist supports and resources to meet identified goals and needs
- work collaboratively with families and other services.

The emphasis will shift between family and child centred practice in relation to children's age and stage of development. When children are very young, services will identify their interests and needs through observation and work with parents as experts in their children's interests and needs. They will also need to listen, show patience, and adapt to young children's interests, levels of understanding and preferred ways of communicating to involve them in decision making.[10] As children mature and develop, services will involve them more directly in identifying their interests and making decisions.

At all stages, children and young people's best interests need to be a primary consideration in decisions that concern them as per article 7(2) of the UN Convention on the Rights of the Child. There is no set definition of 'best interests'. This must be determined on a case-by-case basis taking into account factors such as: the child or young person's views; their characteristics, including their age, level of maturity, disability and vulnerability; their social and cultural context, including family relationships and safety; their physical, emotional, educational and other needs; and short- and long-term considerations. An adult's judgment of the child or young person's best interests cannot override the obligation to respect all of the child or young person's rights under the UN Convention on the Rights of the Child.

Additional information

- ADHC, 2012, Out-of-Home Care: Policy to guide the provision of placements for children and young people, Version 2.0 for guidance on parental responsibility and decision making for children in statutory and voluntary home out-of-home care.
- Australian Human Rights Commission, 1999, Human Rights Brief No. 1, The Best Interests of the Child for advice about the best interests of the child in the Australian context.

---

[10] UN Committee on the Rights of the Child, 2006, General Comment No. 7, Implementing child rights in early childhood (Fortieth session, 2005), U.N. Doc. CRC/C/GC/7/Rev.1; UN Committee on the Rights of the Child, 2013, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)*; UNICEF, Fact Sheet: A summary of the rights under the Convention on the Rights of the Child

- Dunst, C.J. and Wilson, L.L., 2005, ‘Checklist for Assessing Adherence to Family-Centered Practices’, The Family, Infant and Preschool Program, FIPP CASE tools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices, Volume 1, Number 1.
- Early Childhood Intervention Australia (ECIA) for more about early childhood intervention, research and tools, including the Family Centred Practice Scale to review the extent to which your practice is family centred.
- Moore T., Key Work Areas And Publications 2000–14 for references to recent publications on family centred and relationship based practices by Tim Moore, Senior Research Fellow at the Murdoch Childrens Research Institute and the Royal Children’s Hospital Centre for Community Child Health.
- Moore, T. and Larkin, H. (for Scope), 2006, More than my child’s disability: A comprehensive literature review about family-centred practice and family experiences of early childhood intervention services for detailed information about family centred practice in the early years.
- UN Committee on the Rights of the Child, 2006, General Comment No. 7, Implementing child rights in early childhood (Fortieth session, 2005), U.N. Doc. CRC/C/GC/7/Rev.1 for advice about supporting the rights of young children.
- UN Committee on the Rights of the Child, 2013, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)* for advice about best interests.
- UNICEF, Fact Sheet: A summary of the rights under the Convention on the Rights of the Child for a simplified description of the meaning of the articles in the UN Convention the Rights of the Child, including children’s right to involvement in decision making as appropriate to their age and stage of development.

2 Inclusion-focused

Why services should focus on inclusion

One of the objects of the Disability Inclusion Act 2014 is to ‘promote the independence and social and economic inclusion of people with disability.’[11] Participation in everyday environments is vital to the health, development and quality of life of children and young people with disability. The best outcomes are achieved through supports delivered in everyday environments and community settings, with appropriate support from specialist services.[12]

---

[11] Section 3(b) Disability Inclusion Act 2014

[12] Victorian DEECD, 2010, DEECD Early Childhood Intervention Reform Project: Revised literature review

Having a sense of belonging and being part of a community and community life are also important for families. It supports quality of life,[13] the development of sufficient support networks, and access to help when problems arise.[14]

Children and young people with disability and their families also have much to contribute to community, economic and social life, but may face barriers to accessing community-based services and settings that are important to them. These can be:

- *structural* e.g. services or settings that are inaccessible
- *attitudinal* e.g. lack of understanding or acceptance of a disability among community-based services and the broader community
- *family-related* e.g. lack of confidence to negotiate access on children's behalf, lack of transport, or financial difficulties.[15]

With appropriate support and resources, all community-based services and settings can include children and young people with disability and their families. Disability services may need to advocate for access and provide or connect people to additional supports for inclusion.

What it involves

An inclusion-focused service will:

- establish and maintain strong connections with community-based services and settings
- promote attitudinal change among parents, staff of community-based services and settings, other children and community members
- support children, young people and their families to identify their interests in participation
- advocate for access to community-based services and settings
- remove physical and structural barriers to access
- build the skills and confidence of community-based services and settings to include children and young people with disability
- support community-based services and settings to make adjustments required to support participation

---

[13] Moore, T., 2012, Rethinking early childhood intervention services: Implications for policy and practice, Pauline McGregor Memorial Address, 10th Biennial National Conference of Early Childhood Intervention Australia, Perth, Western Australia, 9th August 2012

[14] Centre for Community Child Health, 2008, Evaluation of Victorian children's centres: A literature review

[15] Moore, T., 2012, Rethinking early childhood intervention services: Implications for policy and practice, Pauline McGregor Memorial Address, 10th Biennial National Conference of Early Childhood Intervention Australia, Perth, Western Australia, 9th August 2012

- provide specialist support to assist children and young people with disability to participate in community settings when required
- deliver specialist support in natural settings.[16]

Additional information

- ADHC and Northcott, All In! The Inclusion Guide for tailored advice on inclusion.
- ECIA, 2014, Strengthening Inclusive Practices in Early Childhood Intervention Services: Best Practice Guide, Prepared by Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital, Melbourne for advice on best practice in inclusion.
- ECIA, 2014, Inclusion Tool to help you identify inclusive practice strengths and needs, then review changes over time.
- McWilliams, R., Early Intervention in Natural Environments, OSEP TA Community of Practice for guidance on delivering support in natural environments.
- Moore T., Key Work Areas And Publications 2000–14 for references to recent publications on inclusive services by Tim Moore, Senior Research Fellow at the Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health.
- Robinson, S. and Truscott, J., (for Children with Disability Australia), Belonging and Connection of School Students with Disability: Issues Paper for information on important aspects of belonging for school-aged children.
- Workgroup on Principles and Practices in Natural Environments, 2008OSEP TA Community of Practice: Part C Settings, (2008, March), Seven key principles: Looks like/ doesn't look like for an overview of service delivery in natural settings.

3 Responsive to changing abilities and needs

Why services should be responsive to changing abilities and needs

One of the principles in the Disability Inclusion Act 2014 is that in providing services and supports 'the needs of children with disability as they mature, and their rights as equal members of the community, are to be respected.'[17] Children, young people and their families have differing abilities and needs and these will change during the period from birth to 18 years. This period covers several key transition points:

- identification of concerns about a child's development
- formal diagnosis

---

[16] Moore, T. 2013, Strengthening Inclusive Practices in Early Childhood Intervention Services: Background Paper, Prepared for ECIA (NSW Chapter)

[17] Section 4(12) Disability Inclusion Act 2014

- entry to preschool, primary school and high school
- exit to further education, employment or other opportunities.

Children, young people and their families often require more intensive support around these transitions.

As children grow up, they will generally also develop greater capacity for informed decision making in their best interests. Gradual transition of power in decision making is a critical component of adolescent development and preparation for independence. Services should take a lifespan approach and support young people to transition towards independence.

What it involves

A service that is responsive to changing abilities and needs will:[18]

- involve children, young people and their families in planning and decision making as appropriate to the child's age and stage of development
- provide information to families to enable them to make informed decisions about supports
- support children and young people to develop the skills, confidence and capacity to make informed decisions
- work with families so that they are able to support their children as they develop capacity for informed decision making
- respect, and adapt supports in response to, children and young people's changing interests, abilities and needs and in response to families' changing situations and priorities
- maximise the use of children and young people's interests and strengths to support learning in other areas
- help children and young people to understand the practices and expectations in new settings to prepare them for transitions
- work collaboratively with families and other services to plan early for transitions
- support children and young people to develop the skills required to function in adult environments, including self-determination, problem-solving, relationship building, and achieve goals that support lifelong functioning.

---

[18] Compiled from Stewart, D., 2009 'Transition to adult services for young people with disabilities: current evidence to guide future research', Developmental Medicine & Child Neurology, 2009, 51 (Suppl. 4): 169–173; ADHC, 2014, Supports for Children and Young People Aged 9 to 18 Years and their Families Framework; Workgroup on Principles and Practices in Natural Environments, 2008OSEP TA Community of Practice: Part C Settings, (2008, March), Seven key principles: Looks like / doesn't look like; UN Convention on the Rights of the Child

Services need to assess children and young people's capacity for informed decision-making in their best interests on a case-by-case basis and in an ongoing way, taking account of their physical, emotional, cognitive and social development.

As children's capacity grows, services and families will shift from providing direction and guidance towards providing reminders and advice, taking account of the individual child's interests and wishes and being alert to issues of coercion and confidentiality.

Additional information

- Australian Human Rights Commission, 1999, Human Rights Brief No. 1, The Best Interests of the Child for advice about the best interests of the child in the Australian context.
- ECIA, 2014, Transition to School Resource to help children with disabilities and their families make the transition to school as smooth and positive as possible, with a particular focus on developing positive collaborative relationships between families, schools and support professionals.
- UN Committee on the Rights of the Child, 2006, General Comment No. 7, Implementing child rights in early childhood (Fortieth session, 2005), U.N. Doc. CRC/C/GC/7/Rev.1 for advice about supporting the rights of young children.
- UNICEF, Fact Sheet: A summary of the rights under the Convention on the Rights of the Child for a simplified description of the meaning of the articles in the *UN Convention the Rights of the Child*, including children's right to involvement in decision making as appropriate to their age and stage of development.

4 Holistic

Why services should be holistic

Children, young people and their families have a range of interests and needs beyond specialist disability services. Caring for a child with disability can affect family relationships, siblings, parents' employment opportunities and families' finances. Families may need emotional and social support, access to care in the home and other practical services to meet the needs of their whole family and support their children with disability. However, some may be reluctant to seek support, particularly for themselves.

Services should be ready to respond to the range of factors affecting children, young people and their families.

What it involves

A service that is holistic will:

- recognise that children, young people and their families need access to a range of community, mainstream and specialist services
- support families in their primary care giving role
- support families to develop and maintain sustainable family routines that meet the needs of their whole family and their children with disability
- provide supports that can be integrated into daily routines and everyday experiences
- value and support children, young people and their families to connect to a range of informal and formal supports, including social networks, as needed.

Developing and maintaining connections with a range of local services will support holistic practice.

Additional information

- Raising Children Network for information about family life for parents of children with disability, including parent-child relationships, supporting siblings and establishing routines.

5 Culturally competent

Why services should be culturally competent

Culture can influence families' definitions of 'family', perceptions about child rearing, parenting styles, and the extent to which the care of children is shared between community or extended family and parents. It can also affect perceptions about child development, understanding and interpretation of children's behaviour, conceptions of disability and its causes, and attitudes towards formal diagnoses and help-seeking.

