

**Policies and Procedures Manual**

**including standard operating procedures (SOP) and Safety Policies**

**Updated 19.06.24**

# Welcome to Child and Adult Think

Dear team member just a few words to thank you for choosing Child and Adult Think where the best evidence is utilised along with a customer/participant centric model to greatly improve the lives of people living with disability.

## **Overview**

The purpose of the manual is to introduce you to Child and Adult Think and the systems that help Child and Adult Think run smoothly. This manual should be read in conjunction with your Contract of Employment and Position Description.

This manual has been developed as a resource and reference for you. It is a document that is constantly evolving as the processes in our business change. This document will be updated as required, you will be notified of any changes and required to read and adjust your work accordingly.

If you have any comments or questions about the content of the Policy and Procedure manual please contact

***Dr Jenny Harasty***

# The history of Child Think and Adult Think

Child Think was began as a multidisciplinary therapy company in 2004 by Dr Jenny Harasty after she built up and sold a solely speech therapy services company and a software company called Essential Speech and Essential Software.

# Our mission, vision and values

## Mission Statement

**Child Think and Adult Think’s mission is to provide excellence in highly evidenced based therapy services that helps the family thrive.**

## Vision Statement

**At Child Think and Adult Think our Vision is to excel and provide services way beyond all expectations, helping families become happier in all ways.**

## Values

Our values are based upon

**the principles we stand for personally** - :, integrity, perseverance, determination, innovation, respect, passion and fair-mindedness

**the beliefs and attitudes all team members have in common in the workplace** – how we treat all with respect and honesty and put others need before ours.

**your organization’s standards of behavior** - what is acceptable business practice. From a customer viewpoint, values are the kind of service they can expect to get when they deal with your business.

**At Child Think and Adult Think our values include: honesty integrity excellence all work based upon scientific evidence that is effective to that family, customer centric.**

# What we do

## Our Services

WE provide all therapy services including Assessment, reports intervention, education, screening, groups, individual supports, therapy resources.

## Our clients

Our clients are families throughout the South Eastern Asia region with family members living with disability as ell as organisations requiring Child Think services to address the needs of their clients living with disability.

## Our team

Our team consists of occupational therapists, speech pathologists, psychologists, art and music therapists, allied health assistants, customer service managers, accountants, lawyers, marketing and social media support team,

### **Terminology**

**A policy is** an overarching statement about the standards we uphold. It is the benchmark that our team must meet.

It is a way to standardise our key business activities and ensure that the entire team are working consistently.

**A procedure is** the process by which our team will achieve the identified standard policy. Here the company lists the steps we take as a business to implement and achieve the policy.

# Human Resources Policy and Procedure

## Your employment:

# Leave

## General leave policy

Leave has to be notified with two weeks notice and we prefer leave to be taken in school holiday periods if possible. Unlimited leave amounts are applicable.

## Annual leave policy and procedures

Leave has to be notified with two weeks notice and we prefer leave to be taken in school holiday periods if possible. Unlimited leave amounts are applicable if unpaid.

## Personal (sick) leave

All clients have to be personally notified and an alternate day and time to be scheduled when illness has subsided.

## Carers leave

All clients have to be personally notified and an alternate day and time to be scheduled when illness has subsided.

## Compassionate leave

All clients have to be personally notified and an alternate day and time to be scheduled when illness has subsided.

## Parental leave

All clients have to be personally notified and an alternate day and time to be scheduled when illness has subsided.

## Applying for leave

An email is to be sent notifying of leave required to [jenny@childthink.org](mailto:jenny@childthink.org) with at least two weeks notice.

# Office environment

**At Child Think and Adult Think our Policy is to have a lovely environment that is inclusive and calm and happy.**

**At Child Think and Adult Think our procedures are to ensure that all clinics teams members to be treated well in all our centres and different locations.**

## Security

Security is provided.

## Infection control

Strict infection control procedures are to be provided by all team members.

## Confidential Conversations

Ensure that all confidential conversations are held in privacy.

## Noise management

All noise levels need to be well managed.

## Work rooms

All team members are provided with adequate work rooms as needed and can provide home based therapy through telehealth.

