

Pathways Early Childhood Intervention Incorporated

Philosophy, Policies & Procedures

(to be evaluated & revised annually)

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Philosophy

We are motivated by the critical importance of the early years in the child's development.

We aim to provide a warm, caring, happy and safe environment to promote learning and reassurance for children and their parents/carers.

We believe in the right of the family to choose the type and frequency of early intervention for their family. We endeavour to meet the changing needs of families and their children.

We understand that no-one knows the child better than their parents/carers our planning will therefore be a result of Individual Family Service Plans.

We will provide opportunities for parents/carers to contribute to decisions made regarding our programs.

We will offer high quality, professional teaching and therapy to meet the aspirations of the family for the whole child: socially, intellectually, physically and emotionally.

We undertake to provide educational programs that will enhance the child's individual skills and interests.

We believe every child has the right to be included in the community as a whole.

Our service is welcoming and available to all families regardless of type of disability, medical status, gender, sexuality, religion, socio-economic background, ethnic or cultural identity.

Parent / Guardian and staff participation in development of curriculum

Aim: Our curriculum is to be developed around the skills and needs of the children attending our programs and are to be formed in consultation with parents/carers and staff.

Procedures:

- Parents to be asked about their needs and goals for their children on enrolment.
- Regular (at least twice yearly) Individual Family Service Plan Meetings (IFSPs) will provide opportunities for parents to formulate their current priorities for their child's development.
- IFSPs will be used to update plans for individual children and will feed into the curriculum for the whole centre.
- Staff will provide opportunities for informal conversations with parents about the child's day so that concerns and feedback can be expressed.
- Copies of the plan for the pre-school program & Communication Journal will be sent home regularly with an opportunity to comment.
- Parents are able to make suggestions / contributions at the annual general meeting regarding the content of the curriculum.
- Other avenues for parents/carers to contribute to the development of the curriculum will be provided such as suggestion boxes, questionnaires / surveys on such things as excursions, therapy etc.

- Staff will go to regular in-service training. Developments in Early Childhood and Special Education will be discussed in staff meetings, written about in the Newsletter and implemented in the curriculum if relevant. (updated 07/07/05)

Ensuring individual and developmental needs are taken into account

Aim: We recognise that individual families and children have individual needs and that it is our role to respond appropriately and effectively.

Procedures:

- We participate in the Individual Family Service Plan Meetings (IFSP) where the goals and needs of the child and family are discussed and responsibility for action is determined in order to meet these goals.
- Goals determined to be our responsibility are written into the Individual Education Program for the child.
- Individual Educational plans are written in conjunction with the family and a copy is sent to them.
- Individual Education Programs and Individual Family Service Plans are reviewed at least every six months (or as frequently as the family requests) with families and other service providers involved with the child and family.
- Teaching staff are available at all times to discuss a child's Program with the family and changes requested are incorporated immediately into the Program.
- Individual needs of the child and family are considered by staff when arranging for the inclusion of a child into a mainstream service through our Supported Integration Program.
- Information about appropriate community services and activities is given to parents through the parent noticeboard, resource files handouts, email or our Newsletter.

- We acknowledge age, sex, cultural, linguistic and religious backgrounds of each child when providing our services.
- We assist families in gaining access to other specialist agencies and / or services.
- Regular observations will be made of each child and development, skills and interests noted in Communication Journals. These will form the basis for future planning.
- Regular contact will be encouraged with the therapists working with children and Individual Educational Programs will be updated as a result of those visits.
- Regular staff meetings will be held. Each week we will have a “focus child” to enable staff to keep up to date on the development of the children.
- Parents/carers will be given an opportunity to participate in a parent teacher meeting at least twice a year.
- Children in home visiting program will have a plan and evaluation for each visit taking into account the Individual Family Service Plan. If no IFSP wanted by family an Individual Education Plan will be provided by staff at least once every six months. (updated 08/07/05)

Transition to school / other organisations

Aim: Our staff will help / support parents / carers to make informed choices about future placements for their children. In addition we will support parents in that decision and provide assistance to make that transition as smooth as possible. We affirm the right of all children to go to their local school.

Procedures:

- Families will be given information regarding school placement for their child during the year the child turns three years old. Choices available to families will be explained and procedures for transition will be provided. The Centre will liaise with the Department of School Education where appropriate to assist in the transition process (if families want this).
- Families will also be given information about local preschools/ long day care if requested. Pathways will provide its services to help the Preschool to include the children into their normal routines.
- Staff will keep information on Department of Education Policies including “Transition to School for Young Children with Special Learning Needs: Guidelines for Families, Early Childhood Services and Schools” for parents to borrow. Translations will be available or obtained where possible.
- Staff will go with parents to Schools and Early Childhood Centres if possible / if parents wish for this to happen when they are making their decision.
- The program the child is in will provide a curriculum for children about to start School aimed at providing skills that will be necessary in the new setting.
- Workshops or parent/carer discussion groups will be provided on the issue.

See also attachments “Educational Options for Your Child” and “Who’s Going to Teach My Child? – Questions you might ask”

- **Timetable for transition from Preschool to School:**

February to March	Settling back into pre-school routine. parents/carers to speak to Home-based, Integration or Centre-based staff about their expectations for school the next year. (NB some very popular schools require early placement on waiting lists)
April to May	parents/carers to look at local school or special classes/ schools in which they may be interested. Then talk to Principals, Talk to Case Workers about Assessments if required.
June to July	Make a formal approach to the school of your choice for enrolment. If you have chosen a Special School consult your Case Worker about the progress of your application
August	If you have applied to your local school it is during this month that the forms need to be completed for special assistance or resources (Integration support). The school makes this application to the Regional Integration Officer.
Sept to November	Orientation program will begin for your child. This has been worked out between you and the chosen school.
December	Latest assessments and reports are given to the school.

Staff interactions with children

Aim: Knowing that consistent and caring relationships with carers is one of the main indicators of quality childcare we aim to ensure that staff treat each child with respect and as an individual with their own specific strengths and needs. (see also our policy on Valued Status)

Procedures:

- Very young children will be allocated a primary care worker for at least the first term to assist in settling in and separation from family.
- Older children will be allocated to a member of staff for the day along with another child or children depending on the level of need. Children will get to know all members of staff and will work with them all.
- Staff are to familiarise themselves with the child's educational program and will attempt to provide activities to meet the objectives and to make checks, comments and/or observations on a daily basis.
- Staff will be given opportunities to go to in-service courses to increase their knowledge of child development and early childhood intervention.
- Staff will treat each child with respect and dignity (see also our policy on Privacy and Confidentiality).
- Staff are to respect all efforts at communication by the children and attempt to interpret and extend them.
- Staff are to be aware of children's health and safety at all times, never leaving a child unattended (see also our policy on Health and Safety).
- Staff are to be aware of the child's need for
 - warmth and reassurance
 - physical comfort (clean appropriate clothing, food, drink, rest and protection from the elements)
 - opportunities to learn at their own pace
 - development of relationships with peers
 - happiness and enjoyment of their surroundings

Ways staff ensure programs are culturally relevant

Aim: As Australia is a country populated by people of diverse cultural backgrounds we desire to reflect that diversity in our programs. We wish to provide an atmosphere where people from all backgrounds will feel included.

Procedures:

- Be aware of the cultural background of the children attending our programs. Ask at enrolment language spoken by parents/carers and children.
- Ask also if there are any family practices that we need to be aware of and respect (eg eating of certain foods, celebration of holidays).
- Provide teaching aids, toys, stories, decorations, and dramatic play equipment that reflect different cultures.
- Ensure that programs aren't based solely on celebration of religious festivals that just reflect the dominant culture (eg Easter and Christmas).
- Provide information in community languages if necessary.
- Use interpreters if possible during enrolment and Individual Family Service Plan Meetings.
- Be aware of which are the cultures represented in the Inner-West community and aim to provide services that will be accommodating to their needs. Introduce Pathways to workers that may support these communities

Liaise with other services in the community in order to keep abreast of developments. E.g. changes in population profiles.

Fostering of children's self-reliance / self-esteem

Aim: We aim to develop the self-reliance / self-esteem of all the children in our care in order that they may be more fully able to participate in mainstream society and enjoy their experiences of learning and relating to others. We acknowledge that often self-reliance skills are more important than academic skills in making a smooth transition to mainstream school settings.

Procedures:

- The child's **skills, interests and abilities will be fostered** rather than a focus on the child's needs and deficits planning will be developed using these skill and interests.
- Staff will wherever possible give children the **opportunity to make choices and decisions** (eg what to play with, what food to eat)
- Staff will provide opportunities for children to **communicate in their own manner** and will listen and wait, giving time for the child to communicate.
- Staff will be aware of **helping children to develop their self-help skills** (dressing, eating, toileting, washing hands, getting up, etc) even though this may take longer. Thus giving the child opportunities for independence.
- Staff will be aware of the **possibility that children with disabilities are at the risk of becoming too reliant** on their carer. Consequently different staff will work with each child and records will be kept of each child's level of ability.
- Children will regularly be **encouraged and praised** in their efforts and achievements, given a variety of forms of special praise (not just "good girl").
- Children will be given **opportunities where they will succeed**, not just providing challenging tasks but some that they enjoy and can perform well (in all areas of development).
- Children will have the opportunity to experience the **satisfaction of completing a task successfully**, sometimes this will be achieved by starting the task and letting the child finish.

- Staff will be **aware of children's physical needs**, eg hunger, tiredness making sure that these are met and are not, therefore, a cause of failure.

Ways in which the needs of children with additional needs are met

Aim: Our aim is to provide services to children with additional needs and their families in 6 inner west local government areas. (NB All our policies framed children with special needs in mind)

This will be achieved by providing opportunities for families to express their aims for their children and assist them to set specific goals for change. They will have opportunities to do this by;

- An initial phone call/meeting with our Family Worker and another member of staff
- Encouragement to participate in an Individual Family Service Plan (IFSP) approximately twice a year.
- Providing a trans-disciplinary service with access to specialist training in special needs (ie Special Education, Speech Therapy, Occupational Therapy, Behaviour Management, Family Support, Early Intervention)
- Provide access to translators for families in need of them.
- Helping parents to develop effective strategies for dealing with developmental issues.
- Provide services on Saturdays throughout the year, enabling families (including working parents) to access services and network with other families

We acknowledge that diagnosis of disabilities can be extremely stressful. We therefore aim to meet families' needs around the time of formal assessments and initial diagnosis. To facilitate this staff will be available during these times for visits, phone calls, to accompany families to assessments if requested. When a report is received by the service we will ring the family to give further support if necessary. (updated 08/05/05)

Ways of ensuring that children are treated without bias regardless of ability, gender, religion, culture, family structure or economic status

Aim: To provide a service where all clients (children and families) and staff will be accepted, valued and respected; To ensure that the environments of all our programs are welcoming to people from all backgrounds and to ensure that our curriculum and procedures will respect the diversity of our community.