Aboriginal families and families from culturally and linguistically diverse communities can experience a range of barriers to accessing services and have long been under-represented in disability services. Barriers can be language and communication related, cultural, social, historical, geographical, practical and structural.

The NSW Disability Inclusion Act 2014 requires that disability services be delivered in a way that recognises these barriers and addresses them.[19] Services for Aboriginal communities must recognise that Aboriginal people have a right to respect and acknowledgement as the first peoples of Australia and be informed by partnerships with Aboriginal people with disability. Services for culturally and linguistically diverse communities must be informed by consultation with community.

---

[19] See sections 5(2) and 5(3) Disability Inclusion Act 2014

The Community Relations Commission and Principles of Multiculturalism Act 2000 and the Anti-Discrimination Act 1977 require that public sector agencies and funded services provide equitable access for people from culturally and linguistically diverse backgrounds. In relation to language services, all FACS (ADHC) operated and funded services are also bound by NSW Government Policy through M2011-06 Language Services Provision in Multicultural NSW.

What it involves

Services and staff that are culturally competent will:

- recognise that culture and belief systems influence people's interactions with others
- be aware of their own beliefs, values, expectations and cultural practices, and how they may differ from others
- recognise and evaluate how their own culture impacts on people from other cultures, that is, undertake reflective practice
- foster mutual respect and understanding
- develop a knowledge base about other cultures
- avoid stereotyping, generalising or being ethnocentric
- use cultural knowledge in practice
- have sensitivity, awareness, flexibility, non-judgemental thinking, knowledge and an inquiring mind
- engage proactively with local cultural organisations and community members, and take the time to develop trusting and mutually beneficial relationships
- sustain a dialogue with clients, families, communities and practitioners
- communicate appropriately
  - use appropriate channels and formats to reach communities
  - employ accredited translators to translate written materials as needed
  - employ accredited interpreters for verbal communications as needed
  - use plain English and avoid jargon
  - pay attention to non-verbal cues (and how these can differ across communities)
  - take account of literacy levels.

'Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.'[20] Developing cultural competency is an ongoing process that requires a broad focus on the attitudes, behaviours and policies needed to work effectively in cross

---

[20] Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). Towards A Culturally Competent System of Care, Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

cultural situations.[21] Building relationships with local cultural organisations can help address some of the barriers that Aboriginal and culturally and linguistically diverse communities can face in accessing services, by providing a soft entry point to formal support. Employing staff from relevant cultural backgrounds can also address barriers, but services need to take care not to over-rely on one staff member as this can lead to burn out. In a culturally competent service, all staff can work cross-culturally.

Services should translate written material and use interpreters for verbal communications as needed. This will support children, young people and their families who speak a language other than English to make informed decisions and access services.

Additional information

- Aboriginal Child, Family and Community Care State Secretariat (AbSec), Aboriginal Consultation Guide for guidance on effective and sensitive work with Aboriginal children, families and communities when providing out-of-home care services, including advice about cultural support planning and information about cultural protocols and practices.
- ADHC, 2010, Language Services Policy for ADHC policy on use of language services.
- AHDC, 2012, Language Services Factsheets for specific guidance in the following areas:
    - Information dissemination for CALD Communities
    - Using interpreter services when working with refugees/ asylum seekers
    - Interpreters – who is responsible?
    - Interpreting
    - Plain English
    - Tips on working with an interpreter
    - Translation
    - When should I use an interpreter?
- Moore, T.G., 2010, Family-centred practice: Challenges in working with diverse families, presentation at Northern Metropolitan Region ECIS Professional Development Day, Preston, 14th July, for advice on family centred practice when working with families from culturally diverse backgrounds.
- Office of the Senior Practitioner, FACS, Care and Protection Practice Standards for guidance on culturally responsive practice with Aboriginal and culturally and linguistically diverse communities in the child protection context.

---

[21] SNAICC, 2012, Opening Doors Through Partnerships

- Secretariat for National Aboriginal and Islander Child Care (SNAICC), 2012, Opening Doors Through Partnerships for advice on developing effective partnerships with Aboriginal services.
- SNAICC, 2010, Working and Walking Together: Supporting Family Relationship Services to Work with Aboriginal and Torres Strait Islander Families and Organisations for principles and practices for working effectively with Aboriginal families and communities, including communications tips.

6 Strengths-building

Why services should be strengths-building

Strengths-based approaches work better for children, young people and their families than deficit-based approaches. Building the strengths of the consistent and/or important adults in children's lives is crucial because they have the most influence on children's learning and development.[22] It will also support parents to develop the resilience to respond to challenges as they arise.

Services should support children, young people and families to strengthen their existing skills and develop new ones and support families to use their existing strengths and resources to meet their own needs when possible.

What it involves

Services that are strengths-building will:[23]

- work with children, young people and their families as partners, acknowledging and addressing power imbalances
- acknowledge that the family knows their children best and is the pivotal relationship that will foster their children's development
- encourage hope and aspirations
- work with children, young people and their families to identify their strengths and interests and maximise these when providing supports
- provide resources in a way that complements existing strengths and resources
- work with children, young people and their families to identify and address social, personal, cultural, and structural constraints to growth and inclusion.

Strengths may include what people have learned about themselves, others and the world, as well as their characteristics, talents and abilities, and personal stories and experiences.

---

[22] Workgroup on Principles and Practices in Natural Environments, 2008OSEP TA Community of Practice: Part C Settings, (2008, March), Seven key principles: Looks like / doesn't look like

[23] Adapted from ADHC, 2009, *Case Management Policy*, Version 1.0

Additional information

- UnitingCare, 2011, Strengths-based Practice: The Evidence, A Discussion Paper for an overview of strength-based practice and the research supporting it.

7 Coordinated and collaborative

Why services should be collaborative

The complex and fragmented nature of disability, health and other service systems can make them difficult to navigate and lead to people receiving contradictory advice. By working effectively with families and other services, organisations can ensure continuity, make transitions easier and support flexibility.[24]

What it involves

Services that are collaborative will:

- acknowledge that the family as the primary carer is best placed to make informed decisions for their child
- work with children, young people and their families as partners, as appropriate to the child's age and stage of development
- share information, plan and collaborate with other professionals as required (while respecting privacy legislation)
- encourage and support families to work collaboratively with other services and as integral members of a team configured around their children.

Building mutual trust, respect, honesty and open communications will be important to effective collaboration with families and other services. Families may come as 'reluctant' partners because the circumstances that bring them into contact with services are emotionally challenging.[25] If this is the case, families will require services to work with them to build their capacity to work in partnership from where they are at, at a pace they are comfortable with.

There are many ways services can work together. These exist on a continuum from networking through coordination and collaboration to co-location and delivery through partnerships. The preferences and needs of individual families will influence and determine the ways and extent to which services work together. However, multiple studies have found families of children with disability want a single point of contact with services and an effective, trusted person to support them to get what they need. Models like Key Workers and Team Around the Child provide this.

---

[24] Victorian DEECD, 2009, DEECD Early Childhood Intervention Reform Project: Literature review; ADHC, 2014, Supports for Children and Young People Aged 9 to 18 Years and their Families Framework

[25] CCNUK, 2008, *A resource pack: developing a key worker service for families with a disabled child*

The key worker model has been adopted by NDIS as recommended practice for multidisciplinary teamwork in the early intervention sector and for other scheme participants, including young people with early onset dementia. Transdisciplinary teamwork involves a team of professionals who work collaboratively, and share the responsibilities of evaluating, planning and implementing services to children and their families.[26]

Additional information

- CCNUK, 2006, A resource pack: Developing a Key Worker Service for Families with A Disabled Child for detailed guidance on establishing key working.
- Drenman, A., et al., 2005, 'The key worker model of service delivery', Keeping Current, #1 2005, CanChild Centre for Childhood Disability Research for information about the key worker model.
- Mengoni, S. et al, 2014, Developing Key Working for guidance on implementing key working.
- NDIS, 2014, Early childhood intervention – transdisciplinary approach to service provision: Information for NDIA staff, service providers participant families
- NDIS, 2014, Teamwork in early childhood intervention services: recommended practices: Forms of Teamwork
- TAC Interconnections, 2011, Team Around the Child for advice on the Team Around the Child model.

8 Safe and protective

Why services should be safe and protective

Children with disability are more vulnerable to all forms of abuse—mental, physical and sexual—in all settings, including the family, schools, private and public institutions, alternative care, and the community. They are also more susceptible to neglect.[27]

The need for age-appropriate protections to prevent exploitation, violence and abuse against children with disability is recognised in the UN Convention on the Rights of Persons with Disabilities. And the right for people with disability to live free from neglect, abuse and exploitation is one of the principles of the NSW Disability Inclusion Act 2014.[28]

---

[26] NDIS, 2014, Early childhood intervention – transdisciplinary approach to service provision: Information for NDIA staff, service providers participant families

[27] UN Committee on the Rights of the Child, 2007, General Comment No. 9, The rights of children with disabilities (Forty-third session, 2007), U.N. Doc. CRC/C/GC/9

[28] Section 4(8) Disability Inclusion Act 2014

What it involves

Services that are safe and protective will:[29]

- develop child safe policies
- have a child safe code of conduct, outlining personal and professional boundaries, ethical behaviour and appropriate and inappropriate behaviours and relationships for staff, volunteers, families and children
- conduct required checks before engaging staff, volunteers and board members in positions with direct contact with children and young people
- provide effective training and supervision for staff and volunteers
- have a plan for managing risks
- deal effectively with concerns or complaints about behaviours towards a child, including reporting cases of risk of significant harm to the Child Protection Helpline
- understand privacy considerations and respect the privacy rights of children, young people and families and others providing information
- encourage children and young people to participate in decision making
- comply with relevant child protection legislation.

Being attuned and responsive to family support needs and supporting families to access services, such as in home care, may help prevent families reaching crisis points that result in child safety concerns.

Additional information

- FACS(ADHC), 2014a, Child Protection Guidelines: What ADHC Staff Need to Know About Child Protection for guidance on understanding obligations and responsibilities when concerned that children and young people are at risk of or are being neglected or abused.
- NDS, Zero Tolerance Project will deliver a practical framework with tools and resources for disability services providers to improve prevention, early intervention and response to abuse, neglect and violence towards people with disability.
- NSW FACS, Child Wellbeing and Child Protection – NSW Interagency Guidelines for information and guidance for all agencies involved in the delivery of child wellbeing and child protection services in NSW.
- NSW FACS, 2013, NSW Mandatory Reporter Guide for advice about deciding whether or not to report a concern about possible abuse or neglect of a child or young person to the Child Protection Helpline.

---

[29] Adapted from OCG, Become a Child Safe Organisation

- NSW FACS, Keep Them Safe: Frequently Asked Questions for common questions about child protection in NSW, including mandating reporting requirements, reporting thresholds and information exchange.
- NSW FACS, Checklist for providing information or responding to a Chapter 16A information request for a ready reckoner for authorised workers in prescribed bodies who want to provide information or respond to a request for information concerning the safety, welfare or wellbeing of children, young people and/or their families.
- Office of the Children's Guardian (OCG), Become a Child Safe Organisation for advice about becoming a child safe organisation.