## Team Office

Large and sunny open office is provided if needed.

## Hallways

Free and clutter free.

## Parking

2 hours free parking is provided to all clients in all centres.

## Security

Security is provided.

## Kitchen

Kitchen facilities are provided.

## Bathroom

Clean and well developed in all centres.

## Storage areas

Storage areas provided.

## Admin area

Provided.

## Meeting rooms

Provided.

## Room bookings

Contact [jenny@childthink.org](mailto:jenny@childthink.org) for all clinic bookings with one week in advance.

## Rubbish bins

Provided and cleaned professionally.

## Cleaning

Professional cleaners are provided.

## Recycling

Provided.

## Shredding documents

Provided by customer service staff.

## Client safety within building

All buildings have security staff.

## Waiting room

Available.

# Offsite service environment

**At Child Think and Adult Think our Policy is to provide services in the environment where the family member needs to live communicate and function when appropriate.**

**At Child Think and Adult Think our procedures are to provide services in homes, schools, community centres, NDIS centres as needed.**

## Driving safety

We expect all team members to drive safely.

## Driving laws

We expect all driving laws to be adhered to at all times.

## Technology use offsite

Use of technology offsite is expected.

## Technology use in cars

We expect no use of mobile phones and technology while driving including hands free due to the cognitive strain.

## Offsite workplace safety check

All therapists to make an offsite workplace safety check prior to attending different workplaces.

## Lifting and carrying therapy resources

No excessive weight to be lifted and carried with technology to help this.

# Code of Conduct

Ethics and Codes of Conduct

All staff to be fully up to date with latest ethics and professional regulations for their profession. For example SPA has revised its Code Of Ethics in 2010 and has an Ethics Education Package and workbook for members. See jcpslp, vol 17, 2015.For occupational therapy: **Codes** and **Guidelines**

The new **Australian occupational therapy** competency **standards** (the competency **standards**) have been in effect since 1 January 2019. The **Occupational Therapy Board of Australia** (the **Board**) expects all **occupational therapists** to understand and apply them in their **practice**.

**[Australian occupational ... - Occupational Therapy Board of Australia](C:\\Users\\Jennifer\\Downloads\\Australian occupational ... - Occupational Therapy Board of Australiahttps:\\www.occupationaltherapyboard.gov.au\\Codes-Guidelines\\Competencies.aspx)**

[https://www.occupationaltherapyboard.gov.au/Codes-Guidelines/Competencies.aspx](C:\\Users\\Jennifer\\Downloads\\Australian occupational ... - Occupational Therapy Board of Australiahttps:\\www.occupationaltherapyboard.gov.au\\Codes-Guidelines\\Competencies.aspx)

Our Code of Conduct

Statement of Commitment:

Our organisation provides an open, welcoming and safe environment for everyone participating in our programs. We provide high quality program(s) for kids and adults that are safe and welcoming for them. We seek advice and guidance from kids, parents and colleagues so these standards are maintained. Everyone participating in Child Think and Australian Effective Therapies's programs (including staff, volunteers, students, children, parents and visitors) must keep to the following codes of behaviour:

* Do: •Treat everyone with respect and honesty (this includes staff, volunteers, students, children, young people and parents).

• Remember to be a positive role model to kids in all your conduct with them.

• Set clear boundaries about appropriate behaviour between yourself and the kids in your organisation. Boundaries help everyone to carry out their roles well.

• Follow organisational policy and guidelines for the safety of children as outlined in your Child-safe Policy

• Always have another adult present or in sight when conducting one to one coaching, instruction etc.

• Record and act on serious complaints of abuse.

* Do not • Develop any 'special' relationships with children that could be seen as favouritism such as the offering of special gifts or special treatment.
* • Do things of a personal nature that a child can do for themselves, such as going to the toilet or changing clothes

**Child and Adult Think STAFF CODE OF CONDUCT**

Child and Adult Think prides itself on the professionalism and the ability of its staff and management team to meet participant and other stakeholder needs. The organisation strives to be a leading service provider and to provide a safe, healthy and happy workplace.