We believe that everyone has a right to be treated on the basis of equality.

We are aware that children with disabilities and their families may be especially vulnerable to bias in the community.

We are aware of the role of acceptance of diversity in the development of self-esteem and sense of self-worth.

Procedures:

- Regular staff training to address issues of anti-bias. Giving staff the opportunity to examine their own prejudices and beliefs.
- Provide children with the opportunity to experience diversity (use of language, books, music, dress up clothes, dolls, and other equipment)
- Parents will be given opportunities to participate in the child's program, sharing their interests and culture with the children.
- Centre to be aware of community resources that may help support families (eg translators)
- Staff to provide boys and girls with opportunities to participate in all areas of play regardless of gender.
- Programs to be accessible to people from all cultural backgrounds being aware especially of those from Aboriginal and Torres Strait Islander backgrounds as we have noticed that they have not recently been accessing our services
- Provide a visual and physical environment that respects diversity through use of resources, materials and equipment

- Centre to use equal employment policies when selecting staff, giving weight to bi-lingual skills and a knowledge and understanding of and anti-bias philosophy.
- Staff to be aware of parents'/carers' different child rearing practices and to follow these through at the centre where possible.
- Forms, newsletters etc. are to reflect the different family structures in the community.

Access and support services / equipment / resources for children with disability

Aim: It is our policy to provide access to our service for the educational needs of all children with a disability and their families regardless of sex, race, socio-economic, cultural, linguistic, religious background.

Our aim is to enable families in the Inner West of Sydney with a child 0-6 years who has a disability to have access to support and education through the Programs in our Service and associated services.

Entry Procedures:

- After the initial referral our first contact with families will usually be made by our family worker and one other member of staff. At this point we will explain services available. (see First Contact Policy)
- Families will be asked to fill in enrolment forms and to sign appropriate forms to enable Pathways to access funding.
- We provide both written and verbal information about entry and exit procedures
- Access to Service is available to all families regardless of race, creed or social status and is absolutely non discriminatory.
- Families are automatically members of Pathways Early Childhood Intervention Inc. This entitles them to access all our Services as required and provides them with the opportunity to become involved in the management of the Service if desired.
- Other appropriate services and their clients have access to our services through staff liaison.
- Our Services can be accessed by referrals from parents, child care centres, medical practitioners and Health Services and peak organisations or other educational professionals.
- If our Service or resources are not appropriate to meet the needs of a child or its family, referral to a more suitable agency will be made.

Exit Procedures:

- Exit from our Service occurs as a result of progression to a more needs appropriate service, after professional consultation and/or voluntary choice of the family.
- A final professional report on the child's educational status accompanies the child on exit from our Service or is forwarded to the new service.
- Entry and exit procedures are discussed with families and professionals at the appropriate time.
- Where a family has not used our service we will attempt to make contact by telephone, up to three times (this will be noted in their file). If no contact can be made we will send one letter, the family will then be considered to have exited our program.

Equipment and Resources:

- Where possible services are provided free of charge to families (with the exception of the pre-school service).
- Equipment and resources are constantly being updated. New equipment is bought with money made through fund-raising activities and / or donations.
- Equipment and resources are purchased on a needs basis. Parents are informed of the aim of our fundraising activities. When donations are received from families it is our usual policy to use it for resources that would be useful to that child and others with similar abilities.
- Services currently include:
 - Centre-based Early Intervention Pre School;
 - Home visiting program;
 - Play-groups;
 - Toy, Equipment and Book Library;
 - Consultations / Assessments &/or programs developed by our Trans-disciplinary team including Early Intervention Teachers Communication, Physio &

Occupational Therapists, Family worker and Early Childhood Teachers;

- Seminars and Workshops for families;
- An annual grant for a family to attend a relevant conference of their choice;
- Transition to School Program and follow up
- Consultancies / workshops provided to other services

(updated 06/07/05)

First contact with families

We understand that first contacts may be difficult for families to make; they may be at a time of stress or when they are overwhelmed by different services and options. Our aim therefore is to ensure that the initial contacts are as friendly, helpful and supportive as possible. Consequently we will:

- Attempt to answer all phone calls personally and to respond to messages left on the answering machines as soon as possible (preferably that day).
- Offer a meeting as soon as possible with a member of staff.
- We are happy to offer a meeting at their convenience. Can visit out of hours if necessary, families are welcome to come to Pathways or if they would rather we can come to their house.
- Families are welcome to invite other people to the meeting.
- We will offer an interpreter to families who are not comfortable speaking in English.
- If possible our first meeting will be with our family worker.
- We will always have an option available for families: home visits; playgroup; centre based.
- All enquiries will be entered in our enquiry book with details completed where possible.
- We will send out information about the centre (brochure, enrolment form, parents/carers handbook, recent newsletter staff and programs)
- parents/carers will be given an opportunity to ask all the questions that they need to.
- If we are unable to help families directly we will point them in the direction of someone who can (eg the Info Line).(updated 8/07/05)

Waiting List Policy

- Priority is based on a waiting list taking into account the age of the child and the needs of child and family.
- The pre-school program is generally for children between the ages of 2 and 6.
- Waiting list managed according to the needs of the families
- When families are waiting for a specific program we will write a letter explaining what other services are available.
- When enquires are made we will ascertain what parents/carers really require and note that down to help plan for our services.
- We will also note down how the family heard about our service
- Staffing levels will be taken into account for the enrolment of children with very high support needs. The director will have discretion to ensure child's needs can be met where one to one staff ratio is required.
- Priority will go to families not receiving any services.
- Families to be encouraged to put children's name down on waiting lists for mainstream early childhood education centres as well as Pathway's program.
- Information will be given on other services available to families.
- Priority will also be given to families of twins with special needs.

(updated 17/09/2006)

Excursion procedures

Aim: Excursions provide an opportunity for children to experience new learning environments and to be part of the mainstream society.

Procedures:

Large Excursions

- Parents/carers will be asked their preferences in regards to possible excursion locations.
- Care will be taken to organise the excursion in plenty of time taking account of
 - Travel and parking arrangements
 - Wet weather alternatives
 - Cost
 - Eating/toileting/changing facilities
 - Child : adult ratios (at least 1 adult to 2 children)
 - Meeting places and maps
- Permission and information notes will go to parents/carers two weeks prior to the excursion. Permission notes must be signed otherwise the child will not be able to go on the excursion.
- parents/carers will be encouraged to attend the excursion with the child where possible.
- Those children in our other programs such as the Home Based Program will be invited to attend the excursion with their parent / carer.

Small Excursions

- Where a major road is to be crossed parents will be informed prior to the excursion and permission note sent home for a signature with details of proposed excursion. A 2:1 ratio is required for all excursions but may be less children depending on mobility of child.

Excursions where no major roads are to be crossed (eg a walk in Jarvie Park): Staff to check if permission has been given on enrolment.

Child protection policy

Aim: Knowing that children with special needs are at a higher risk of abuse and that abuse is a widespread problem that shows no cultural or socio-economic boundaries we will ensure:

- That Pathways complies with legislation on reporting of suspected child abuse and screening and employment of appropriate staff.
- That children would be in a safe nurturing environment.
- That staff would be trained and aware of signs of abuse.
- That a protocol would be established for recording and reporting suspected abuse.
- That staff would be given support to eliminate the risk of abuse in the centre.
- That we support our families acting as a network service/agency in recommending services in the community which are there for help and support.

“Child Abuse” refers to a child “at risk of harm.” This includes one or more of the following circumstances;

1. the child’s basic physical or psychological needs are not being met,
2. necessary medical care has not been arranged for the child,
3. the child has been or is at risk of being, physically or sexually abused or ill-treated,
4. the child is living in a household where domestic violence occurs and, as a consequence, the child is at risk of serious physical and psychological harm,
5. a parent or caregiver has behaved in such a way towards the child that the child has suffered or is at risk of suffering serious psychological harm.
6. assault (including sexual assault) of a child, or
7. ill-treatment or neglect of a child, or
8. exposure or subjecting a child to behaviour that psychologically harms a child.

Procedures:

Staff development in the area of child protection will be encouraged through:

- organising staff meetings during the year for discussing child protection guidelines and how they affect staff duties;
- organisation of and attendance at workshops or training seminars on child protection issues and legislation as part of professional development; and
- ongoing staff training in the use of appropriate protective behaviour programs for children.

Staff will work in conditions to minimise possible stress factors that could lead to inappropriate behaviours with children by:

- training staff to be aware of and to express their own personal levels of tolerance and stress and ensuring staff take regular breaks and are aware of other staff members stress levels;
- providing opportunities for staff to have release from primary contact duties with children and to ensure that good child:staff ratios are maintained (especially with children who require extra attention or who have behavioural difficulties);
- providing opportunities for staff to be multi-skilled and undertake a range of different tasks within the centre (eg. administration, food preparation, providing professional development for staff), and use of job rotation to provide staff with diverse work experience; and
- ensuring staff are always working with another staff member, and are always in clear view of another staff member when working with children, in order to minimise stress and possible vexatious allegations.
- Support and advice will be given to all staff working in programs where other staff members are not present. We will ensure that there are opportunities for these staff to discuss arising issues as needed.

The service will provide ongoing communication about child protection issues to families by:

- communicating with all families about the strategies used within the program to help children feel safe and protected eg. protective behaviours;
- ensuring information about resource organisations, available support, and resource material is always easily accessible to families; and
- ensuring families are aware of any changes to legislation, which may affect our programs.

Our programs will provide learning opportunities for children, which encourage their self esteem, assertive behaviours and security through:

- carrying out protective behaviour programs which will help children learn about self protection, asking someone they trust for help if they feel unsafe, and developing positive assertive behaviours for use with other children. These programs should be carefully considered so that they take into account the developmental stages of the children and do not shift the onus for safety from adult to child and from abuser to victim; and
- the provision of an environment and strategies which encourage positive self esteem, secure relationships with adults and children, and which assists children in developing pro-social behaviours.

Staff will support and encourage children to develop trust and feel safe within our programs by:

- helping children to identify and discuss their feelings in a variety of situations, and to recognise negative feelings as well as happy, safe feelings;
- encouraging children to communicate their feelings in situations where they feel safe and unsafe;
- listening to children so that they know their questions and concerns are being understood;
- encouraging questioning and decision making skills throughout the program;

- respecting children's choices and decisions and encouraging them to respect other children's choices, especially where physical contact is concerned;
- teaching children the basic principles of "No, Go and Tell, and to say no if they feel uncomfortable, to get out of the situation if possible and to tell someone they trust as soon as possible" (when developmentally appropriate);
- helping children to identify a network of five people they can trust and turn to when they feel unsafe; and
- using correct terminology for all body parts, while being sensitive to cultural and family values.

The staff will use the following procedures to assist with recognising and reporting child abuse and neglect:

When you have a concern that a child is being abused or neglected-

Step 1. Raise the matter in confidence with the Director immediately. Any ongoing observations of the child should be available for discussion. Depending on the information available or the outward signs or degree of severity of symptoms, the Director will either implement Step 2 or Step 3.