9 Supportive of risk taking with safeguards

Why services should support risk taking with safeguards

Children and young people with disability have the same rights as others to choice and control in decisions that affect their lives to the full extent of their capacity. This includes choosing to take reasonable risks to pursue their goals and experience life.[30]

Taking risks can be a positive, empowering process. Over protection—like stigma, fears, negative attitudes and misbeliefs about disability—can lead to the marginalisation of children and young people with disability.[31] However, services also have a responsibility to protect children from harm.

The nature and perception of risk varies depending on the person and their context and factors like age, vulnerability, decision making capacity, level of independence, available supports and relationships. The parts of the brain that influence mature judgement, consideration of consequences and alternatives, and self-regulation are still developing in children and young people, affecting their emotional and impulse control.[32] An individual, their family and service staff may have very different views of what is risky and whether a risk is worth taking.

It is important that services support children and young people to take reasonable risks to meet their goals, while providing appropriate safeguards around activities.

---

30 NDIA, Safeguards and Section 4(5) Disability Inclusion Act 2014 ('People with disability have the same rights as other members of the community to make decisions that affect their lives (including decisions involving risk) to the full extent of their capacity to do so and to be supported in making those decisions if they want or require support.')

31 UN Committee on the Rights of the Child, 2007, General Comment No. 9, The rights of children with disabilities (Forty-third session, 2007), U.N. Doc. CRC/C/GC/9

32 Victorian Department of Human Services, 2012b, Adolescents and their families: Best interests case practice model, Specialist resource

What it involves

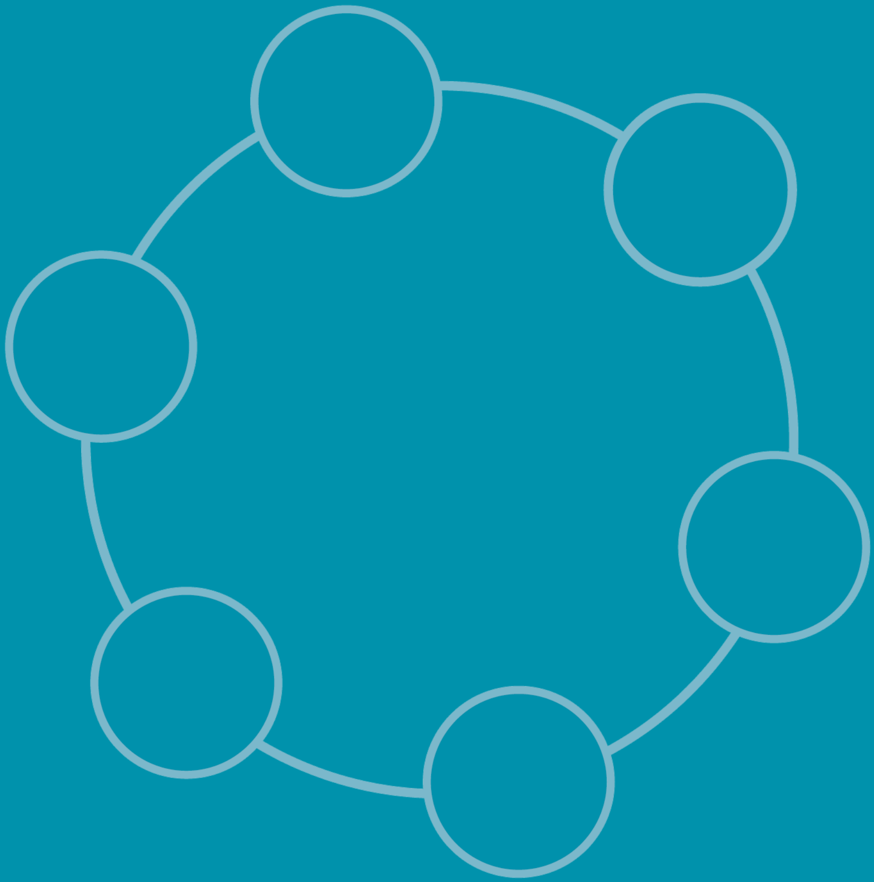
Services that support risk taking with safeguards will:

- respect children and young people's right to choice and control in decisions that affect their lives to the full extent of their capacity
- acknowledge that there will always be some risk and that trying to remove risk altogether can outweigh quality of life benefits
- recognise that not every situation or activity leads to a risk that needs to be assessed or managed
- assess children and young people's evolving ability to make informed decisions in their best interests
- involve children, young people and their families in planning and decision making as appropriate to the child's age and stage of development
- have a high level of awareness of risks of harm and of each child or young person's indicators of risk and distress
- gather previous history and information about the child or young person, their social environment, their perspectives and experience of the risk, what has and has not worked in particular situations, and an understanding of their behaviour in different contexts to inform decisions about the best supports for them
- provide decision making support to facilitate positive and informed risk taking
- think about risks from the point of view of the child or young person and their family, not just the service
- explore the consequences of not taking the risk
- negotiate and balance issues of risk and safety to identify what is acceptable for everyone: the child or young person, their family and others in the community
- record reasons for decisions made
- support staff to seek advice, including legal advice, where they are uncertain about balancing rights and risks
- take a proactive approach to safety, implementing all reasonable steps to prevent problems emerging and to limit their impact
- look at what would be necessary to keep the person and others safe while taking a reasonable risk
- involve others in managing the risk as needed
- promote high standards of practice and follow policies and procedures.

Additional information

- NDIA, Safeguards for advice on safeguards under the NDIS.

Part 2: NSW Disability Services Standards



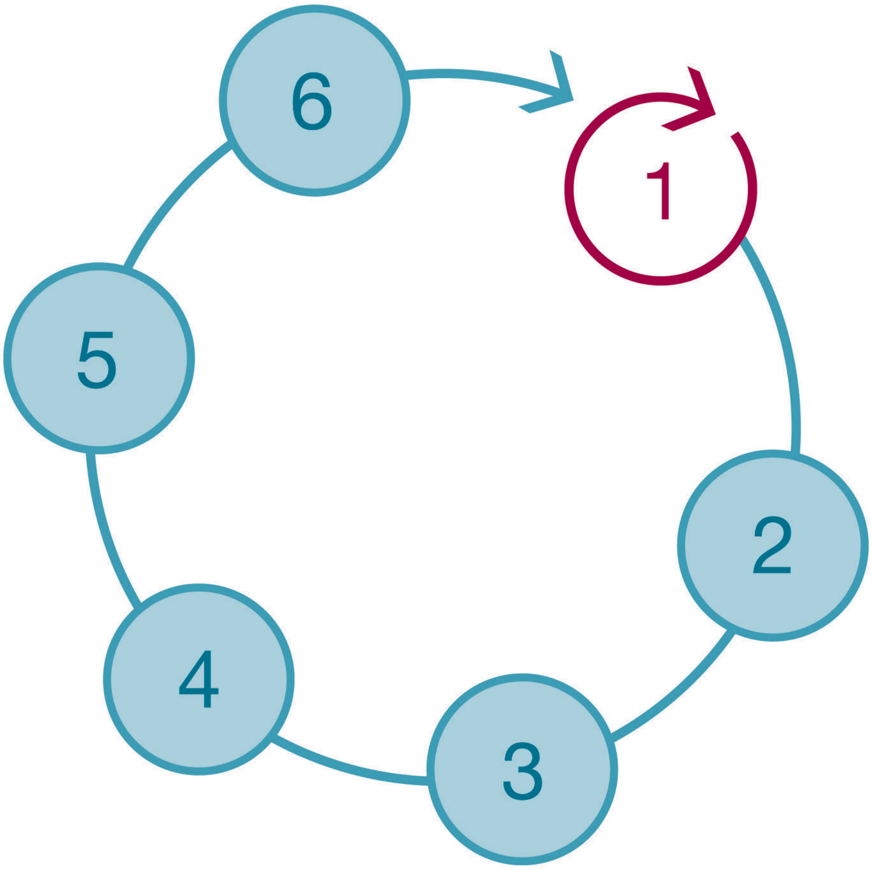
PART 2: NSW Disability Services Standards

Use the following sections in conjunction with the Standards in Action manual and the Key Performance Indicator Guide (2012) to help you meet the NSW DSS.

Use the guidance on the practice requirements to help you better understand what the practice requirements look like when working with children, young people and their families. Choose tips that are relevant to your clients and your context; you may also identify others because the lists are neither prescriptive nor exhaustive. Read the practice examples to see the NSW DSS as implemented in particular situations. Follow the links in the additional information sections for more detailed advice on particular topics.

Standard 1

Rights



Rights

Standard 1

Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community

Overview

Under the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, children and young people with disability have the right to:

- respect for their inherent dignity
- participate in decisions that affect their lives in ways appropriate to their age and stage of development
- have their best interests be a primary consideration in decision making that concerns them
- participate and be fully included in society
- live free from discrimination
- be protected from violence, abuse and neglect
- have their privacy respected
- access to special care and support
- access to the same opportunities and environments as others.

Services and families have a role in helping children and young people to understand and enact these rights. They also have a role in advocating on behalf of children and young people when they are unable to do so themselves.

Families also have their own rights, including the right to privacy and freedom from discrimination.

Standard 1: Rights in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the Standards in Action manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Each person is aware of their rights and can expect to have them respected

- Children, young people and their families are:
  - supported to understand the legal and human rights of each member of the family unit
  - provided information in formats that are easy to understand and appropriate to their age and stage of development, at important times, such as initial meetings and transition points
  - informed of their right to privacy and confidentiality and the fact that the care and protection of children and young people takes precedence over privacy and confidentiality[33]
  - involved in decision-making in ways appropriate to the child's age and stage of development.

---

[33] See NSW FACS, Child Wellbeing and Child Protection – NSW Interagency Guidelines

Tip 1

Use UNICEF's A simplified version of the United Nations Convention on the Rights of the Child to help you communicate rights to children.

Tip 2

Try involving young people in explaining rights to children.

Tip 3

Children and young people in out-of-home care can be supported to understand the Charter of Rights for Children in Out-of-Home Care through the two comic-style booklets developed by NSW FACS: one for children aged 7 to 12 and one for older children and young people aged 13 to 18.

Tip 4

Support parents to connect with other parents as a source of information about rights and advocacy.

Practice requirement 2: Service providers are to uphold and promote the legal and human rights of each person

- Children, young people and their families are supported to build the skills and confidence to advocate for their rights.
- Children, young people and their families are aware of and supported to access individual and family advocacy support.[34]
- Services are child safe.
- Services comply with legislation concerning special medical treatment for children and young people.[35]
- Services have appropriate processes in place to identify and respond to any instances of abuse and neglect of children and young people that arise.
- Services support children, young people and their families who are the subject of a report to the Child Protection Helpline.

---

[34] An advocate is a nominated representative who promotes, supports and represents the rights and interests of another person.

[35] Section 175 of the Children and Young Person's (Care and Protection) Act 1998 outlines requirements special medical treatment for children and young people. The Children and Young Persons (Care and Protection) Regulation 2012 provides for a number of matters under the Children and Young Persons (Care and Protection) Act, including medical procedures.

Tip 1

Work with parents, from the stage that they are at, with a view to building their confidence, skills and resources to advocate for their children's rights.