This Code of Conduct is designed to ensure that all staff, participants and stakeholders are treated in a manner that reflect Child and Adult Think’s Mission, culture and legal obligations.

**Compliance**

At all times, staff are expected to:

* comply with the *NDIS Code of Conduct*;
* adhere to all of Child and Adult Think policies and procedures;
* comply with all applicable Federal, State and local laws and regulations;
* comply with all reasonable, lawful instructions and decisions related to their work;
* maintain a high degree of ethics, integrity, honesty and professionalism in dealing with participants, other staff and stakeholders;
* maintain the confidentiality of the organisation’s operations in relation to service activities, confidential documentation and work practices during and after their employment; and
* take reasonable steps to ensure their own health, safety and welfare in the workplace, as well as that of other staff, participants and stakeholders.

**Staff Behaviour**

Staff are expected to uphold Child and Adult Think values and demonstrate appropriate behaviour when representing Child and Adult Think. Staff must not:

* discriminate against another staff member, participant or stakeholder on the basis of sex, age, race, religion, disability, pregnancy, marital status or sexual preference;
* engage in fighting or disorderly conduct, or sexually harass other staff, participants or stakeholders;
* steal, damage or destroy property belonging to the organisation, its staff, participants or stakeholders;
* work intoxicated or under the influence of controlled or illegal substances;
* bring controlled or illegal substances to the workplace;
* smoke in the workplace or in its motor vehicles; or
* accept benefits or gifts which give rise to a real or apparent conflict of interest.

If a staff member breaches any of the above expectations, disciplinary action may be taken. If the breach of conduct is of a legal nature, it will be addressed in accordance with relevant Federal, State or local government laws.

# Dress code

**Dress Code**

Staff should dress in a way that meets the organisation’s requirements, and participants’ needs.

Staff are expected to:

* dress to comply with workplace health and safety regulations relevant to their work activities;
* dress suitably for their position, presenting a clean, neat and tidy appearance at all times;
* wear minimal jewellery;
* wear a uniform (if supplied) and maintain its condition (clean and not torn); and
* consult with the Director if unsure of the type of clothing appropriate to their position.

Unsuitable workwear includes:

* clothing with logos, graphics or advertising that may be offensive;
* excessively loose clothes that risk being caught on equipment;
* clothing that is inappropriate for the role/may impede the ability to perform the job appropriately and safely (such as dresses, skirts or short/no sleeved shirts);
* thongs, high heels and open shoes;
* clothing, jewellery and accessories that have dangling attachments or loops that can be pulled or inadvertently scratch or injure participants; and
* clothing with glitter/sequins that can become a potential food contamination risk.

Where a participant has particular needs, staff workwear must accommodate these (i.e. where a participant is known to pull hair, hair should always be kept tied up and out of reach). Staff must only wear lanyards with a quick release function to prevent any choking risk.

Staff are expected to have their Child and Adult Think identification card visible during all rostered working hours with clients and when representing Child and Adult Think within the community. If a participant requests their support staff not wear any identification, the Director will facilitate and document this request on behalf of the participant. Staff will still be required to have their identification on their person (in their wallet/bag) should they need to confirm their identity.

Staff who deliberately breach this dress code may be subject to disciplinary action.

**Privacy and Confidentiality**

Staff must comply with Child and Adult Think *Privacy and Confidentiality Policy and Procedure* regarding the collection, storage, use, correction and disposal of personal and health information.

**Dealing with Aggressive Behaviour**

Staff are expected to provide a high standard of service provision. However, the service does not accept any form of aggressive, threatening or abusive behaviour towards its staff by other staff, participants or stakeholders.

If a staff member is unable to calm another person and/or believes a situation places them or other people in danger, they should notify the Director immediately for support and guidance.

**Use of Computers, Telephones, Facsimiles**

Unauthorised access and use of confidential information can severely damage the reputation of the service and undermine personal privacy. When using Child and Adult Think’s communication technology, staff must:

* use Child and Adult Think communication and information devices for officially approved purposes only;
* use these communication and information devices for limited personal use, as long as this use does not interfere with daily duties; and
* never share their password/s with another staff member or share another staff member’s password/s.