Step 2. The director and contact staff will continue to take clear, dated and simply stated observations, recording indicators, on the child. If staff are concerned but unsure of the evidence the Director will contact the Department of Community Services to seek further advice.

Step 3. If there is considered to be reasonable grounds to suspect risk of abuse or neglect call the Helpline (133 627). Prior to calling staff should compile information that the Helpline may need. (see the *Risk of Harm Report Form*. Do not investigate it yourself. This is the role of the Department of Community Services

Step 4. If a child makes a disclosure to a staff member, they should:

- Listen to the child, with acceptance, calmness and without judgement, ask open-ended questions;
- Let the child understand that it is OK to tell and not their fault
- Do not ask leading questions about the details of the abuse/neglect as legal proceedings may be jeopardised. It is the role of DoCS and Police to investigate.

If a child makes a disclosure in a group situation, listen to the child, using a calm, reassuring tone, following through on issues discussed with all children regarding protective behaviours. As soon as possible without removing the child from the group inappropriately, move to a quiet area and follow the steps above.

Step 5. Staff and the centre will collaborate with the various agencies involved in child protection and follow through on our professional responsibilities.

Remember- our primary responsibility is to the child and we have a professional responsibility to report maltreatment

Confidentiality and ethical behaviour by all staff is of utmost importance in any issues of child protection. Only staff who need to know will be informed of a report.

Useful resources to assist in implementation of the policy:

Identifying and Responding to Risk of Harm workshop handout (2005)

The Child & Young Persons (Care & Protection) Act 1998

The Ombudsman Amendment (Child Protection and Community Services) Act 1998

Child Protection: Your New Responsibilities; NSW Ombudsman, May 1999 and 2000

The Commission for Children and Young People Act 1998

Working with Children Check Guidelines, Commission for Children and Young People, 2000

The Child Protection (Prohibited Employment) Act 1998

Interagency Guidelines on Child Protection; NSW Child Protection Council, 2000 draft

Making a Difference: Recognising Child Abuse and Neglect, Child Protection Council, 1998.

(updated 5/7/05)

RISK OF HARM REPORT FORM

Helpline number 13 3627
 Fax 9633 7666

Please indicate:

- This is a new faxed report
 Report has already been taken by a caseworker
 A message has been left at the Helpline

REPORTER'S DETAILS

Name:
Agency:
Position:
Address:
Phone:
Fax:
Email:
Best time to contact:

CHILD'S DETAILS

Name:
Date of Birth & Age:
Gender:
Home Address:
Home Phone:
Name of school/pre-school/childcare centre that child attends:
Location of child at time of report:

CAREGIVERS' DETAILS

Address:
Phone no.:
Relationship:

Address:
Phone no.:
Relationship:

SIBLINGS' DETAILS

Names:
Ages:
School/pre-school/childcare centre:

FAMILY STRUCTURE (live together/ separated/others living with child etc)

DETAILS OF CONCERNS

- Basic physical or psychological needs are not being met or at risk of not being met.
- Parents/caregivers have not arranged and are unwilling to arrange for the child to receive necessary medical care.
- Child has been, or is at risk of being physically or sexually abused or ill-treated.
- Child at risk of serious physical or psychological harm due to domestic violence.
- Child has suffered or is at risk of suffering serious psychological harm due to parents/caregivers behaviour.
- Prenatal report- suspect that child will be at risk of harm after birth.
- Homelessness report- child is homeless.

**INCIDENT OR BEHAVIOUR CAUSING CONCERN ABOUT RISK OF HARM
(observations, behaviour, injuries, statements, include dates)**

HAS ANYTHING OCCURRED THAT HAS PROMPTED THE REPORT TODAY?

DO YOU HAVE A CONCERN FOR THE IMMEDIATE SAFETY OF THE CHILD OR YOUNG PERSON?

DO YOU HAVE CONCERNS ABOUT THE CAREGIVERS' ALCOHOL OR DRUG MISUSE? WHY?

DOES THE CHILD OR CAREGIVER HAVE A DISABILITY? PROVIDE DETAILS

ARE THERE CULTURAL ISSUES? (non-English speaking/ATSI background/in need of an interpreter)

DO YOU HAVE CONCERNS ABOUT DOMESTIC VIOLENCE? WHAT LEAD TO THESE CONCERNS? (eg AVO)

DOES THE CHILD OR CAREGIVER HAVE MENTAL HEALTH ISSUES?

STRENGTHS OR SUPPORTS (other family members services)

IS THE FAMILY/CHILD AWARE OF THIS REPORT? WHAT WAS THEIR REACTION?

ACTIONS TO DATE TAKEN IN RESPONSE TO CONCERNS

WHAT DO YOU THINK DOCS MAY BE ABLE TO DO TO REDUCE RISK TO THE CHILD?

REPORT MADE TO DOCS HELPLINE

Date:
Time:
Name of Child Protection Caseworker spoken to:
DoCS reference number:

ADVICE / INFORMATION COLLECTED FROM DOCS

Services ability to monitor and address parents concerns, suggestions and complaints

We see that there are three levels when dealing with concerns and complaints.....

A. As a service striving to be Family Centred in all our practices we desire to encourage parents/carers to feel free to make comments, express their concerns and to voice suggestions on all aspects of our service. We aim to have small concerns addressed before they become formal complaints. We expect staff to implement, on a daily basis, opportunities for families to contribute to their child's program, accepting that they know more about their child than anyone else.

Procedures:

- Information about voicing concerns or making a complaint should be included in the information brochure handed out to parents/carers on enrolment.
- A "Suggestion Box" should be placed in a handy position.
- A plain language poster should be displayed encouraging users of the service to feel free to make complaints, suggestions and compliments.
- Information should appear in our newsletter early on in the year.
- A parent survey should be carried out at least once a year. One component of this should be an opportunity to voice concerns as well as note areas of service they are happy with.
- When a concern is voiced informally (eg a parent/carer asking that their child be seated/fed in a different way) this should be noted by the member of staff in the back of the complaints book. Other members of staff should be informed and any follow up to be noted. A copy of this should be given to the parent/carer.

B. When a more serious complaint is made about our service: We believe families have the right to have complaints and disputes

regarding our Service resolved quickly and to their satisfaction. We acknowledge that the Service will be more responsive to the community where people feel free to express their dissatisfactions. We are also aware of the vulnerability many of our parents/carers may feel and that they may need reassurance that a complaint will not lead to diminished service.

Procedures:

- A formal complaint form will be made available to all families.
- Families can make a complaint verbally, by phone or in writing.
- The Director is the person to whom complaints should be addressed.
- If families were reluctant to go to the Director then the next step would be a member of the Board of Management. The names and contact details of members will appear in the Newsletter.
- If complaint is made verbally notes should be taken with the opportunity to record both points of view.
- The Director to be aware that there may be a difference between a complaint and a concern. The parents/carers would have discretion in this area.
- A suggestion box will also be available for written complaints as well as suggestions.
- We will organise a meeting as soon as possible at a mutually agreeable time and place to help resolve the complaint.
- Privacy and confidentiality will be respected.
- A mediator can be used to negotiate through if requested. Either party can request the presence of an advocate or translator. We will provide information on relevant complaints and disputes processes available in the community.
- A plan of action will result from the meeting.
- Complaints and disputes are to be resolved if possible within a mutually agreed time frame. If necessary a date will be set to evaluate the progress being made to reach a resolution.
- A book of complaints is to be kept. This should include action to be taken and a review date (use different coloured paper).
- The Director will take a confidential summary of complaints to the Board meetings and report on action taken.

C. Some complaints may not be resolved by the above procedures. If the person making the complaint is still not satisfied they can take their complaint to the Community Services Commission for assistance.

Things for staff to keep in mind when a parents/carers makes a complaint:

- Suggest a private place to talk.
- Find an opportunity to actively listen to the complaint. Using empathy and understanding, try to remain as objective as possible.
- Acknowledge the person will have strong feelings. Validate those feelings.
- Don't try to solve the problem, they may just want to talk. Could ask them what they would like to do/have happen
- May need to put family in touch with other options, services etc
- Help parents/carers understand that there can be a "win win" situation. Facilitate them to make better choices.
- Staff may need to recognise that they may not be the cause of the anger, anger can be a natural response to grief.
- Staff should facilitate partnerships with families / carers based on trust, respect and open communication, recognising family diversity.
- Staff will create opportunities for the family to acquire the skills to achieve their goals.

References:

"Recommended Practices in Family-Centred Early Intervention" The Australian Early Intervention Association

"Standards in Action" The Ageing and Disability Department

"Good Complaints Handling" The Community Services Commission

Staff Recruitment Policy.

Aim:

To ensure that the best possible staff are employed in the Centre.

To ensure that the required awards, acts and regulations are met in regard to training and experience.

To employ staff who adhere to the philosophies of Pathways Early Childhood Intervention Incorporated. (eg Inclusion)

STEP 1 The need for a new member of staff is established, taking into account staffing regulations.

STEP 2 This is agreed by the Board

STEP 3 Position Description and advertisement written in accordance with Centre philosophy, regulations and the Award.

Taking into account:

- qualifications,
- experience in working with children and families
- need to mention the working with children check
- inclusion philosophy
- hours
- other relevant skills (eg team work, suitability to care for and supervise children)

STEP 4 Positions are to be advertised state-wide (Sydney Morning Herald). The Board may make an appointment by nomination if the appointment is for a short term contract or for less than 14 hours per week.

STEP 5 An interview panel established including the Director, a Board Member and possibly a parent or another member of staff.

STEP 6 Working with children check requested along with other reference checks

STEP 7 Offer letter sent along with position description and details about probation.

STEP 8 The probationary period will be for 3 months with an initial appraisal completed after 1 months service then after 2 months. If at any time during this probationary period either the new staff member or the Director have concerns, these should be voiced and an opportunity given to address them.

STEP 9 After 3 months of satisfactory service the appointment will be confirmed. If work is not satisfactory the appointment will be terminated (following relevant industrial awards). If at any time in the first 3 months the new member of staff is of the opinion that the position should not continue they should, if possible, give the Director and Board 2 weeks notice in writing

Staff development and training policy.

Aim:

To ensure that the staff at Pathways not only understand but carry out recent Early Intervention theory and practice.

Procedures:

New Staff

- Their offer letter will include a position description. Staff are to understand that this will be used as a guideline for staff appraisal during the probationary period.
- New staff will be asked to familiarise themselves with the procedures and policies of Pathways services prior to their first day of work.
- On the first day of work staff will be introduced to other staff members and will familiarise them with the normal routines and their specific tasks.
- The Director or another member of staff will go through the philosophy, policies and procedures, Occupational Health and Safety Folder and the Fire Drill in the first week of service.
- New staff will also be asked by the Director to read “Recommended Practices in Family-Centred Early Intervention” and “Child Care Information” by the WorkCover Authority.
- New staff will be introduced to the children and their parents/carers.
- A profile of new staff members will be placed in the next Newsletter.
- Staff appraisal meeting dates will be set (see Staff Recruitment Policy on probation).