Tip 2

Make families aware of available advocacy services and provide a supported referral if appropriate.

Tip 3

Make young people aware of available advocacy services that can support them and strengthen their skills to advocate on their own behalf.

Practice example – Ben's story

Ben is a four-year-old boy who lives with his mother, father and younger sister. He enjoys playing with his toys, particularly his trucks. Ben's younger sister adores her brother and enjoys playing trucks with him. Ben was diagnosed with an autism spectrum disorder last year.

Ben's parents are Chinese and do not have the support of an extended family network in Australia. They recently enrolled Ben in a local long day-care centre, so Ben's mother could return to work part-time. Knowing that Ben is very particular about the food he eats, his parents asked the centre if they could provide his food from home. The centre director said this was not permitted by their policy. To make sure that he was able to eat something during the day, Ben's parents felt they had no other option than to reduce Ben's hours at the centre.

When they met Tracey, a support worker at their local disability service provider, she asked them about how Ben was going at the long day-care centre. Ben's parents said things were okay, but Tracey could tell they were uneasy about something. She explained how children with disability have the same right as other children to be included in education and community-based services. Ben's parents repeated that things were okay, but they still looked uneasy, so Tracey decided that she would approach the subject again once they had gotten to know her better.

After a few home visits, Tracey again asked Ben's parents how he was going at the long day-care centre. They told her about how they had to bring Ben home early because the centre wouldn't allow them to provide him food from home. But they said they were reluctant to complain.

Tracey reminded them of Ben's rights and offered to help them speak to the centre director. Ben's parents said they were not sure if that was a good idea. When Tracey asked them why, they said they were afraid that the centre might decide not to let Ben come at all, and they really needed the support even for just a few hours a day.

Tracey explained that she had supported staff and management of long day-care centres and preschools to achieve better outcomes for other children with disability. This reassured Ben's parents and they gave Tracey consent to contact Ben's long day-care centre to set up a meeting.

A few weeks later, Tracey, Ben's parents and the centre director met. Once Tracey explained that children with autism can be sensitive to the flavour, colour, texture and smell of foods as they are sensitive to change and sensory stimuli and focused on details, the centre director understood why it was important Ben be allowed food from home and agreed to let Ben's parents provide this. The centre director also agreed to work with Ben's parents to adjust their menu to gradually include some foods Ben could eat with the other children.

Once they had worked this out, the centre director also shared that Ben had been reluctant to play with the other children, and her staff were not sure how to best support him. Tracey agreed to come and support the centre staff with strategies to include Ben in activities. For example, Tracey helped the staff to develop a group activity using the trucks Ben was interested in instead of having Ben sit by himself playing with them.

Ben now attends the long day-care centre three full days a week and is playing more with the other children. The staff are more confident in supporting him and in identifying ideas for group activities based on his interests. Ben's parents are also sharing their knowledge of Ben's interests with centre staff to inform their activities.

Key messages

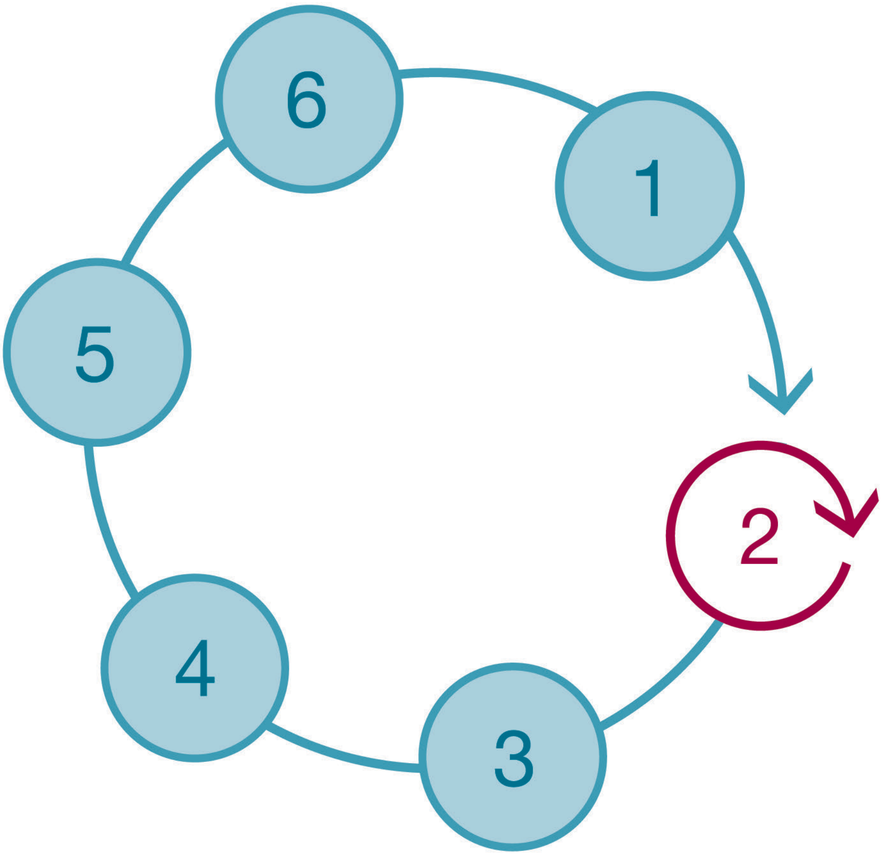
Services have an important role in identifying situations when the rights of a child with disability can be enhanced and in supporting parents to strengthen their skills and confidence to advocate for their children's rights. Working in partnership with families and other services can lead to better outcomes for children.

Additional information on rights for children and young people

- OCG, Information Brochure for Families: NSW Voluntary Out-of-Home Care Legislation for straightforward information about voluntary out of home care for families.
- UNICEF, Fact Sheet: A summary of the rights under the Convention on the Rights of the Child for a simplified description of the meaning of the articles in the UN Convention the Rights of the Child, including children's right to involvement in decision making as appropriate to their age and stage of development.
- UN Committee on the Rights of the Child, 2006, General Comment No. 7, Implementing child rights in early childhood (Fortieth session, 2005), U.N. Doc. CRC/C/GC/7/Rev.1 for advice about supporting the rights of young children.
- Australian Human Rights Commission, 1999, Human Rights Brief No. 1, The Best Interests of the Child for advice about the best interests of the child in the Australian context.
- UN Committee on the Rights of the Child, 2013, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)* for advice about best interests.

Standard 2

Participation



Participation and inclusion

Each person is encouraged and supported to contribute to social and civic life in their communities in the way they choose

Standard 2

Overview

Children and young people with disability and their families have the right to participate and be included in their communities. They also have much to contribute to community, economic and social life, but may face barriers to accessing everyday mainstream settings that are important to them. Services have a role in promoting and advocating for inclusion and supporting community-based services and settings to include children, young people and their families. Inclusion is meaningful participation in the same range of environments and activities as other people. Participation is meaningful when people are actively involved and they and other people present value their contribution.

Services need to work with the range of non-government, private and community-based services that are important to each individual and their family. These may include play groups, early childhood settings, mainstream schools, out of school hours services, vacation care, youth groups, recreational and sporting groups, cultural organisations, public facilities (like libraries and swimming pools), parent groups (including groups for parents of children with disability), and in home care.

Standard 2: Participation and inclusion in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the *Standards in Action* manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Each person is actively encouraged and supported to participate in their community in ways that are important to them

- Children, young people and their families are supported to identify their interests and preferences in connecting with their community with regards to learning, leisure activities and social lives:
    - when children are very young, services identify their interests through observation and work with parents as experts in their children's interests
    - as children mature and develop, services involve them more directly in identifying their interests
    - children and young people's interests are used as a starting point to facilitate connections with others
    - children, young people and their families are supported to openly discuss options, preferences and concerns
    - parents are supported to understand how leisure activities can contribute to positive therapeutic and developmental outcomes and promote a balanced approach
    - parents are supported to identify their own interests around participation in community, social and economic life.
- Children and young people receive support to develop age appropriate functional skills required for meaningful participation (such as communication, mobility, social skills and self-management) and have opportunities to practice these skills in everyday environments within their local community.
- Services actively promote inclusion in their local communities and community settings:
    - children, young people and their families are supported to advocate for access
    - mainstream and community-based services and settings are supported to build their skills and confidence and make necessary adjustments to include children and young people with disability.

Tip 1

Work with parents of very young children to:

- identify opportunities for learning and maximising therapeutic benefits within everyday routines and settings
- implement, monitor and adjust activities as needed over time.

Tip 2

When working with older children and young people:

- consider involving younger staff and volunteers to support their participation in the community
- try using information technology, including social media, to support participation in community and social life
- remember that activities that provide supportive relationships, friendships, a sense of identity and autonomy are generally important, although individual interests will differ.

Tip 3

Work with parents to:

- connect with other parents through local playgroups or parent groups
- access informal and formal supports, including in home care and day-care, to enable them to work, relieve stress, and help them sustain healthy family environments.

Practice requirement 2: Service providers develop connections with the community to promote opportunities for active and meaningful participation

- Services establish and maintain strong relationships with community-based services and settings relevant to children, young people and their families.
- Services promote a greater understanding and acceptance of disability among community-based services and settings.
- Services deliver specialist support in natural settings when possible.
- Services use their networks to support children, young people and their families to connect with community-based services and settings of their choice.

Tip 1

Participate in local interagency and community-based networks that have members from community and specialist services.

Tip 2

Maximise opportunities for supporting young children in natural environments by developing partnerships with early childhood settings.

Tip 3

Work with preschools, primary schools and high schools to make environmental adaptations to meet students' needs.

Tip 4

Support opportunities for inclusion of people from Aboriginal and culturally and linguistically diverse backgrounds by developing trusting relationships with local Aboriginal and cultural organisations.

Practice example – Sarah and Alicia's story

Alicia lives with her mother, Sarah, and her older brother in a regional town. She was born with a genetic condition that is associated with developmental delay and intellectual disability. Doctors advised Sarah that Alicia may never walk or talk. While Alicia did not receive a formal diagnosis until she was ten, she has been seeing a number of specialists since she was born.

When Alicia was less than one year old, an early childhood nurse suggested that Sarah contact the local early intervention service. Sarah found it daunting to walk into the service because, at this stage, she did not know what to expect for Alicia. Once she was there, though, she found that not only was it beneficial for Alicia, it enabled her to connect with other parents and realise that there were other people in similar situations. This was really important to Sarah because her family do not live in the local area and they were finding it hard to come to terms with Alicia's condition.

Once Alicia was old enough, Sarah tried to enrol her in the local preschool (which was walking distance from their home) one day a week. This would give Sarah the time to do the things she needed to do and Alicia the opportunity to socialise with other children. But the centre director said they could not take Alicia because their policy requires that children be toilet trained.

Sarah explained that Alicia had low muscle tone and it was not possible for her to be toilet trained because of her condition. But the centre director remained resistant. Sarah was not sure how to deal with this on top of everything else she was doing for Alicia. So she engaged the inclusion support officer from the early intervention service to join her for a meeting with the director and to help her advocate with the centre.

The centre eventually agreed to take Alicia if Sarah provided the necessary equipment for changing her. However, Sarah decided it would not be in Alicia's best interests to be at a centre where she was considered a burden.