**Use of the Internet and Email**

Internet and email are provided to staff members for genuine work-related purposes. Staff must:

* keep/limit personal use to a minimum. The organisation may monitor use and call upon staff to explain their use;
* not divulge personal or confidential information via the Internet or email; and
* not use the Internet to access websites or send emails of an explicit sexual nature or in any manner that breaches Child and Adult Think *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*.

The use of Social Media during work hours is not permitted. Staff should also consider the nature of any posts in relation to Child and Adult Think participants, other staff or other persons connected with Child and Adult Think to ensure that privacy is not breached, and that Child and Adult Think Staff Code of Conduct is upheld.

While the privacy of all staff is respected, emails and social media posts may be used as evidence if legal action is taken against a staff member. This information may also be used as evidence of a breach of the Code of Conduct or Child and Adult Think *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*.

**NDIS Code of Conduct**

Child and Adult Think and its staff will comply with the NDIS Code of Conduct as set out below and as it is amended. In providing supports or services to people with disability, Child and Adult Think and its staff will:

* act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions;
* respect the privacy of people with disability;
* provide supports and services in a safe and competent manner, with care and skill;
* act with integrity, honesty and transparency;
* promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability;
* take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability; and
* take all reasonable steps to prevent and respond to sexual misconduct.

Anyone can raise a complaint about potential breaches of the *NDIS Code of Conduct*. Should a participant or other stakeholder wish to make a complaint about Child and Adult Think with respect to the *NDIS Code of Conduct*, they will be directed to Child and Adult Think *Feedback and Complaints Policy and Procedure*.

Should Child and Adult Think, or people employed or engaged by Child and Adult Think, be found to have breached the *NDIS Code of Conduct*, Child and Adult Think will comply with any education, compliance or enforcement action stipulated by the NDIS Commissioner.

**Supporting Documents**

Documents relevant to this policy:

* *NDIS Code of Conduct*
* *Human Resources Policy and Procedure*
* *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*
* *[Work / Occupational Health and Safety] Policy and Procedure*
* *Privacy and Confidentiality Policy and Procedure*
* *Records and Information Management Policy and Procedure*

**Monitoring and Review**

Child and Adult Think Staff Code of Conduct will be reviewed at least every two years by the Director. Reviews will incorporate staff, participant and other stakeholder feedback.

**Non-Compete and Non-Solicitation Agreement**

This is an Agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“You”) and Child and Adult Think PTY LTD (“Company”). The Agreement is effective on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 (“Effective Date”).

In consideration of the employment opportunity provided by Child and Adult Think Pty Ltd,

You, intending to be legally bound, agree to the following:

1. **Term of Agreement**. This Agreement is effective on the Effective Date, and

shall remain in effect throughout the term of your employment with the Company

and for a period of one year thereafter.

2. **Limitations of this Agreement**. This Agreement is *not* a contract of

employment. Neither You nor the Company are obligated to any specific term of

employment. This Agreement is limited to the subject matter of covenants not to

compete or solicit as described in this Agreement.

3. **Covenant Not to Compete**. You agree that at no time during the term of your

employment with the Company will you engage in any business activity which is

competitive with the Company nor work for any company which competes with

the Company.

For a period of two (2) years immediately following the termination of your

employment, You will not, for yourself or on behalf of any other person or

business enterprise, engage in any business activity which competes with the

Company within 20km area in which you were employed.

4. **Non-solicitation.** During the term of your employment, and for a period of one

(1) year immediately thereafter, You agree not to solicit any employee or

independent contractor of the Company on behalf of any other business

enterprise, nor shall you induce any employee or independent contractor

associated with the Company to terminate or breach an employment, contractual

or other relationship with the Company.

5. **Soliciting Customers After Termination of Agreement**. For a period of two (2)

year following the termination of your employment and your relationship with the

Company, You shall not, directly or indirectly, disclose to any person, firm or

corporation the names or addresses of any of the customers or clients of the

Company or any other information pertaining to them. Neither shall you call on,

solicit, take away, or attempt to call on, solicit, or take away any customer of the

Company on whom You have called or with whom You became acquainted during the term of your employment, as the direct or indirect result of your employment with the Company.