Current Staff

- Annual staff appraisals will be provided for all staff members in order to give staff feed-back on strengths and weaknesses, directions for future development and to recognise good performances.

- The Director will organise staff appraisals (or a member of staff nominated by the Director). Staff development for the Director will involve a member of the Board selected for that role by other board members.
 - Objectives for future development and training will be set and action plans to meet these objectives.
 - All relevant records are kept at the centre in the staff member's file. Staff will be given a copy of the record of staff development objectives and action plans.
 - Staff meetings will be held weekly. They will include an element of staff development and Occupational Health and Safety.
 - Staff will also have an opportunity to have an input into the policies, procedures and curriculum for the service.
 - In-house in-service courses will be run regularly for staff on pupil free days at the beginning or end of the school year.
 - Funding will be set aside for Staff Development. This will include contribution towards attendance at the Australian Early Childhood Intervention conferences when they are held in Sydney or other relevant courses.
 - Pathways will subscribe to relevant journals that will be made available for staff.
 - A library of current texts on Early Intervention will also be available to staff.
 - Staff will be encouraged to further their education and training. The director will discuss with staff members how best to meet study needs such as time off for exams or practicums.
- Staff will be encouraged to visit other services to keep abreast of recent developments and community needs.

Reference: "Recommended Practices in Family-Centred Early Intervention"

"Child Care Information" by the WorkCover Authority.

The way in which children will be given positive guidance towards socially acceptable behaviour

Aim: Early childhood is a time where children begin to learn how to relate to their families their peers and to the wider community. Where these skills are developed children will have positive interactions that will reinforce positive behaviour. With some children at Pathways their predominant special need will be their social skills. In all cases we will provide opportunities to have rewarding social experiences with staff and the other children and develop programs that will help children learn behavioural skills that will be acceptable in the home, the school/preschool and their community. We will also be aware of the differences in development, age and abilities of the children.

Procedures:

- Families will be asked at the beginning of the child's year what their expectations for their child's social skills are. Staff will work with families in planning strategies that will work towards those goals.
- The environment at the centre will challenge and stimulate children's thinking and activity level whilst allowing opportunities for a range of experiences. Opportunities for behaviour that could hurt the child or others will be minimised by safety considerations and risk management analysis (consequently there will be a lot of things a child can do but not many that staff is saying "no" about - within the limits of Pathways building).
- All staff will demonstrate developmentally appropriate expectations of children's behaviour. Staff will model appropriate behaviour.
- Children will always be supervised to ensure safety.
- Children will receive positive reinforcement for acceptable behaviour.

- Staff will talk to the children about appropriate behaviour (eg “We are gentle” “We sit down at group time” rather than focusing on negative behaviour “don’t bite/pull hair”, “no running inside” as this may draw attention to that behaviour)
- Staff will intervene when unwanted behaviours are observed. If another child is hurt, this child will receive the immediate attention of the staff. If another child has been hurt this will be recorded in our “incidents and accidents book” and the parent told what happened, but not the name of the child responsible.
- Children will never be restrained. The only exception would be where the child is at risk, such as during a tantrum, where they may need to be held and reassured.
- Staff will be aware of some of the causes for unacceptable behaviours. (eg tiredness, hunger, frustration due to inability to communicate, boredom, need for attention, changed family situations such as a new sibling, no knowledge of expectations at the centre).
- Staff may re-direct the child to another activity. All children will be treated with dignity at all times.
- If this is unsuccessful staff may accompany the child to another activity and remain with them, including discussion. Making it clear which behaviour is considered unacceptable and the consequences of that behaviour.
- If unwanted behaviours persist staff will make written observations of the behaviours and discuss with other staff at a staff meeting.
- The intervention strategies will be addressed within the framework of the child’s disability. (eg we will have different expectations for a child with autistic spectrum disorder to a child with a hearing impairment).

- A behaviour management plan may be developed. Parents/carers may be informed at this point.
- A behaviour management plan will then include parents/carers and regular written and verbal communication between staff and parent/carer will ensure consistency of management approach. After an agreed period of time an evaluation meeting will be held.
- If parents and staff feel the unwanted behaviours are continuing to disturb other children and the child's ability to interact then parent permission will be sought to contact resource people for assistance.
- With the assistance of qualified resource people another plan will be implemented and evaluated.
- In the unlikely event that the child's behaviours continue to disturb the safety of other children and the well-being of the child, the Director may write a report and make recommendations regarding the child's continuing attendance at the centre, to the Board of Management.

Health policy.

Aim:

Pathways early childhood Intervention Inc, aims to provide a healthy and safe environment for the mental, physical and emotional well-being of the children and staff attending and working in our service.

This policy provides the guidelines governing provision of health care by staff at Pathways early childhood intervention Inc.

For families, it provides an account of staff's actions and the medication given, in the event of a child being taken ill while attending our services. The policy also outlines the circumstances under which families/guardians may be required to remove their child from our services while their child is ill.

For staff the written policy provides guidelines for action in a variety of potential circumstances.

General health:

Our objective is to create a hygienic and safe environment, which will promote the health and safety of the children and staff attending our services.

Whilst it is our aim to assist parents/guardians in the rearing of their children the responsibility of parenting remains “that of the parent/guardians.” A sick child will always need the ‘special’ comfort from their parents of guardians.

As a general principle, children should not attend our programs unless they are able to adequately cope with the normal routines and activities of the program for which that child is involved in.

Pathways Early Childhood Intervention Inc, will notify all parents of any infectious diseases present in any of our programs, by notices on information boards or in person. Parents/guardians are asked to notify the appropriate program if their child has contracted an infectious disease.

Ways to prevent cross infection:

- Ensure hands are washed upon entering the program, before handling food, after using the bathroom.
- Encourage children to do the same, model good hand washing techniques.
- Children with infectious illnesses (as stated in documents attached) shall be excluded from our programs.
- Use a fresh pair of gloves when attending to body fluids e.g., nose wiping, changing nappies, attending to cuts and feeding.

Gloves, tissues and rubbish bins to be provided in convenient places around the center.

- Rubbish bins with secure lids will be provided.
- Ensure all equipment used by the children is cleaned regularly, all mouthed items are to be removed and washed before being made available to other children.

<p style="text-align: center;">Hot Drinks:</p>

- Hot drinks are not allowed in rooms or playgrounds while staff are working with children. Parents and visitors are to be made aware of this policy. (updated 07/07/05)

Toileting procedure.

- Explain to the child that it is time to use the toilet or potty, provide visual clues to those children requiring them.
- Encourage mobile children to walk to the toilet / potty.
- If immobile, take the child to the change table to remove nappy.
- Encourage and show child how to pull down pants / nappy helping the child to remove them.
- Encourage child to sit on the toilet / potty.
- Place immobile children onto potty and use safety belts.
- Once the child has used toilet / potty, while wearing gloves wipe them with toilet paper if needed.
- Help child to pull up pants and help them to wash their hands. Take immobile children to the change table to put on new nappy then take them to wash their hands.
- Staff to wash hands when finished assisting child.
- Talk to the child throughout the procedure, explaining what you are doing, encourage them to be as independent as possible. Ensure that the highest respect for their body and privacy as possible is given. Follow individual toileting procedures for each child.

Hygiene procedures.

- Staff will wash hands after changing nappies (even though gloves are used), wiping any body fluids from themselves or children in their care.
- Fresh gloves will be used for each child when changing nappies or feeding.
- All discarded nappies will be placed into the bin, emptied daily and placed into bins for collection by Garbage collectors.
- Children will use their own feeding utensils.
- Children and staff will wash hands before eating and after using the bathroom.
- All furniture will be wiped with disinfectant after use, for example lunch tables, nappy area.
- Toys will be washed and disinfected to eliminate cross infection.
- Staff to follow colour coded cleaning cloth system.
- When washing up two sinks to be used and the detergent to be rinsed from dishes with hot water.

Sun protection procedure.

- Parents / guardians to apply sunscreen to their child upon arrival.
- Children are to have sunscreen applied to exposed areas of skin before going outside.
- Children and staff are required to wear hats while outside in the sun. Protective clothing such as shirts with sleeves and long shorts are also encouraged.
- During the summer months the children's outdoor time is in the morning, while in the winter months the children are outdoors latter in the day.
- Activities will be set up in shaded areas and children will be encouraged to play under the shade of shade cloth or the trees.

Nappy change procedure.

1. Place disposable gloves on.
2. Prepare change table with nappy, change of clothes, nappy wipes, and plastic bag.
3. If child is mobile encourage them to climb onto the table using the steps. **Never leave the child unattended.**
4. If child is unable to get onto the table, ensure correct lifting methods are used. **Never leave the child unattended.**
5. Once child is on the change table, pull down clothing and remove soiled nappy (and place into separate plastic bag if bowels have been open) place nappy in bin.
6. Use nappy wipes to gently wipe the child clean then place these into plastic bag or bins provided.
7. Discard dirty nappy, wipes and gloves into the bin provided.
8. Change child into clean nappy and change clothes as required.
9. Once dressed, encourage the child to climb down using the steps or ensure correct lifting methods are used.
10. Clean change table with disinfectant & towel ready for next child.
11. Wash and wipe hands.
12. At end of the day empty nappy bin into contaminated waste bag and place outside in designated area. (updated 07/07/05)

Sharps procedures

The playground and perimeter to be checked daily for syringes, broken glass, stick or other objects that may present a danger to the children.

- Each morning the member of staff setting up the playground to walk around the grounds to check for sharps.
- If a member of staff finds a syringe, call another member of staff to help.
- Any syringes found will be picked up by tongs supplied and placed in the special disposal container (container to be placed on ground, not held by a member of staff).
- Dustpan with long handle and special gloves will be used for picking up any broken glass, sticks etc. These are to be placed in the rubbish bins.
- Any significant finds will be recorded in the staff meeting book.
- When the sharps container is close to being filled Marrickville Council will be called for it to be collected and replaced
- Staff will receive training in safety when picking up sharps.
- Sharp objects will not be placed in the centre's small rubbish bins.
- Special checks to be made on Mondays & after school holidays.
- Tongs and sharps container to be kept in locked laundry.
- Staff are not to use hands to press down or touch rubbish in the bins (updated 18/06/05)

Accident procedure.

Comfort the child and administer first aid (first aid kit is located in nappy change area).

Make sure a staff member supervises other children.

- Once the child is ok, fill in accident report.
- Date and sign all entries.
- Survey play areas and be aware of accident prone areas.

Depending on the extent of injuries, ring the parents / guardian; explaining what happened in a clear manner, include what is being done or has been done for the child. Reassure parent / guardian.