She visited various preschools outside their immediate neighbourhood, and found another centre (which was a bit further from their home) that accepted Alicia. The director accepted Alicia without hesitation and explained to Sarah that having Alicia at the preschool would be of benefit to staff as well as the children attending the centre.

After approximately six months at the preschool, Alicia had to use a K Walker to assist her in learning to walk. The preschool took this on board and Alicia and her walker provided a learning experience for the children at the preschool; they learned that not all children can walk unaided. The children always offered to help Alicia with the walker. Staff from the early intervention service supported Sarah with Alicia's inclusion at the centre.

Alicia enjoyed going to preschool, where she loved playing in the doll corner, walking (with her walker) around the outside track and also story time. She felt like just 'one of the kids'. Also, the staff accepted Alicia as 'Alicia', not a burden.

Sarah now has the confidence to advocate for Alicia's rights in other situations. She also supports other parents when they first contact the early intervention service. She hopes that through her experience she can support and guide other families facing similar issues by reinforcing that parents can make a difference in supporting their children through the maze of what, at times, is a very difficult journey.

Key messages

Services can promote opportunities for meaningful participation for children and young people by supporting parents to advocate for their children's inclusion and by supporting community-based services and settings with strategies for inclusion. Supporting parents to advocate for their children when they are young can help parents to take an advocacy role in other situations that arise in their children's lives.

Practice example – Ali's story

Ali is a nine-year-old boy who loves physical activity. He and his parents recently moved to a regional centre where his father had been offered a new job.

Ali's parents are originally from Bangladesh and his mother is not confident in her English skills. The family have been finding it a bit difficult to settle in their new home and make local connections.

Ali attends the local primary school, is fairly shy and has struggled to make new friends, particularly friends he can play with after school and on weekends. He has an intellectual disability and difficulty communicating.

Ali's teacher noticed the difficulties Ali was having and remembered hearing about Ability Links NSW at a local community event. She suggested to Ali's parents that they might want to work with a local Linker to help Ali build on his strengths and skills and develop community connections. She offered support to help them contact the service.

Ali's teacher arranged a time for them to meet their local Linker when they could both attend. When they met, they discussed Ali's interests, strengths and support needs. Once the Linker understood Ali's significant interest in physical activity, he suggested a range of local sporting clubs and activities that Ali might be interested in participating in. The one Ali was most interested in was the local trampolining club, so they agreed to try this first.

The Linker contacted the club's instructor to make arrangements for Ali to attend and supported Ali at his first session. The instructor was really welcoming and the other children were friendly. Ali enjoyed the activity and was keen to go back again the next week.

Ali has now been attending for nearly one month, he is less shy and starting to interact and speak to the other children more. He has made friends with Sam, another boy at the club who attends his school, but who he had not spoken to while at school.

The teacher has noticed that Sam and Ali are spending time together on the playground and often sit and have lunch together, with some of Sam's friends. Ali appears happier and his confidence and social network is growing.

Ali's mother has also started attending a community English class and as her confidence in her English is growing, she is now speaking more with the parents of the other children attending the local trampolining club.

Key messages

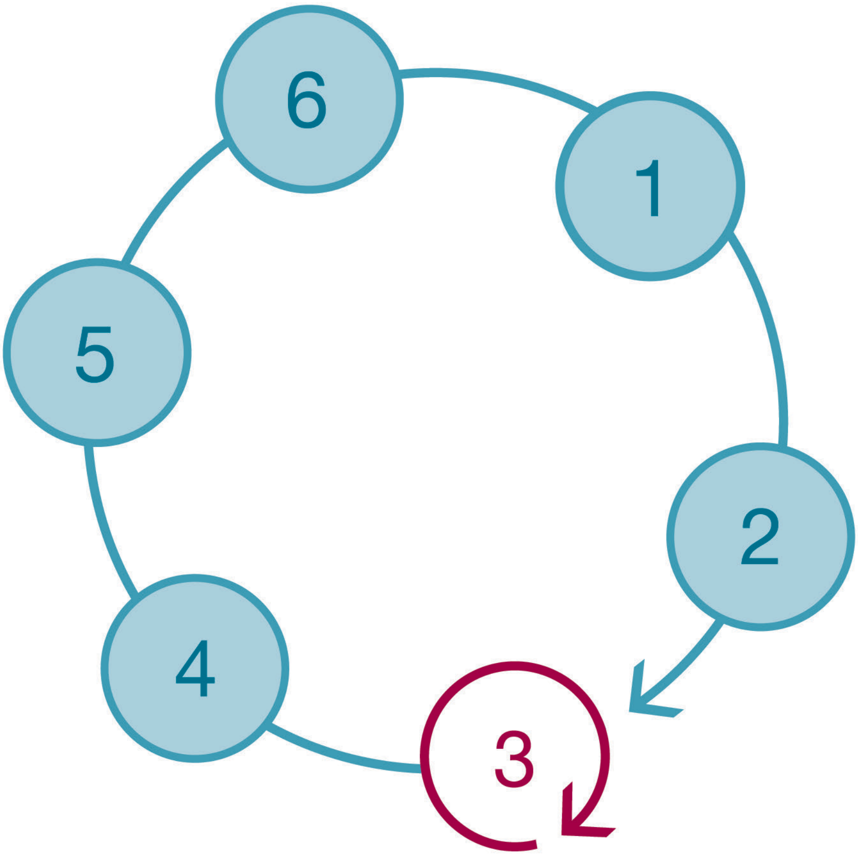
Children's interests are a key starting point for developing connections and participating in community and social life. Linkers can help children and young people with disability (over the age of 9 years) and their families identify opportunities for connecting with their local community.

Additional information on participation and inclusion for children and young people

- ADHC and Northcott, All In! The Inclusion Guide for tailored advice on inclusion.
- ECIA, 2014, Inclusion Tool to help you identify inclusive practice strengths and needs, then review changes over time.
- Family Advocacy provides a range of resources regarding inclusive education, including: video clips from families on what inclusion means to them, how family advocacy has supported them, and how families can support inclusion.
- Media Access Australia, Sociability: Social Media For People with a Disability to help people with disability to participate online.
- NSW Department of Education and Communities, Every Student Every School, an initiative providing better learning and support for students with a disability, learning difficulties or behaviour support needs in public schools through a strong focus on professional learning and support for teachers and support staff. Additional resources can be found online.
- Play by the Rules for a range of resources and tips to make sport inclusive for people with disability for parents, coaches and other sports officials.
- Robinson, S. and Truscott, J., (for CDA), Belonging and Connection of School Students with Disability: Issues Paper for information on important aspects of belonging for school-aged children.
- Social Inc has developed a range of resources and tools that aim to improve awareness, understanding, acceptance, belonging and inclusion of young people with disability in high school
- Workgroup on Principles and Practices in Natural Environments, 2008OSEP TA Community of Practice: Part C Settings, (2008, March), Seven key principles: Looks like/ doesn't look like for an overview of service delivery in natural settings.
- Youth Affairs Network Queensland, 2011, Effective Practices for Engagement, Participation and Consultation: A resource Guide to Involving Young People with a Disability in Youth Services includes a checklist for providers on how accessible their service and levels of participation.

Standard 3

Individual outcomes



Individual outcomes

Each person is supported to exercise choice and control over the design and delivery of their supports and services

Overview

Children and young people have the right to be involved in decisions that affect them in ways appropriate to their age and stage of development under the UN Convention on the Rights of the Child. Their parents or legal guardians also have a role in decision making because they have the primary responsibility for children's upbringing and development.

Parents play a crucial role in the lives of their children with disability and they may need support to fulfil their caring role as well as support for their children. Access to support can promote families' resilience and wellbeing and enable children and young people to enjoy positive and caring family relationships.

The emphasis will shift between family and child centred practice in relation to children's age and stage of development.

Standard 3: Individual outcomes in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the Standards in Action manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Service providers maximise person centred decision making

- Children, young people and their families' views are respected and they are involved in decision-making in ways appropriate to the child's age and stage of development:
  - when children are very young, services identify their interests and needs through observation and work with parents as experts in their children's interests and needs
  - as children mature and develop, they are involved more directly in decision making
  - children use modes of communication appropriate to their age, developmental stage and needs to express what they enjoy and what is important to them to inform decision making
  - at all stages, children and young people's best interests are a primary consideration in decision making
  - children, young people and their families are supported to openly discuss options, preferences and concerns.
- Services provide information to support effective decision making.
- Children and young people are supported to develop the skills, confidence and capacity to make informed decisions.

Tip 1

Use children and young people's responses, including non-verbal cues, to activities to gauge their interests.

Tip 2

Use play as a window into children's points of view.

Tip 3

Recognise that a young child's or young person's behaviour might be their way of expressing their discomfort with a situation or dislike of an activity.

Practice requirement 2: Service providers undertake person centred approaches to planning to enable each person to achieve their individual outcomes

- Children, young people and their families are involved in developing support plans in ways appropriate to the child's age and stage of development:
    - services work with families to develop a family support plan that takes into account the holistic needs of the family and child or young person
    - as children mature and develop, they may be more directly involved in (or play an increasing role) in the planning and decision-making process for decisions that affect them.
- Planning processes are accessible to children, young people and their families. Services:
    - provide information to support effective decision-making and respect the decisions of families and young people
    - use language that children and young people and their families understand, explain key terms, and avoid jargon and acronyms
    - use modes of communication and processes appropriate to children and young people's age, developmental stage and needs to enable them to contribute to plans
    - support children, young people and their families to develop the skills, confidence and capacity for effective planning in children's best interests
    - use planning formats that best suit individual children, young people and their families
    - incorporate input into planning from a range of disciplines
    - check that children, young people and their families have understood decisions that have been made and what they mean.
- Support plans are monitored and adjusted in line with the changing interests, abilities and needs of children, young people and their families.
- Children and young people are enabled to take positive risks with appropriate safeguards in place.
- Services work with other organisations within their local community to maximise opportunities for children, young people and their families.

Tip 1

Encourage older children and young people to contribute to planning through a range of means including communication books and boards, drawings, objects, symbols, pictures, photographs, communications technology, writing, and verbal communication.

Tip 2

Encourage young people to provide input prior to a planning meeting if they do not want to attend or do not feel comfortable speaking at the meeting. If they choose to attend, allow them to take breaks as needed.

Tip 3

Use informal rather than formal settings for planning meetings to make those involved more comfortable.

Tip 4

Give children and young people plenty of time and space to express their views.

Tip 5

Consider using a range of formats for plans e.g. picture-based plans with accompanying written text, to best meet the needs of individual children and young people.

Practice example – Jackson's story

Jackson aspired to enrol in law, commerce or information technology studies at university. Jackson lives with both of his parents and has a significant vision impairment that affects his near and distance vision. When he was 17 and in his last year of high school, Jackson and his parents chose to self-manage his supports with a 12-month individualised funding package.

His parents also had high expectations for him. However, his teachers were concerned that with his existing results he might not get into his preferred course at his university of choice. Jackson also wanted to improve his fitness so he would feel more awake and better able to concentrate. Jackson and his parents worked with a support planner to develop strategies to help Jackson achieve his goals and to ensure he had the mobility skills and adaptive technology he would need at university.