6. **Injunctive Relief**. You hereby acknowledge (1) that the Company will suffer

irreparable harm if You breach your obligations under this Agreement; and (2)

that monetary damages will be inadequate to compensate the Company for such a

breach. Therefore, if You breach any of such provisions, then the Company shall

be entitled to injunctive relief, in addition to any other remedies at law or equity,

to enforce such provisions.

7. **Severable Provisions**. The provisions of this Agreement are severable, and if

any one or more provisions may be determined to be illegal or otherwise

unenforceable, in whole or in part, the remaining provisions and any partially

unenforceable provisions to the extent enforceable shall nevertheless be binding

and enforceable.

8. **Modifications**. This Agreement may be modified only by a writing executed by

both You and the Company.

9. **Prior Understandings**. This Agreement contains the entire agreement between

the parties with respect to the subject matter of this Agreement. The Agreement

supersedes all prior understanding, agreements, or representations.

10. **Waiver**. Any waiver of a default under this Agreement must be made in writing

and shall not be a waiver of any other default concerning the same or any other

provision of this Agreement. No delay or omission in the exercise of any right or

remedy shall impair such right or remedy or be constructed as a waiver. A consent to or approval of any act shall not be deemed to waive or render unnecessary consent to or approval of any other or subsequent act.

11. **Jurisdiction and Venue**. This Agreement is to be construed pursuant to the laws

of the State of NSW. You agree to submit to the jurisdiction and venue of any court of competent jurisdiction in NSW, without regard to conflict of laws provisions, for any claim arising out of this Agreement.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child and Adult Think Pty Ltd

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Director)

By your signature below you acknowledge that you have read and understand the

foregoing Agreement, that you agree to comply with all of the terms of the Agreement,

and that you have received a copy of the Agreement.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Subcontractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Privacy

1. **Your Privacy.** Your privacy is important to us. Please read the [This practice Privacy Statement](https://go.microsoft.com/fwlink/?LinkId=521839) (the "**Privacy Statement**") as it describes the types of data we collect from you and your devices ("**Data**"), how we use your Data, and the legal bases we have to process your Data. The Privacy Statement also describes how This practice uses your content, which is your communications with others; postings submitted by you to This practice via the Services; and the files, photos, documents, audio, digital works, livestreams and videos that you upload, store, broadcast or share through the Services ("**Your Content**"). Where processing is based on consent and to the extent permitted by law, by agreeing to these Terms, you consent to This practice’s collection, use and disclosure of Your Content and Data as described in the Privacy Statement. In some cases, we will provide separate notice and request your consent as referenced in the Privacy Statement.

[https://c.s-microsoft.com/en/CMSImages/arrow_px_up.gif?version=27f11222-771f-bb95-a744-f0b962f89b91](https://www.microsoft.com/en/servicesagreement/upcoming.aspx)

Your Content

2. **Your Content.** Many of our Services allow you to store or share Your Content or receive material from others. We don’t claim ownership of Your Content. Your Content remains Your Content and you are responsible for it.

* a. When you share Your Content with other people, you understand that they may be able to, on a worldwide basis, use, save, record, reproduce, broadcast, transmit, share and display (and on HealthVault delete) Your Content without compensating you. If you do not want others to have that ability, do not use the Services to share Your Content. You represent and warrant that for the duration of these Terms, you have (and will have) all the rights necessary for Your Content that is uploaded, stored, or shared on or through the Services and that the collection, use, and retention of Your Content will not violate any law or rights of others. This practice does not own, control, verify, pay for, endorse or otherwise assume any liability for Your Content and cannot be held responsible for Your Content or the material others upload, store or share using the Services.
* b. To the extent necessary to provide the Services to you and others, to protect you and the Services, and to improve This practice products and services, you grant to This practice a worldwide and royalty-free intellectual property license to use Your Content, for example, to make copies of, retain, transmit, reformat, display, and distribute via communication tools Your Content on the Services. If you publish Your Content in areas of the Service where it is available broadly online without restrictions, Your Content may appear in demonstrations or materials that promote the Service. Some of the Services are supported by advertising. Controls for how This practice personalizes advertising are available on the [Security & privacy](https://go.microsoft.com/fwlink/?linkid=618276) page of the This practice account management website. We do not use what you say in email, chat, video calls or voice mail, or your documents, photos or other personal files to target advertising to you. Our advertising policies are covered in detail in the Privacy Statement.