In an emergency phone for an ambulance, **000**

Address: Jarvie Park, Yabsley Road. (at the back of the park near the basketball courts)

Nearest cross street: Malakoff Street.

Provide details of the accident in a calm clear voice.

Phone parent / guardian or emergency contact person **after** calling the ambulance and tell them calmly what happened, which hospital the ambulance is going, and the name of the staff member traveling with the ambulance.

Write details in "Incident Accident" file.

Nutrition Policy.

The establishment of healthy eating habits are essential to children's growth and development. While, the overall nutrition of a child remains the responsibility of parents / guardian; it is important for Pathways early childhood intervention Inc staff to be available to parents / guardians to offer advice, consultation and support on nutrition topics.

- Pathways' seeks to offer children food, which is consistent with the recommended daily dietary requirements for children (Australian Dietary Guidelines).
- Pathways staff will provide positive meal times that promote socialisation of both children and staff. This will provide a suitable situation for staff and children to model eating and drinking procedures and routines; furthermore communication opportunities are more likely within a social environment.
- Pathways' staff will promote healthy and hygienic practices and eating habits, also encourage positive attitudes to food. For example, gloves will be used by staff when feeding children / handling food.
- Pathways' staff will be available to discuss healthy food choices and hygiene habits to families as required. Information will be given through a variety of mediums including verbally, posters, newsletters, and other printed matter. Where possible this information will be provided in a variety of languages.
- Families should inform staff about food / drink allergies or health issues such as difficulty swallowing food. Alternatives can then be discussed at this time.

- All food / drink requiring refrigeration should be placed in the fridge each morning with your child's name clearly marked on every item. (Alternatively they may be kept in an insulated bag with a cooler brick).
- Water provided/available to the children throughout the day.
- Due to the number of children with allergies attending the centre, we take the precautionary measure of making our centre peanut free. This means excluding peanuts and peanut based foods, as well as products containing arachis oil (peanut oil). (updated 17/07/05)

Medication Policy.

There are two types of medication, prescription and non-prescription. Parents / guardians are required to fill out a medication form each day before any medication is given. If a form is not filled out the medication cannot be given.

Prescription medications are those prescribed by a doctor and this authority needs to be shown to staff. The doctor's note needs to state the dosage amount and the times it is to be taken.

Non prescription medication is identified as cough mixture and panadol type medicines, which can be bought over the counter. These will only be given for a maximum of two days after which a doctor's note will be required.

The supervising teacher will be required to administer medications to children. Another member of staff will check the dose, name of the child and time given before the medication is given to the child. Both staff will then sign the form stating the medication was given. Completed forms to be maintained.

Where a child suffers from epilepsy, asthma or other specified medical condition; the treatment to be administered should be placed in the child's file and in a place for staff to access with ease.

Medication authority.

Name of child: _____ **Date:** _____

Name of medication: _____

Reason for medication: _____

How medication is to be administered (eg orally):

Doctor's authority: _____

Time/s to be given: _____

Dose to be given: _____

Parent / Guardian signature: _____

Administered by: _____ **Sighted by:** _____

Time given: _____ **Dose given:** _____

Medical procedures authority.

(eg procedure to be followed if a child appears to be severely physically affected by asthma, epilepsy, blocked airway etc.)

Name of child: _____ **Date:** _____

Reason for medical procedure: _____

How procedure is to be administered:

Indication that procedure is necessary:

Doctor's authority: _____

Parent / Guardian signature: _____

Administered by: _____ **Sighted by:** _____

Time given: _____

Child's reaction to procedure _____

Safety procedures for staff.

Aim:

To ensure that staff in all programs, feel safe and secure in their workplace thus avoiding hazardous situations or other extreme situations that may cause stress.

- Staff in all programs need to be aware of all potential safety problems such as physical or verbal abuse from families, community members and other members of staff.
 - Contingency plans need to be in place in order to deal with such problems.
1. If a problem arises in the centre the director needs to attempt to diffuse the situation seeking to calm the person/s down. If it is appropriate then formal discussion can be entered then or dealt with at a latter time.
 2. If a problem arises before or during a home visit, the teacher is to attempt to defuse the situation. If she/he is in danger they are to leave the home immediately and report incident to their supervisor. A follow up visit is then arranged with the home visitor their supervisor and the family to discuss the problem. If at the time of leaving the teacher believes the lives of family members are in danger the police are to be called and the supervisor. (see also child protection policy).
 3. Staff involved in highly stressful situations, which occur on a regular basis, will receive support and counseling as necessary.

Epilepsy.

Aim: To ensure optimum safety for children who suffer from Epilepsy.

Procedures:

1. Move harmful objects away. Put something soft under head and shoulders. Do not put anything in the mouth. Do not restrain.
 2. As soon as possible roll the person onto their side to assist breathing.
 3. When the seizure is over the person may be confused. Reassure them until they are fully aware of their surroundings.
 4. Call an ambulance if the active jerking movements of a tonic clonic-seizure last more than 5 minutes.
 5. Families will be informed immediately.
- Where practical all staff caring for children will have a Senior First Aid Certificate.
 - Procedures to be followed in the event of a tonic-clonic seizure will be placed in a convenient location for all staff to see.
 - Staff will also be aware of the danger of febrile convulsions in young children. Children who develop a fever will be treated appropriately.
 - Triggers for attacks will be managed or removed (i.e. fatigue, illness, emotional tension, over-breathing or flickering lights)
 - Specific requests by families regarding the treatment of epilepsy will be respected.

References:

“Epilepsy First Aid” the Australian Epilepsy Association
“The Australian Guide to Children’s Health” J Llewellyn
“Australian First Aid”, St John Ambulance Australia

Sunsmart & clothing policy

Rationale:

Australia has the highest incidence of skin cancer in the world with 140,000 new cases and 1,000 deaths recorded each year.

Skin damage is the result of cumulative exposure to the sun. Much of the damage occurs during childhood and adolescence. Research suggest that severe sunburn is a contribution to skin cancer. Most skin damage is preventable. Our centre can help reduce the risk of future skin cancer by encouraging all at the centre to take effective skin protection measures.

Young children are often unable to determine their need for additional or less clothing. Centre staff and parents have a responsibility to ensure children are comfortably clothed for varying temperatures during the day and during the change of seasons.

Aims:

The aims of the Sun Smart and Clothing Policy are to promote among children, staff and parents:

- * Positive attitudes towards skin protection.
- * Lifestyle practices which can help reduce the incidence of skin cancer.
- * Awareness of the need for environmental and timetable changes in the centre to reduce the level of exposure to the sun.
- * Awareness of changing clothing needs.

Strategies:

The policy is for the whole year, with particular emphasis during the months of Daylight Saving (terms 1 and 4).

Children will wear hats which protect the face, neck and ears whenever they are outside. Staff will attempt to encourage wearing of hats by those children who pull them off otherwise children to

play in shaded area only. If hat pulling off continues staff to talk to parents about possible strategies (eg zinc cream)

Children will wear clothing that covers the upper body when outdoors

Children will be encouraged to use available areas of shade for outdoor play, activities to be set up in shady areas.

Staff will ensure that activities are held indoors or during the period 10.30 a.m to 2 p.m. during daylight saving months.

Staff will be expected to act as role models of SunSmart behaviour.

Provide a large shady area for outdoor play.

Provide non-allergenic sunscreen for parents to apply in the morning and staff to apply after morning tea.

Respect parents wishes regarding the non-application of sunscreen.

Provide information for parents on SunSmart behaviour and consult with parents on suitable clothing, respecting parents' wishes.

Ensure adequate supplies of spare hats and clothing (winter and summer) are kept for unforeseen circumstances.

Ensure children are appropriately clothed for sleep-time

Ensure all children are always comfortably dressed for the weather conditions.

At enrolment parents will be

- Requested to provide a 'tie-on' hat for young children.
- Requested to provide at least two changes of clothing for their child. Requested to provide labelled and weather-appropriate clothing, including loose covering clothing for children who do not wear sunscreen.
- Informed of the need to apply sun-screen to their child on arrival every day.

Procedures for caring for sick children, for exclusion of sick children and for controlling infectious diseases.

Aim: To minimise the risk of cross infection to other children or staff in the Service.

INFECTIOUS DISEASE

<u>DISEASE</u>	<u>EXCLUSION OF CASES</u>
Chicken Pox	Exclude for at least 5 days after the eruption first appears or when blisters have all crusted
Conjunctivitis	Exclude until discharge from eyes has ceased.
Diarrhoea (Gastroenteritis)	Exclude until diarrhoea has ceased.
German Measles (Rubella)	For at least four days after the rash appears or until fully recovered
Glandular Fever	Exclusion not necessary although some children may be too sick to attend Child Care.
Hepatitis A (infectious Hepatitis)	Until child has recovered or at least 7 days after the onset of jaundice or illness.
Hepatitis B	Exclusion not necessary unless child is very sick.
HIV (Human Immunodeficiency Virus)	Exclusion not necessary unless child has a secondary infection.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.
Influenza	For 5 days after the appearance of the first symptoms.
Measles	Exclude for at least 4 days after appearance

	of rash.
Meningitis	Exclude until child is well.
Mumps	Exclude for 9 days or until swelling goes down.
Poliomyelitis	Exclude for at least 14 days after onset.
TB (Tuberculosis)	Exclude until a Medical Certificate has been received.
Whooping Cough	Child should be kept home for 14 days from the start of illness, or until 5 days from the start of a 14 day course of antibiotics has been completed.

See the booklet issued by the Dept of Health entitled 'Guidelines for the control of infectious diseases in child care', Sept. 1993 (prepared by Mark J Ferson)

A medical clearance must be obtained from a medical practitioner and presented to the Director (or delegate) prior to the child returning to the centre. A child will not be readmitted to the Centre without a Medical Practitioner's clearance.

Infectious Conditions in the Centre

If a child in care has a suspected infectious condition, the caregiver must:

- a) Isolate the child from other children.
- b) Contact the child's parents or emergency contact person.
- c) Ensure all toys, equipment and eating utensils that the child has used are separated and thoroughly cleaned according to Centre guidelines.

Informing Parents of Infectious Conditions

All parents are to be informed immediately of any common infectious condition in the centre by appropriate signs placed in the most visible positions. These signs should also include symptoms of the condition, exclusion time from the centre for any infectious

persons, and the need for a medical clearance before returning to the centre.

Diarrhoea

Diarrhoea is characterised by loose, frequent stools. If staff observe a child to have such a stool the details will be noted in the room diary. If staff observe, a second similar stool then parent/s will be contacted and requested to collect the child from the centre. NB Some children will have similar symptoms as a result of some medications.

The child must be free from diarrhoea for a period of 24 hours before they can return. If staff are concerned that a child has frequent bouts of diarrhoea this will be discussed with the Director. The Director will speak to the parent/s to request a stool culture be carried out by a Doctor to establish the cause of the frequent bouts of diarrhoea.