To work towards his enrolment at university, additional adaptive technology equipment was purchased to support Jackson in his final months of high school. Once he was accepted into university, this equipment also supported his further studies.

To feel more awake and better able to concentrate, Jackson had two strategies. He purchased an exercise bike and dieted. This resulted in weight loss and improved health and fitness, which have long-term benefits.

To facilitate a smooth transition to university, Jackson and his parents used some of his funding for service coordination. This helped Jackson to differentiate between what each university offered in terms of courses and support services and make an informed decision about which university he wanted to attend. Structured decision-making support also helped Jackson to appreciate the expectations of him in an adult learning environment.

Once he was admitted to university, Jackson accessed orientation and mobility lessons to travel by bus and train to reach the campus and move confidently and safely around a new environment. Jackson learned these skills very swiftly and now travels independently and can locate key buildings on campus. This has increased his self-esteem and independence.

At the final planning review meeting, Jackson requested that the remainder of the funding that was to be allocated to 'moving safely around a new environment' be used to purchase equipment to further enhance his studies (a large monitor and desk lamp).

Key messages

Person centred planning begins with identifying what is important to the individual young person and their family. Services can then provide information to support the development of strategies to meet the identified goals and connections to support.

Practice example – Charlotte's story

Charlotte is a three-year-old girl who lives with her mother, Lynda, and father, Bryan. Charlotte likes drawing and jumping on her trampoline. She was recently diagnosed with autism spectrum disorder and also has socially inappropriate behaviours. Lynda supports Charlotte at home, while Bryan works long hours.

When Lynda met with Sarah, a support worker at their local early childhood intervention service, Sarah asked her about the family's interests, strengths, and needs. Lynda and Bryan talked about how they really understood Charlotte's needs and had figured out what worked best to keep her calm and happy, but Lynda was feeling exhausted by her full-time caring role.

Lynda and Bryan agreed a key goal was to access childcare for Charlotte, so that she could interact with other children, particularly as she does not have any siblings, and so Lynda could have time to do the things she needed to around the house and take up part-time study. However, they were worried about whether a childcare centre would enrol Charlotte and properly support her.

Lynda, Bryan, Sarah and the therapists involved worked together to develop a family support plan around this goal. Sarah identified a few local childcare centres that she knew had substantial experience including children with disability, and Lynda and Bryan chose one that they had heard about from other parents.

The centre arranged a time for Lynda and Bryan to bring Charlotte to visit. The centre staff were friendly and welcoming, and interested in finding out about the whole family, how Charlotte interacted with them and the types of routines the family had found worked for them.

Once Charlotte was enrolled, the centre worked with Lynda, Bryan, Sarah and the other therapists supporting Charlotte to revise the family support plan. They agreed to work towards Charlotte attending the centre for a full day independently, at a pace that Lynda was comfortable with. This included the therapists who had been working with Charlotte and her parents providing support at the centre and sharing strategies for supporting Charlotte's inclusion, such as getting her comfortable with the centre by providing consistency of routine and using her interests in drawing and running as the starting point for engaging in activities with other children.

Charlotte had some initial difficulty adjusting. She found arriving at the centre at the same time as all the other children overwhelming, so her parents and the centre arranged for her to arrive once the other children were settled in. She is now enjoying attending the centre one day a week and Lynda is feeling less exhausted. The family is thinking about slowly increasing Charlotte's time at the centre so Lynda can return to work part-time.

Key messages

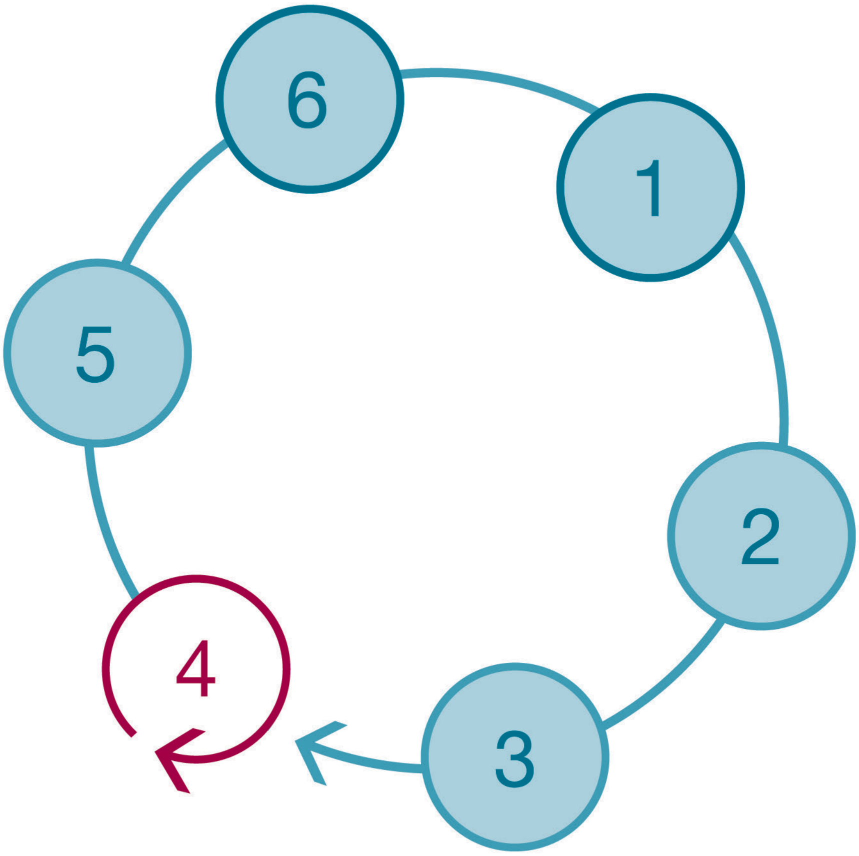
Partnerships between families, specialists, local mainstream and community-based services support the development of effective strategies to achieve identified goals for the child and family. Young children's interests are an effective starting point for identifying strategies to support their inclusion in community-based services and settings.

Further information on individual outcomes for children and young people

- Australian Human Rights Commission, 1999, Human Rights Brief No. 1, The Best Interests of the Child for advice about the best interests of the child in the Australian context.
- Dimensions, HSA and the Learning Community for Person Centred Practices, Think and Plan website, a resource for people who have had training or support in using person-centred thinking tools. It provides a range of person-centred thinking tools and one page profiles.
- ECIA, Interests Checklists to help work with families to identify interests and opportunities, and select interest-based learning activities.
- Family Advocacy, Resourcing Families Project for information and ideas for families, friends and allies of people with disability on planning a good life for and with a person with disability, including a booklet to help families develop a positive vision for their family member with disability.
- Moore, T. and Larkin, H. (for Scope), 2005, More than my child's disability: A comprehensive literature review about family-centred practice and family experiences of early childhood intervention services for detailed information about family centred practice in the early years.
- UN Committee on the Rights of the Child, 2006, General Comment No. 7, Implementing child rights in early childhood (Fortieth session, 2005), U.N. Doc. CRC/C/GC/7/Rev.1 for advice about supporting the rights of young children.
- UN Committee on the Rights of the Child, 2013, General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)* for advice about best interests.
- Speakout Advocacy Tasmania, Decisions, Decisions, Decisions, DVD designed to teach young people with intellectual disability about choice and decision making in preparation for the NDIS.
- The Learning Community for Person Centered Practices for a range of resources and tools for person centred thinking and planning.
- Youth Disability Advocacy Service, Planning Your Way, for a range of tools, resources, advice and stories developed from young people with disability who are taking charge and making decisions about their lives.

Standard 4

Feedback and complaints



Feedback and complaints

When a person wants to make a complaint, the service provider will make sure the person’s views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process

Overview

Children, young people and their families have the right to make a complaint about the quality or delivery of a service and to participate in the resolution of that complaint. This is backed up by a principle in the Disability Inclusion Act 2014 that ‘people with disability have the same right as other members of the community to pursue complaints.’ [36] They should also have opportunities to provide broader feedback to inform service delivery.

When children are very young, their parents will make complaints and provide feedback on their behalf. Services may also use observation of young children’s responses to understand their perspectives. As children mature and develop, their capacity to make complaints and provide feedback will increase, but their parents may still make complaints or provide feedback from their own perspective.

Children and young people may find it difficult to make a complaint or provide feedback because of the power imbalance between themselves and adults. They may need encouragement to communicate their views. When formally seeking feedback from children, services should gain informed consent from their parents and assent from children. As children mature and develop their capacity to make an informed decision on their own behalf, services may seek children’s consent directly. This is also reflected in the principles in the Disability Inclusion Act 2014.[37]

---

[36] See s.4(10) Disability Inclusion Act 2014

[37] See s.4(12) Disability Inclusion Act 2014 ‘The needs of children with disability as they mature, and their rights as equal members of the community, are to be respected’ and s.5(5)(d) ‘ respects the views of the child with disability (having regard to the child’s age and maturity).’

Standard 4: Feedback and complaints in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the Standards in Action manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Each person is treated fairly by the service provider when making a complaint

- Families, and children and young people, as appropriate to their age and stage of development, are supported to understand their right to make a complaint to the service or an external body:
    - staff communicate information in ways that meet individual communication needs, check it has been understood, and provide clarification or further information if required.
- Children, young people and their families feel safe to make a complaint:
    - services make clear that they value input from children, young people and their families and that making a complaint will not negatively impact the services they receive.
- Services protect the privacy and confidentiality of children, young people and their families who make a complaint, but notify relevant agencies if the complaint concerns the safety or wellbeing of a child.[38]
- Services accept information about a child under 16 years of age from their parent, but take care to protect the child's privacy when investigating the complaint.

---

[38] The Child Protection (Working with Children) Act 2012 requires services to notify the Office of the Children's Guardian of the names and identifying details of people subject to relevant employment proceedings (i.e. investigations of misconduct involving children), except where there has been a finding that reportable conduct did not occur. Part 3A and 3C of the Ombudsman Act provide that certain conduct and incidents have to be reported to the NSW Ombudsman. For further information, including guidelines about reporting matters to the Ombudsman see the Ombudsman's website.

Tip 1

Create an organisational culture that values feedback from children, young people and their families by supporting staff to understand how feedback can help them make their service better.

Tip 2

Take steps to redress inherent power imbalances between children and young people and adults. Let children know that the service values their opinion.

Tip 3

Enable children, young people and their families or advocates to lodge a complaint with a staff member other than their support worker.

Tip 4

Inform families of the option to have a chosen support person to assist or represent them during the process.

Practice requirement 2: Each person is provided with information and support to make a complaint

- Families, and children and young people, as appropriate to their age and stage of development, are supported to understand complaints processes:
    - staff communicate information in ways that meet individual communication needs, check it has been understood, and provide clarification or further information if required.
- Children, young people and their families can choose a support person to assist or represent them during the complaints process:
    - when children are very young their parents can make complaints or provide feedback on their behalf
    - as children mature and develop, they can make complaints or provide feedback on their own behalf and their families can make complaints or provide feedback from their perspective.
- Children, young people and their families are able to provide feedback and complaints through formal and informal processes and in formats that suit their individual communication needs.