Conjunctivitis

Conjunctivitis is characterised by redness and discharge in the eyes. If staff observe a child to have conjunctivitis they will be excluded, as much as practicable. The parent will be contacted and will be requested to collect the child as soon as possible. The child can return to the centre once a 12 hour period has passed with no eye discharge. NB Some children are likely to have weepy eyes due to problems with the tear duct

Headlice

Headlice causes itching on the head. If staff observe headlice or eggs in a child's hair or on the scalp they will closely observe the area. If only eggs are present and they are more than 1.2 cm from the scalp they are non-infectious. The parent should be informed when they collect the child.

If headlice and/or eggs are found closer than 1.2 cm to the scalp then the child must be isolated from other children. All affected clothing and bedding must be cleaned. The parent will be

contacted and asked to collect the child. The child's hair should be treated and the child can return once the eggs and lice are dead.

HIGH TEMPERATURES

Panadol and other Paracetamol

Medication will not be administered to the child unless the 'Permission for staff to administer Panadol (Paracetamol)' agreement has been signed. High temperatures are often a symptom of an infectious illness.

If the child's temperature reaches 38 degrees Celsius staff will adhere to the following procedures:

- a) Notify the Director.
- b) Parents/carers will be contacted for permission to administer Panadol. If the parents/carers can't be contacted then staff will check the child's enrolment form for written permission
- c) If the permission form is not signed then the child's doctor will be contacted for permission. **If** the Doctor is not contactable then the Director will take responsibility.
- d) Staff will advise parents that the child needs to be collected within one hour of the Panadol being administered. If the parents/carers are unable to collect the child they must organise alternative arrangements and advise staff of these.

Emergency Medication Procedures

Where a child has a medical condition that requires long term medication on a regular basis, eg. epilepsy, asthma, parents are required, in consultation with the child's medical practitioner, to complete an Emergency Medication Authority form.

ACCEPTING SICK CHILDREN INTO CARE

The Authorised Supervisor will not accept a child into care if they are not well enough to participate in normal activities, or require special attention because of ill health.

Background Information HIV/AIDS

There is no evidence that HIV is spread from child to child schools or child care centres through normal social contact,

HIV/AIDS/Hepatitis B in the Centre

Non-Exclusion: Being infected with HIV is not grounds for the exclusion of a child, parent, or staff member.

Confidentiality If a staff member is told that a child, child's parent or another staff member is infected with HIV/AIDS/Hepatitis B this information must remain confidential.

Anti-Discrimination: employees, prospective employees, parents and children shall not be discriminated against on the grounds of having, or being assumed to have, HIV/AIDS/Hepatitis B

IMMUNISATION

The Public Health (Amendment) Act 1992 requires parents of all children enrolling in child care facilities and pre-schools from 1994 to provide documented evidence of the child's immunisation status. Immunisations received should be appropriate to the child's age. Immunisation is not compulsory, however, in the event of an outbreak of a vaccine preventable disease at the centre, unimmunised children will be required to remain at home for the duration of the outbreak.

Parents must provide updates to the child's immunisation record. Failure to comply with this directive will mean that the child will be regarded as being unimmunised.

SMOKING

Pathways is a Smoke Free Zone. Smoking is not allowed inside the centre, or in sight of the children, at any time because of the proven health risk of passive smoking.

CHILD HEALTH RECORDS

Records of children's illnesses, accidents, medications and general health will be maintained by the Centre to ensure that parents' requests for health care are followed and that a complete picture of the child's health whilst at the Centre can be developed

The following documentation will be maintained by the Centre

- Medication authority (to be placed in a "Medication Folder")

- Long-term medication authority

- Special medical needs

- Emergency medication authority

- Confirmation of phone advice of administration of medication

- Illness, Accidents and Incidents records

- Child health record

IMPORTANT

Dear Parents,

At Pathways, we aim to create a hygienic and safe environment to ensure the good health of the children and staff attending our services.

Whilst it is our aim to assist parents in the rearing of their children, the responsibility of parenting, remains with parents. A sick child will always need the 'special' comfort from their parents.

For this reason, we remind all families to keep their sick child at home or cancel the home visit.

How do I know if my child is too sick for preschool, playgroup or home visiting?

Our policy states that children are sick when they are not well enough to participate in normal activities, or they require special attention because of ill health.

If your child needs Panadol (paracetamol), they are too sick for preschool, playgroup or home visiting. Our policy on paracetamol states that we can administer it to children in the preschool program with parental permission. However, the parents must be informed and the child must be collected within one hour.

You must inform us if your child has an infectious disease. This includes: Chicken Pox, Conjunctivitis, Diarrhea, German Measles, Glandular Fever, Hepatitis A & B, HIV, Impetigo, Influenza, Measles, Meningitis, Mumps, Poliomyelitis, Tuberculosis and Whooping Cough. For more information on our policies relating to infectious diseases read our Policies and Procedures. We can email these to you. Alternatively, staff can provide you with this more detailed information.

Your child can return to preschool, playgroup or home visiting:

- Five days after the onset of Influenza
- 24 hours after diarrhoea (if your child's diarrhoea is caused by medication, please inform the staff)
- 12 hours after eyes have stopped discharging due to Conjunctivitis
- When eggs and lice are killed by headlice treatment. If headlice and/or eggs are found closer than 1.2cm to the scalp, then the child must be isolated from other children.
- When your child can participate in normal activities such as playing and eating.

If you are unsure about if your child is well enough, please speak with a staff member.

Privacy, dignity and confidentiality policy

Aim: We believe every child, every family and every staff member has the intrinsic right to be treated with dignity. This includes respecting their right to privacy and confidentiality.

Procedures:

Paper files:

- We ensure all private documents are kept in a locked filing cabinet when not in use.
- We will only record information that is directly relevant to our service delivery.
- Records and reports concerning a child will be made available to their family at all times upon request (custodial orders will be respected when releasing information).
- Records or reports pertaining to staff members will be available on request and will also be kept in a locked filing cabinet. Relevant records will be kept for two years after staff leaves.
- The family will be consulted when information required for funding applications is requested.
- A families' written consent will be requested before another agency or person can view their child's records.
- When another organisation requests a report from Pathways families will be asked for permission before the report can be made. A copy of this report will be sent to the family.
- All reports plans and information relating to a child will be kept for at least 25 years (see DOCS regulations on keeping records).
- Reports sent by mail or fax to another agency will be marked "confidential". Reports sent to families will be marked "private".
- When files are not to be kept they will be disposed of in confidential waste or shredded.

Computer files:

- A hard copy or a disc will be kept along with other records of any reports that are made on computers
- Access to computers will be limited to relevant staff only.

- Pathways will ensure that reports sent by email will be received in confidence.

Conversations associated with a child, family or staff member:

- Where parents wish to talk to staff about their child or family, staff will provide a private location (in the kitchen, the office or outside as convenient).
- Staff will be aware of the risk of breaches in confidentiality, they are not to talk to *other* parents/carers, therapists, nurses, acquaintances or visitors about children.
- At meetings where people other than Pathways staff are attending the identities of children will not be revealed. If it is relevant to talk about an individual then written permission must be received from the family.

Photographs, videos:

- parents/carers will be asked at the beginning of the year for permission to take photographs & or videos of their child.
- For any photographs that could be seen in the wider community, specific consent will be requested, eg a photo to be used in a newspaper article or a video to be used in a conference.

Handling of Children:

- Children's rights to privacy and dignity are to be observed at all times within the limits of the pre-school environment.
- Private areas are to be created for toileting and nappy changing.

Accidents and Incidents policy

Aim: Families have the right to know of any accidents or incidents that may have happened to their children during the course of the day. Any accident to children or staff is to be documented and the information used to prevent another occurrence.

Accident: an event occurring to children, staff or other visitors that will require the administration of first aid.

Incident: an event that, while not requiring first aid would equally cause concern to parents/carers or members of staff (eg a child running away).

Procedures:

- In the event of a serious accident the staff will ring
 - the ambulance,
 - the parents/carers (or emergency contact person),
 - the child's doctoragain this will be written up in the incident accident booklet.
- In the event of an accident occurring to one of the children or staff (eg a fall causing the child to cry or when first aid needs to be administered) a report will be written in our "Accident and Incident" book by the member of staff who dealt with the matter (see accident and incident form).
- If a member of staff is in an accident this will similarly be written up in the "Accident and Incident" book.
- Similarly if a child or member of staff is involved in an incident that could have serious repercussions.
- The director or another member of staff will also tell the parents/carers what happened on the same day and what action was taken. A copy of the report will be sent home where the staff is not likely to see the family that day.
- The Incident and Accident Book will have a place for the member of staff to sign off to ensure child's family have been informed and any further recommendations noted.
- This book will be kept for the required amount of time.
- Any incidents or accidents will be discussed at the following staff meeting any recommendations to eliminate the risk of

another such incident will be noted and implemented by a specified time.

- The Director will report to the Board on incidents and accidents occurring since the last Board Meeting noting what actions have been taken to avoid future occurrences.

Financial Management Policy.

Aim: The service will be run efficiently and economically for the ongoing benefit of children and families.

Procedures:

- Pathways will follow all legal procedures in regards to taxation and accounting.
- Books will be audited by a chartered accountant this will be done in line with requirements of the funding body and Government regulations.
- The Service will not run at a loss
- Pathways will be accountable to the Board for all monies received in grants, donations, fees or fundraising.
- A budget shall be prepared annually (prior to the first month of the financial year) and approved by the Board of Management.
- A report shall be prepared annually. It shall contain a summary of how monies have been spent compared to budget.
- Superannuation, Worker's Compensation Insurance, Salaries and other Staff related expenditures shall be paid in a timely manner.
- An emphasis is to be placed on the affordability of services to families. The inability to pay fees should not preclude a child from benefiting from our services.
- Regular fundraising activities will be organised to cover the costs of new equipment.
- All financial/ accountability documents will be completed for funding bodies.
- All monies received are recorded in a receipt book and deposited into a bank account
- All payments (except petty cash) are made by cheque
- Any unspent program funds will be reported
- Quarterly financial statements are presented by the treasurer
- The Director of Pathways has delegation to spend up to \$2,000. Amounts over this amount require authority from the Board of Management.

Community Visitors Policy.

Aim: To have a service that is open to the community and will be used as a community resource. For the children using our service to be familiar with the world around them.

Procedures:

- Visitors from the community will be made to feel welcome to our centre. Families will be encouraged to bring friends to visit.
- Volunteers and students who visit our services will first be asked to read our “Induction folder” which covers relevant information including: Occupational Health & Safety; Policies and Procedures; background information; and basic Early Intervention Information.
- There will be a mechanism for providing a mentor for volunteers, students and visitors so that they will not be left alone with children.
- Families will be introduced to visitors personally and through a sign on the noticeboard.
- As well as going out on visits into the wider world we will provide opportunities for the children to have different experiences with visitors coming into the service. (eg animal farms, musicians, artists).
- Visitors who will be at the centre for a long term (e.g. students and volunteers will fill out the “Working with Children Check” declaration form.