Tip 1

Provide older children and young people with a brochure in an accessible format that explains what they can make a complaint about, how they can make a complaint, what information they need to provide, and who they can talk to about their complaint.

Tip 2

Make sure your complaints process meets the communication needs of children, young people and their families e.g. by enabling use of interpreters, assistive communication technologies and other modes of communication.

Tip 3

Seek feedback from children and young people through regular informal events, such as barbeques or picnics.

Practice requirement 3: Each service provider has the capacity and capability to handle and manage complaints

- Staff and volunteers are trained in and demonstrate understanding and capacity in handling complaints from children, young people, their families and advocates.
- Feedback and complaints from children, young people, their families and advocates informs policy development and continuous service improvement.
- Families, and children and young people, as appropriate to their age and stage of development, are supported to participate in review and development of complaints handling policy and processes.
- When a complaint about a staff member's conduct in relation to a child's safety, welfare or wellbeing is substantiated, services notify the Office of the Children's Guardian.[39]
- Families, and children and young people, as appropriate to their age and stage of development, are informed about their right to make a complaint to the NSW Ombudsman, and supported to do so, if required.

---

[39] The *Child Protection (Working with Children) Act 2012* requires services to notify the Office of the Children's Guardian of the names and identifying details of people subject to relevant employment proceedings (i.e. investigations of misconduct involving children), except where there has been a finding that reportable conduct did not occur.

Tip 1

Observe children’s responses to particular activities, situations and staff as a way of obtaining their feedback.

Tip 2

Communicate that changes have been made based on feedback and complaints, so that children, young people and their families have confidence to provide feedback or make a complaint.

Tip 3

Hold exit interviews with children, young people and their families who are leaving your service to learn from their experiences and inform service improvements.

Practice example – Bec's story

Bec lives with her parents and tw younger brothers, Adrian and Matt. She is twelve years old and enjoys reading and going to the movies with her brothers. Bec has been diagnosed with cerebral palsy and also has some medical conditions. She uses a wheelchair for most of her mobility and a walker in the school playground.

Bec's family recently opted to receive individualised funding for her support. They met with a support planner to develop a family support plan. The plan outlined goals based on Bec's interests and her parents' wishes for her, including Bec attending the local high school, Girl Guides, swimming lessons and after school activities. The plan also identified activities to support these goals and the services the family would like to provide supports.

One of the identified supports is assistance to get Bec ready for school a few days a week when Bec's mother starts work early. The support worker needs to arrive at 7am so Bec has time to shower, get dressed and have her breakfast before the high school bus arrives at 8am.

This works well until one morning the support worker is sick. She calls Bec's mother to tell her that she will not be able to come. Bec's mother calls the service, but no-one else is available at short notice, so Bec's mother helps her get ready, which means she is late for work.

The service calls Bec's mother that afternoon to discuss the issue. They agree on a contingency plan to ensure the morning's events do not occur again: if the rostered support worker is unable to be there due to sickness, family responsibilities or travel issues, a standby support worker will be contacted to take their place. They also agree to check in in two months' time to review how this is working. Bec's parents are happy with this.

When the service's board reviews the complaints log, the board and service manager agree to implement contingency plans with all families receiving time-specific in home supports.

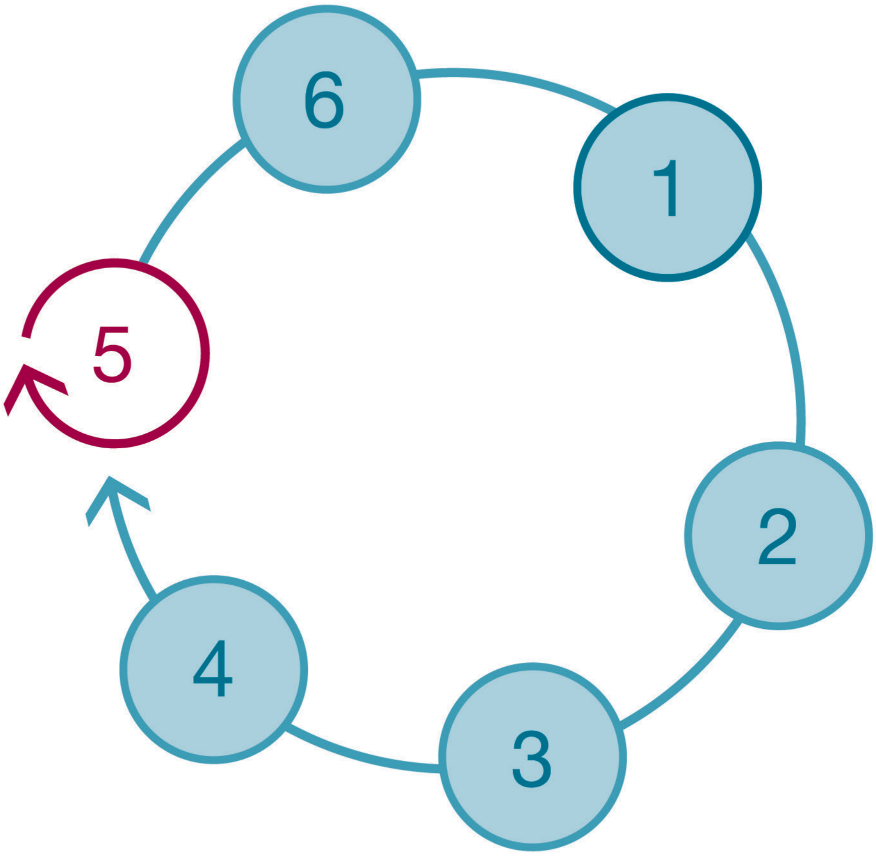
Key messages

Complaints and feedback can be used to inform broader service improvements. Having your service's board review the complaints log at their regular meetings can support this process.

Additional information on feedback and complaints for children and young people

- CCYP, 2005, Taking Participation Seriously: Count Me In for practical advice about how to involve children and young people in activities, events and decision making about issues that affect their lives. Separate booklets cover involvement in boards and committees, participation in research, and participation in meetings.
- NSW Ombudsman, 2013, Complaint handling toolkit for community service organisations for guidance on what policies you need to have in place and some of the best methods of implementing these.
- NSW Ombudsman, Information and resources for young people: Information for service providers for information on complaints processes when working with young people.
- NSW Ombudsman, Complaints brochure for young people for information for young people about making a complaint to the Ombudsman.
- Tasmanian Commissioner for Children, 2013, Involving Children in Decision Making for guidelines and associated practical activities to involve children under the age of 12 years in decision making.

Standard 5 Service access



Service access

Each person is assisted to access the supports and services they need to live the life they choose

Overview

Access to supports, specialist services and community-based services and settings is vital to the development and quality of life of children and young people with disability. It is also important to families' quality of life and ability to maintain sustainable family routines that meet the needs of their whole family including their children with disability.

It can be difficult for families to know who to contact when they have concerns about their children's development or health and where to seek support before or after a formal diagnosis. To minimise confusion and stress and to ensure that children, young people and their families are able to access the supports they need in a timely manner, services need to be well promoted through a range of relevant channels.

It is also important that services recognise when families may be having difficulty coming to terms with concerns about their children's development or formal diagnosis and when they are reluctant to accept support. Services need to work with families from where they are at and build trust and rapport to support access.

Services working with children, young people and their families also have a role in supporting their access to the range of community-based services and settings that are important to them. Building and maintaining relationships with other local services will enable services to better connect children, young people and their families with options and facilitate smooth transitions.

Standard 5: Service access in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the Standards in Action manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Service providers make information available about their services

- Services have information about the supports they offer, in a range of formats accessible to families, including parents who themselves have a cognitive or sensory disability.
- Services make information about the supports they offer available through a range of channels relevant to families and other services working with children and young people.
- Services respond to requests for information from families and other services working with children and young people.

Tip 1

Make information about your service available through local health and child and family services.

Tip 2

Consider using social media (e.g. Facebook) to promote your service, particularly as other parents are an important source of information about services for parents.

Tip 3

Consider including pictures of Aboriginal families and family stories in your promotional material and promote your service through community events, community radio and links with local Aboriginal organisations to reach Aboriginal families.

Tip 4

Consider including pictures of diverse families, family stories and translated information in your promotional material and promote your service through local cultural organisations and community radio to reach families from culturally and linguistically diverse backgrounds. Also make sure that information is provided in a way that is sensitive to the fact that disability can be viewed differently in different cultures but does not assume all families from the same cultural background think the same way.

Practice requirement 2: Service providers have clearly defined processes to access services

- Families are supported to understand services' access policies, including any criteria around age and need and any guidelines around length of support.
- Families are informed of the reasons if a service is not able to support their children and family.

Standard 5

Tip 1

Ask families about their experience finding out about and accessing your service and anything that might have made this easier for them.

Tip 2

Working in partnership with playgroups, preschools and schools can provide a soft entry point to services.

Tip 3

Working in partnership with Aboriginal community and Aboriginal community organisations to deliver services can help to make them more accessible to Aboriginal families.

Tip 4

Help families to access another appropriate local service if you do not have the capacity to support them.

Practice requirement 3: Service providers work with other organisations to increase each person's support options

- Services work with the range of other services and settings relevant to children, young people and their families, particularly mainstream and community-based services, to maintain an effective network for supporting access.
- Services support children, young people and their families through transition points.

Tip 1

Support families to access other services to meet their needs beyond support for their children. Sometimes families have immediate needs ¬- e.g. for housing assistance - that they require support to meet, before they can fully engage in planning supports for their children with disability and their family.

Tip 2

Have staff attend local interagency and community-based networks to establish and maintain relationships with the full range of local services. This will help ensure they have up-to-date knowledge of local supports, services and settings.

Tip 3

Maintaining a strong local network can support referrals into your service and help you refer children, young people and their families to other appropriate services to support them to meet their goals.

Practice examples – Organisation A's story

Organisation A is a well-established Aboriginal provider of out-of-home care and social support in a regional centre. Over the years, staff have promoted the organisation's services through a range of channels. They continue to do this so that anyone who is new to the community or seeking support for the first time will come across their information.

The organisation's CEO, staff and board members are all active members of the local community. The CEO and board members are on the boards of a range of local organisations and the CEO participates in the local council's advisory group, the local Aboriginal Land Council, Community Care Options, and local interagencies. The organisation has a cooperative relationship with other local services, responding to their queries and connecting them to information and other people in their network. Maintaining strong community connections facilitates referrals into the organisation and enables the organisation to refer children, young people and their families to other supports and services to meet their interests and needs.

Information about the organisation's services is provided to community members through local forums and community events, brochures and a website. The website has pictures of Aboriginal staff and clients and a greeting in the local Aboriginal language, both prominently featured.

The organisation also maintains good relationships with local schools and preschools. These can provide a soft entry point to the service. When preschool staff have concerns about a child's development, they can contact the service to discuss how they might work together to support the child and their family. Recognising that some families can find it difficult to come to terms with concerns about their children's development or are reluctant to access services, they approach these situations sensitively.

So that Aboriginal families feel comfortable accessing the service, the facilities are family-friendly, there are Aboriginal artworks on the wall and staff are welcoming and flexible. Staff help connect families with other supports and services that they do not provide. Families can drop in to say hello and have a cup of tea without a formal appointment. While the organisation is open Monday to Friday, staff can work outside of these hours to attend community events and forums.