Occupational Health and Safety Policy.

Aim: Knowing the additional risks to staff in working with children with special needs we desire to provide a safe, healthy and satisfying working environment for staff, visitors and voluntary workers.

Procedures:

- Management Committee and staff to be familiar with laws covering Occupational Health and Safety.
- Management to ensure that all workers are covered by workers compensation insurance.
- New staff and voluntary workers will be required to read staff introductory manual in order to familiarize themselves with the risks and the safest practices.
- Staff will regularly attend in-service courses on Occupational Health and Safety issues (eg Correct Lifting Methods)
- Staff will all have first aid certificate
- Staff will follow Health and Hygiene procedures (see Health Policy). Staff should also be aware that there is a greater likelihood that some of the children attending our centre could be carriers of infectious diseases.
- Also there may be greater risks of infections because of some of the children's disabilities. (eg a greater tendency to dribble and mouth toys, tracheotomy tubes, delays in toilet training, weaker immune systems and therefore more chance of catching infections and viruses.
- Staff should be aware of the risks of contracting diseases and should have completed their Department of Health Immunisations. In addition they should know about the option of Hepatitis injections.

- Staff planning a pregnancy should test to ensure immunity to Rubella and cytomegalovirus (CMV).
- The Centre should aim to minimize hazards/risks in the work environment. These include:
 - Electrical hazards (eg risks using double adaptors)
 - Chemical hazards (being aware of storage, fumes and skin contact)
 - Sun burn (see Health Policy)
 - Clear, non-slippery walkways
- There should be a fire emergency procedure and a fire drill performed regularly (approx. 3 times per year) Fire fighting equipment to be kept in good order (checked every 6 months) and staff trained in its use.
- Back care and Manual Handling:
 - Children to be lifted correctly and by two where required.
 - Opportunities given for the child to climb onto the change table if possible
 - Staff to get down to child's height by squatting rather than bending or lifting.
 - Equipment to be bought to minimise lifting risks (eg lightweight beds on trolley)
 - Large/heavy equipment to be lifted in a team.
 - Staff having difficulties lifting due to an injury or pregnancy should be given light duties.
 - Staff working in our programs that require frequent driving are to view the back care video available in the office.
- Staff to be aware of stress risks that may be prevalent when working with young children and especially children with behavioural problems. Staff should take adequate rest and food breaks (see also Child Protection Policy). Staff working with children with some behavioural problems such as biting and hitting and some aggressive/destructive play may need to have a lesser child: staff ratio. A special management program will be worked out for these children, possibly with the help of

a specialist in behaviour management. Staff rotation also an option for staff, other staff to be aware of staff that may need to be relieved (eg a crying child)

- Other stress factors may be; death of children, work with severely disabled children, custody issues. Staff meetings to give staff an opportunity to discuss these issues and if necessary counselling will be arranged.
- Stress in staff: staff relationships and staff: parents/carers relationships should be acknowledged. Staff should be given an opportunity to talk about problems in this area and should talk firstly to the Director or a member of the Board.
- Pathways will provide family friendly work conditions. These include the provision to take carer leave as part of sick leave entitlements; flexibility in start and finish times to suit family needs where possible; a provision for taking unpaid leave where the needs of the users of the service are not unduly disadvantaged. (Any special leave over one week will need the approval of the Board)
- Each staff meeting will have a segment allotted to Occupational Health and Safety issues. Any member of the staff may bring up concerns, issues, change in procedures new developments or ideas. These shall be minuted in the staff meeting book and any follow up will be placed on the agenda for the following week to ensure that the issue has been resolved

Fire Drill

- When fire is discovered all staff are alerted by a whistle blow.
- Supervisor to take roll and sign-on sheet, and take children, visitors and parents/carers outside
- Staff to use whichever door is further away from the fire
- Teacher (or member of staff asked by supervisor) is to locate appropriate fire extinguisher (electrical/chemical fires in Kitchen and other extinguishers in playrooms, kitchen and near entrance. A fire blanket is also located in kitchen to smother a fire). Teacher then to attempt to extinguish fire if it is still small and controllable).
- Remaining staff to help director evacuate building and check that all children have been taken outside, being especially aware of non-mobile children, children in the bathroom, children asleep. May need strollers.
- If possible take mobile phone.
- Children and staff are to assemble outside gate in Jarvie Park.
- Director to check that all children and staff are accounted for
- Member of staff sent to call emergency services (
- Remember to keep low to avoid smoke inhalation
- Shut doors as the last person leaves to prevent spread.
- Children and staff to assemble at Crusader Kindergarten for pick up.
- Council to be alerted

Prevention Procedures:

- Authorised Supervisor to allocate one day per term for a fire drill (no warning to be given to staff for one drill).
- A report to be written up after the drill discussing success or otherwise of the drill and any changes that need to be made as a result of the practice. Supervisor to delegate person to write report. Report to be placed in back of staff meeting book.
- Report to be discussed at following staff meeting and report to be sent to Board for discussion at following meeting. Changes to be implemented by following staff meeting if possible.
- Fire drill procedures to be placed on all exit doors and attached to roll and sign in book.
- No smoking in the building
- Fire extinguishers and fire blankets checked regularly. Staff briefed on how to use them and record training on a register
- Passages and doorways to be kept clear at all times
- Regularly check electrical equipment, plugs and cords and have them repaired if necessary.
- Keep cooking areas free from grease and lint
- Keep building and yard free from hazardous materials
- Keep combustible materials away from heat sources
- Staff to have fire drill once a term.
- Keep roll up to date with parents contact details
- Ensure parents use sign in book. (updated 18/06/02)

PLAN / RECORD OF FIRE DRILL

Date _____

Time _____

Supervisor _____

Location of "fire" _____

Type of "fire" _____

Report on the effectiveness of the fire drill _____

Recommendations _____

Discussion at staff meeting _____

Report sent to Board _____



Code of Ethics

A code of ethics is a set of statements about appropriate and expected behaviour of members of a professional group and, as such, reflects its values. The Code that follows was developed by a National Working Party of the Australian Early Childhood Association, with considerable input from the field, and therefore is a Code that is owned by the field, not imposed upon it. The Code has been developed to inform and guide the decisions and behaviour of all personnel involved both directly and indirectly in the provision of early childhood services for children between birth and eight years of age. Although oriented towards those who are in daily contact with children and their families, the Code is also intended as a guide for those who work in other capacities, for example, as tertiary educators, administrators, policy-makers and advisory staff. Their work impacts significantly on the ethical behaviour of early childhood personnel in the field.

Young children are especially vulnerable. They have little power over their lives and few skills with which to protect themselves. This places early childhood personnel in a relationship of special trust, one that is powerful, important, and easily violated. The vulnerability and powerlessness of young children and the recognition of the multi-faceted dimensions of the role of early childhood personnel serve to highlight the special importance of a code of ethics. As early childhood personnel carry out their work with and on behalf of young children and their families, they often face situations that involve a conflict of their responsibilities and professional values. A code of ethics is not intended to, and could not possibly, provide easy answers, formulae, or prescriptive solutions for the complex professional dilemmas they face in their work. It does provide a basis for critical reflection, a guide for professional behaviour, and some assistance with the resolution of ethical dilemmas.

Adherence to this code necessarily involves a commitment to:

- View the well-being of the individual child as having fundamental importance.
- Acknowledge the uniqueness of each person.
- Consider the needs of the child in the context of the family and culture, as the family has a major influence on the young child.
- Take into account the critical impact of self esteem on an individual's development.
- Base practice on sound knowledge, research and theories, while at the same time recognising the limitations and uncertainties of these.
- Work to fulfil the right of all children and their families to services of high quality.

I. In Relation to Children, I will:

1. Acknowledge the uniqueness and potential of each child.
2. Recognise early childhood as a unique and valuable stage of life and accept that each phase within early childhood is important in its own right.
3. Honour the child's right to play, in acknowledgment of the major contribution of play to development.
4. Enhance each child's strengths, competence, and self-esteem.
5. Ensure that my work with children is based on their interests and needs and lets them know they have a contribution to make.
6. Recognise that young children are vulnerable and use my influence and power in their best interests.
7. Create and maintain safe, healthy settings which enhance children's autonomy, initiative, and self-worth, and respect their dignity.
8. Help children learn to interact effectively, and in doing so to learn to balance their own rights, needs, and feelings with those of others.
9. Base my work with children on the best theoretical and practical knowledge about early childhood as well as on particular knowledge of each child's development.
10. Respect the special relationship between children and their families and incorporate this perspective in all my interactions with children.
11. Work to ensure that young children are not discriminated against on the basis of gender, age, race, religion, language, ability, culture, or national origin.
12. Acknowledge the worth of the cultural and linguistic diversity that children bring to the environment.
13. Engage only in practices which are respectful of, and provide security for, children and in no way degrade, endanger, exploit, intimidate, or harm them psychologically or physically.
14. Ensure that my practices reflect consideration of the child's perspective.

II. In Relation to Families, I will:

1. Encourage families to share their knowledge of their child with me and share my general knowledge of children with them so that there

is mutual growth and understanding in ways which benefit the child.

2. Strive to develop positive relationships with families which are based on mutual trust and open communication.
3. Engage in shared decision-making with families.
4. Acknowledge families' existing strengths and competence as a basis for supporting them in their task of nurturing their child.
5. Acknowledge the uniqueness of each family and the significance of its culture, customs, language and beliefs.
6. Maintain confidentiality.
7. Respect the right of the family to privacy.
8. Consider situations from each family's perspective, especially if differences or tensions arise.
9. Assist each family to develop a sense of belonging to the services in which their child participates.
10. Acknowledge that each family is affected by the community context in which it operates.

III. In Relation to Colleagues, I will:

1. Support and assist colleagues in their professional development.
2. Work with my colleagues to maintain and improve the standard of service provided in my work place.
3. Promote policies and working conditions which are non-discriminatory, and that foster competence, well-being and positive self-esteem.
4. Acknowledge and support the use of the personal and professional strengths which my colleagues bring to the work place.
5. Work to build an atmosphere of trust, respect and candour by:
 - encouraging openness and tolerance between colleagues
 - accepting their right to hold different points of view
 - using constructive methods of conflict resolution, and
 - maintaining appropriate confidentiality.
6. Acknowledge the worth of the cultural and linguistic diversity which my colleagues bring to the work place.
7. Encourage my colleagues to accept and adhere to this Code.

IV. In Relation to the Community and Society, I will:

1. Provide programs which are responsive to community needs.
2. Support the development and implementation of laws and policies which promote the wellbeing of children and families, and which are responsive to community needs.
3. Be familiar with and abide by laws and policies which relate to my work.
4. Work to change laws and policies which interfere with the well-being of children.
5. Promote cooperation among all agencies and professions working in the best interests of young children and families.
6. Promote children's best interests through community education and advocacy.