Being located in the centre of town helps make the organisation accessible to families, but it also means other people in the community might see who is attending the service. To protect families' privacy, a film has been put on the windows to prevent people looking in. The organisation has a strong emphasis on protecting people's privacy and confidentiality, which is important in maintaining trusting relationships with families and the community.

Key messages

Active promotion through a range of relevant channels is important to help families connect with your service even if your service has been established for many years. Good relationships with local services, particularly mainstream and community-based children's services are important to support families to connect with your service. These relationships can also help you to connect families with other supports and services.

Practice example – Organisation B's story

A number of years ago, Organisation B established a partnership with an Aboriginal community located nearby to provide support to Aboriginal children and families in their local community. This was important to establishing trusting relationships with the community and overcoming the issue of limited transport in the area to support access.

Before they agreed to work with the service, the local community had two requests, which the service met. The first was a commitment to working with the community for a minimum of two years because the community had had previous negative experience with short-term supports. The second was that the supports provided in the community be accessible to all children, not just children with a diagnosed disability, although some children could be referred for individualised support outside of the group if needed to support their development.

The service and the local Aboriginal Community Council signed a memorandum of understanding about how they would work together. They continue to work together to provide supports to Aboriginal children aged 0-6 years and their families in local facilities owned by the community.

Supports include a supported playgroup, community information sessions, early education and therapy delivered at the local Multifunctional Aboriginal Children's Service centre, speech pathology for children with identified communication difficulties and information and training for families, preschool and day-care staff supporting these children.

Key factors supporting access are working in partnership, having respectful relationships, having Aboriginal staff, delivering services in inclusive environments and natural settings, and sustaining services over time. The service has found that Aboriginal communities and families appreciate being able to connect with the service's Aboriginal staff and this has opened doors to community relationships. Also, once they had established credibility with one community, others were also willing to work with them.

Key messages

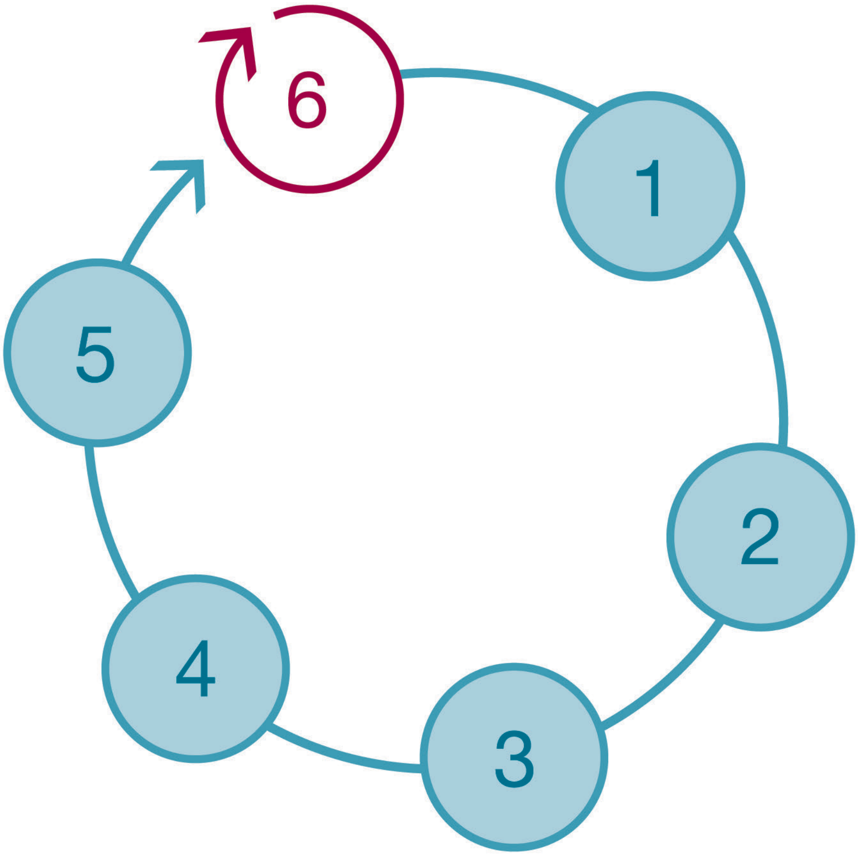
Building trusting relationships will take time and commitment. Working in partnership with Aboriginal communities and organisations can build pathways to support for Aboriginal children, young people and their families and facilitates culturally appropriate service delivery. Working in partnership with local cultural organisations and community groups is also an effective way to support access for culturally and linguistically diverse communities.

Additional information on service access for children and young people

- ECIA, 2014, Transition to School Resource to help children with disabilities and their families make the transition to school as smooth and positive as possible, with a particular focus on developing positive collaborative relationships between families, schools and support professionals.
- Raising Children Network, Disability Services Pathfinder to help parents find services, including early childhood intervention, child care and early learning.

Standard 6

Service management



Service management

Service providers are well managed and have strong and effective governance to deliver positive outcomes for the people they support

Overview

Effective governance arrangements, staff recruitment, training processes, compliance with legislative requirements, and continuous quality improvement informed by input from stakeholders are important for all services.

Services working with children, young people and their families also need to comply with requirements specific to working with this client group, including the need for staff and volunteers to have Working with Children Checks and for staff to understand and fulfil their obligations as voluntary or mandatory reporters under the *Children and Young Persons (Care and Protection) Act 1998*. To meet the needs of their local community, services need to consider how they can obtain feedback on service delivery and involve children, young people and their families in the development and review of policies and processes. Participating in activities to inform service improvements can also build the skills and confidence of children and young people.

Additionally, a quality service for children, young people and their families will have the principles outlined in Part 1 of this guide in their policies and processes and staff members' practice.

Standard 6: Service management in the *Standards in Action* manual provides practice requirements, tips and further information for all services. This chapter provides additional advice for services working with children, young people and their families. It should be used in conjunction with the chapter in the *Standards in Action* manual.

What the practice requirements look like when working with children, young people and their families

Practice requirement 1: Each person receives quality services which are effectively and efficiently governed

Feedback from children and young people and their families should be collected regularly and used by the board, management and staff to inform planning, review of policies and processes, and ongoing improvement actions. There are additional considerations around obtaining feedback from children, young people and their families to inform service delivery and continuous improvement. These are the need to:

- think creatively about how to obtain input from children, young people and their families
- establish ethical processes for seeking input from children, young people and their families
- have measures to prevent any harm to children and young people as a result of providing input
- obtain informed consent from parents and assent from children and young people or consent from children and young people that have the capacity to make an informed decision on their own behalf
- build the skills of older children and young people to participate in more formal processes
- adapt formal processes, like meetings, to enable older children and young people to participate
- maintain confidentiality of individual feedback, including that of children and young people.

Tip 1

Use a range of methods to seek feedback from young children as suits the individual e.g. ask them to draw or take photographs of what they like best about the service, use picture cards to communicate their feedback about activities, obtain feedback through role plays or games, or train young people to act as facilitators asking younger children questions.

Tip 2

Use a range of methods to seek feedback from older children and young people as suits the individual e.g. informal discussion groups, individual interviews, picture cards, short paper-based or online surveys, or a moderated online discussion forum.

Tip 3

Offer children and young people assistance to complete surveys or participate in interviews.

Tip 4

Schedule feedback sessions with parents outside of work hours and provide care for children during the session, so that parents are able to attend.

Tip 5

Consider involving parents and older children and young people on advisory groups or committees. Provide older children and young people who participate with clear information about the purpose, scope and processes in advance; take the time to support them to develop the skills required to participate; ensure they feel confident and adequately supported to participate; use relaxed settings and allow breaks during meetings; and ensure they are given time and space to express what they mean.

Practice requirement 2: Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience

The additional legislative requirements for services working with children and young people are the need to:

- develop child safe policies to ensure compliance with child protection legislation
- comply with requirements under the Disability Inclusion Act 2014 for employment screening for relevant workers and board members
- conduct Working with Children Checks before engaging staff, volunteers and board members in positions with direct contact with children and young people
- provide effective training and supervision for staff and volunteers, including training about child protection obligations
- deal effectively with concerns or complaints about behaviours towards a child, including reporting cases of risk of significant harm to the Child Protection Helpline
- Notify the Children’s Guardian of the name and identifying particulars of a person in child related work against whom a finding of misconduct involving children has been made.

Tip 1

Consider asking parents, whose child/young person is supported by your service, to become board members, and supporting them to do so.

Tip 2

Provide staff with training in key skills for working with families, including relationship based practice, family centred practice, and empowerment and strength-building approaches.

Practice examples – Organisation C's story

Organisation C recognises the importance of listening to the experiences of children, young people and their families and acting on feedback to inform continuous improvement.

The board, which includes two parents of children with disability, and the senior management team review their approach and services offered based on feedback from children, young people and their families.

The organisation has an annual planning forum to seek the input of children, young people and their families to determine improvements to be made to services for the following year. Parents are asked to consent to their children's participation, and children are asked to assent. Feedback is sought separately from children and their parents. Children and young people can choose to contribute their views in a range of ways, including through pictures and photographs and participating in small discussion groups with children their own age. Parents participate in discussion groups. Staff have received training in facilitation to effectively seek feedback from children, young people and their families.

Feedback from working parents at this year's forum indicated that they would like to attend the organisation's parent group, but they cannot make it during the week. Based on this feedback, the organisation has decided to run an additional parent group on Saturday mornings. They have also decided to develop a stronger relationship with the local council swimming pool as a number of children indicated an interest in this activity.

The organisation also collects feedback throughout the year through a suggestion box and comments made informally to staff. The board reviews feedback collected through these channels, as well as complaints data, at their regular meetings.

The organisation communicates changes made based on feedback, through their website, regular newsletters and notices in the office.

Key messages

Collecting feedback through a combination of planned formal and informal processes accessible to children, young people and their families can help your service to identify ways you can better support those you are working with. Communicating the changes made based on feedback gives families confidence that the information they provide is valued.

Additional information on service management for children and young people

- CCYP, 2005, Taking Participation Seriously: Count Me In for practical advice about how to involve children and young people in activities, events and decision making about issues that affect their lives. Separate booklets cover involvement in boards and committees, participation in research, and participation in meetings.
- Commission for Children and Young People (CCYP), 2012, Citizen Me! for help to meaningfully and effectively involve children and young people in decision making in your organisation.
- National Disability Services, 2014, NDIS Readiness Toolkit for support to prepare your organisation for the transition, including: a visual representation of how the new market for disability services will work and what organisations need to do to prepare (the Road to Readiness), a list of critical questions that boards and management teams need to answer to prepare for the NDIS (the Seven Key Questions Tool), a tool rate your organisation's readiness (the Self-Assessment Tool), and ratios to give you an insight into your organisation's current financial position and how easy or how difficult it might be to transition to a more uncertain funding environment (the Key Financial Ratios Tool).
- Tasmanian Commissioner for Children, 2013, Involving Children in Decision Making for guidelines and associated practical activities to involve children under the age of 12 years in decision making.