V. In Relation to Myself as a Professional, I will:

1. Update and improve my expertise and practice in the early childhood field continually through formal and informal professional development.
2. Engage in critical self-reflection and seek input from colleagues.
3. Communicate with and consider the views of my colleagues in the early childhood profession and other professions.
4. Support research to strengthen and expand the knowledge base of early childhood, and where possible, initiate, contribute to, and facilitate such research.
5. Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications.
6. Work to complement and support the child rearing function of the family.
7. Be an advocate for young children, early childhood services, and my profession.
8. Recognise the particular importance of formal qualifications in early childhood studies, along with personal characteristics and experience, for those who work in the early childhood profession.
9. Act in the community in ways that enhance the standing of the profession.

The AECA Code of Ethics was developed by a national working

party consisting of Anne Stonehouse (Convenor), Margaret Clyde, Barbara Creaser, Lyn Fasoli, Barbara Piscitelli, and Christine Woodrow. It was adopted by AECA in 1990



Advocacy.

Aim: Knowing that some children with disabilities will be unable to clearly articulate their needs and desires we aim to provide resources that will empower families and carers to take on that responsibility. We also acknowledge that there are times when it will be difficult for families to act as an advocate on behalf of their child, we therefore aim to provide an advocacy service if requested or to have access to a network of people who can take on that role.

Definition: Advocacy is the process of taking action to:

- Achieve social justice in the areas of rights, access, participation and equity;
- Prevent or stop abusive, discriminatory or negligent treatment;
- Increase and improve well-being;
- Increase inclusion and acceptance in the community, and;
- Identify and put a stop to the causes of unjust and unfair treatment, situations and their many causes, so that people's fundamental needs can be met. (*Standards in Action DADHC*)

Procedures:

Provide literature and training to families/ carers to enable them to take on this role.

Provide family worker who will have the skills to help families carers to articulate their dreams and needs for their children.

Provide training to staff to enable them to take on this role if requested.

Provide an environment where families/carers will be able to support each other.

Have available contact details for advocacy services.

Staff to be aware of situations where an advocate may be helpful (school enrolments, testing procedure and diagnosis)

The service will be aware of the different needs of families with different language, religious, racial or cultural backgrounds.

As a service we will be welcoming to families who wish to use an advocate in their dealings with us

Service Appraisal.

Aim: We desire to have a service that meets the needs of the families and communities it serves. Consequently we will seek to evaluate our service on a regular basis. This will involve;

- our progress in meeting our annual plan and
- the effectiveness of different programs;
- how well the service meets the philosophy, policies and procedures that we have in place.
- How the service manages risk
- appraising staff performance;

Procedures:

Annual Plan:

- This will be formulated by the Director in consultation with the Board and Staff in accordance with the planning required of the service by the Department of Community Services.
- This plan will be discussed and its progress evaluated at the Annual General Meeting and in the Annual Report.
- The Annual plan will be evaluated during the fourth term by the Director in consultation with families/ carers, staff and board prior to the formulating of the new Annual plan

Program Evaluation:

- Parents/carers will be surveyed toward the middle of the year on how they perceive that their needs are being met and any suggestions or complaints that they have about the service. Parents/ carers will also be asked what the strengths of the service are. This will be organised by individual service providers (eg home visit coordinator, pre-school preparation program) in consultation with the Director.
- The Director will then provide feedback to the board and relevant staff. (NB Parents will be able to fill out evaluations confidentially).
- This is in addition to other informal forums such as the child's Individual Family Service Plan, Complaints Procedure & discussions about the child's Individual Education Program.

Service Direction: There will be opportunities for staff to meet on an annual basis to discuss the direction of the service and any change of direction.

Risk Assessment: In addition a risk management assessment will be undertaken at least every second year as well as an ongoing basis with staff being familiar with the DOCS standards for Early Childhood Services.

Staff Evaluation: (see staff development and training policy).

REFERENCES:

Annual Service Plan and Reporting Document (ASPARD) for Early Childhood Projects Funded by the Department of Community Services

Risk Assessment Document, DOCS
“Standards in Action”, DADHC

Staff Grievances.

Aim: Staff to understand that concerns and complaints about employment conditions will be listened to and dealt with fairly. This should promote a safe, satisfying and congenial work environment. (see also the *Occupational Health and Safety Policy*)

Procedures:

- Staff are encouraged to voice concerns at an early stage to ensure a prompt resolution.
- All complaints will be handled in a confidence.
- Where possible the complaint will be resolved within a week of it being made to the Director or Chairperson of the Board.
- Solutions to staff complaints will be made keeping the needs of the users of the service in mind.
- Grievances will be responded to positively, members of staff will not be discriminated against for voicing concerns.
- If complaints are not able to be resolved to the satisfaction of all parties the Director or Chair will explain the circumstances and attempts will be made to seek a compromise that will meet the needs of both parties.

Notification of Death of Service User.

Aim: The organisation will follow correct procedures in the event of the death of a user of our services.

Procedures:

Where a user of our service dies whilst attending the service the staff will:

- Call an ambulance;
- Implement First Aid procedures;
- The staff will inform the supervisor and or Director (If in the building);
- The most appropriate member of staff to notify the next of kin and if unable to contact them immediately the person to be contacted in the case of an emergency;
- Inform the police or coroner;
- Inform the Director and Chairperson of the Board;

The Board will ensure that:

- staff are supported during police interviews;
- counselling is offered to members of the child's family, members of staff and other families/carers using the service;
- The family/carers are supported in practical ways;
- The DADHC form "Notice of Death of a Person with a Disability.... Attending a Service" be completed and submitted to the DADHC within two weeks of the person's death.

Where a child using the service dies, whilst not attending or in the care of Pathways the Director shall:

- Ensure that counselling is offered to members of the child's family, members of staff and other families/carers using the service;
- fill out the appropriate DADHC form (as above, in the relevant sections).

Family Relationships.

Aim: To offer a family centred service.

Knowing that a family/ carer with a child with a disability is going to face added pressures, we aim to provide a service that will attempt to meet the needs and encourage the strengths of families in our area. We also understand that the family will be the most important people in the life of the child and we want to make sure that they feel adequately supported for the task.

Where children do not have a family caring for them the centre will provide similar support for the child's guardians.

Procedures:


- Staff to be aware of our philosophy of family centred service delivery. (see Pathway's "Philosophy" & "Staff Training & Development").
- On enrolment families will provide opportunities for parents/carers to express their aspirations for their children. (see "Parent / Guardian and staff participation in development of curriculum").
- Parents/carers will have the opportunity to participate in workshops in order to equip them with the skills and knowledge that they require (eg Advocacy).
- Staff will be employed that can provide practical and social resources to families.
- The Centre will have facilities that will encourage networking among families/carers.
- Families/ carers will be encouraged to participate fully in the Service. There will be parents/carers on the Board of Management, parents will receive regular newsletters and will be consulted about the direction of the service.
- Differing backgrounds of families using the service will be respected (regardless of race, religion, ethnicity, sexuality, ability, age, or gender).

Inter-agency contacts

Aim: We understand that each family will have different needs and will use different agencies at various times. We want to ensure that families will be able to find and choose those agencies that are helpful to them as well as to respect families' privacy. We aim to be flexible in our service delivery and believe that we should work in cooperation with other agencies rather than in competition.

Procedures:

- When families make initial contact we will provide them with information about the services we offer and if we are unable to meet their needs will provide information about alternative agencies (if appropriate).
- When staff would like to talk to other agencies that are (or will be) in contact with families from Pathways they will first ask permission from the family before talking about the child.
- Staff and or parents of Pathways will be members of interagency committees such as ECICP (local, district & state). Staff will provide feed back from these committees to other staff, agencies and families.
- Pathways will send copies of Newsletters to agencies that we work with on a regular basis.
- Families are encouraged to make their own decisions on participation of staff from other relevant agencies at Individual Education Plan Meetings.
- The director will liaise with other agencies regarding funding applications if appropriate. Joint applications may be made.
- Pathways will collaborate with other agencies for in-service courses and networking.
- When families will be moving on to other agencies e.g. from home visiting to a different centre-based service/preschool, we will cooperate to help that move (providing the other service with current information if the parents/carers desire).

- Pathways will inform other agencies about new services offered.
 - A library will be kept of other agencies in the area for the information of families and parents/carers.
 - Where there are facilities/services that are lacking in the area, families and other services will be encouraged to liaise about solutions.
 - Families that are using other services are not excluded from using Pathways' services (where the services are complimentary). Families that are receiving no services will have priority.
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Home Visiting Program

Aim: Pathways will provide choices of services that are appropriate to families with children with special needs. Home visiting is one of these services and is designed specifically to meet the needs of families whose child is under 36 months of age. This service will endeavour to provide early support after diagnosis.

Procedures:

On referral our family worker and another member of staff will offer a visit to a family discussing the variety of services available and helping the family to decide which services would be most appropriate for that child and family.

Home visiting may be most appropriate because:

- Around the time of diagnosis of a disability is a time when families are often vulnerable and in need of support.
- families may have difficulty with transport
- It may be difficult to take medically frail children out of the home.
- Many families would normally stay at home with children during the first couple of years
- financial difficulties can result from a diagnosis of a disability
- Families may need ideas or help in ways that they can play with their children. Using play to help the child to develop new skills.
- The mother is pregnant with another child and not as able to get about.
- The service will also be available for families who have had a diagnosis during pregnancy.

Once home visiting is started staff can be involved in IFSP (Individual Family Services Plans) if requested.

Staff will write an Educational Plan for each child in the service.

The type of service appropriate will be reviewed regularly.

Although the service is designed specifically to meet the needs of families whose child is less than 36 months of age this may be extended under special circumstances.

In some cases it may be appropriate to offer a block of up to 10 home visits for children who are over 2yrs of age (eg children newly diagnosed as being on the autism spectrum, and need help developing play skills)

We would normally restrict our visits to families within a radius of 20 minutes from Pathways. Staff can visit between 3 & 4 families per day depending on travel time and preparation.

Our services are normally available to those families within the seven local government areas surrounding the centre.

Pathways have a team approach. We have staff with different backgrounds in early intervention: special educator; speech therapist; occupational therapist; early childhood special educator and; family worker. All staff use play-based therapy. This encourages development of language and communication, social skills, and physical skills as well as the development of play which is the means by which all children learn and progress.

Pathways staff collaborate with each other so that each play therapists is able to offer a balanced program addressing all areas of development.

Families may be ready to move on from Home Visiting because:

- Most children will normally be in childcare etc after the age of three
- Play with other children is often more motivating for developing a child's play skills.
- Being in an early childhood centre can give families contact with other families and other support networks.
- Funding is not provided by the Department of education for home visiting after the age of three.
- Families will have access to toys, books and other resources.

- Therapy staff are available to provide support with centre based programs
- Parents may want some time to themselves for work and personal time. (updated 3/6/04)