[[https://c.s-microsoft.com/en/CMSImages/arrow_px_up.gif?version=27f11222-771f-bb95-a744-f0b962f89b91](https://www.microsoft.com/en/servicesagreement/upcoming.aspx)Top of page](https://www.microsoft.com/en/servicesagreement/upcoming.aspx)

Code of Conduct

**Code of Conduct.**

* a. By agreeing to a contract with our practice, you’re agreeing that, when providing the Services, and using our equipment you will follow these rules:
  + i. Don’t do anything illegal.
  + ii. Don’t engage in any activity that exploits, harms, or threatens to harm children.
  + iii. Don’t send spam. Spam is unwanted or unsolicited bulk email, postings, contact requests, SMS (text messages), or instant messages.
  + iv. Don’t publicly display or to share inappropriate content or material (involving, for example, nudity, bestiality, pornography, offensive language, graphic violence, or criminal activity) or Your Content or material that does not comply with local laws or regulations.
  + v. Don’t engage in activity that is fraudulent, false or misleading (e.g., asking for money under false pretenses, impersonating someone else, manipulating the Services to increase play count, or affect rankings, ratings, or comments) or libelous or defamatory.
  + vi. Don’t circumvent any restrictions on access to or availability of the Services.
  + vii. Don’t engage in activity that is harmful to you, the Services or others (e.g., transmitting viruses, stalking, posting terrorist content, communicating hate speech, or advocating violence against others).
  + viii. Don’t infringe upon the rights of others (e.g., unauthorized sharing of copyrighted music or other copyrighted material, resale or other distribution of Bing maps, or photographs).
  + ix. Don’t engage in activity that violates the privacy or data protection rights of others.
  + x. Don’t help others break these rules.
* b. **Enforcement.** If you violate these Terms, we may, in our sole discretion, we may immediately stand you down and then investigate. We may also block delivery of a communication (like email, file sharing or instant message) to or from the Services in an effort to enforce these Terms, or we may remove or refuse to continue your contract for any reason. When investigating alleged violations of these Terms, we reserve the right to review your contract in order to resolve the issue, and you hereby authorize such review. However, we cannot monitor the entire services and make no attempt to do so

CHILD-SAFE POLICY

Child Think's "Child-safe Policy" We want children and young people who participate in our program to have a safe and happy experience. We support and respect our children, young people, staff, volunteers and students. Our policy guides staff, volunteers and students on how to behave with kids in our organisation. The policy focuses on how we can promote kids’ participation in our organisation and make it safer for them.

Child Think supports the active participation of kids in our organisation. We listen to kids' views, respect what they say and involve them when we make decisions, especially about matters that will directly affect them.

1. We promote respect, fairness and consideration for all staff, volunteers and students.

2. All staff, volunteers and students have a more senior officer assigned to support and supervise their work.

3. All new staff, volunteers and students will receive a copy of the Child-safe Policy, Code of Conduct and Dealing with Complaints process.

Our organisation will maintain a rigorous and consistent recruitment, screening and selection process. We use interviews, references, and the Working With Children Check.

We have strong procedures for kids and workers to raise concerns or complaints (see our complaints policy)

Our Child Safety Contact Person to manage all complaints is Dr Jenny Harasty CEO.

We will hold regular information sessions for staff, volunteers and students.

Our policy will be discussed during induction sessions for all new staff, volunteers and students. Our policy will also be discussed in supervisory sessions with each staff at every session to determine if any incidents or complaints have occurred .

Kids and parents joining our program/s will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process.

Parents will receive a copy of the Parent's Guide to Child Protection Issues on request.

The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children and young people, parents, staff, volunteers and students.

This policy will be updated and reviewed every 12 months. For further information see: www.kidsguardian.nsw.gov.au who participate in our program to have a safe and happy experience. We support and respect our children, young people, staff, volunteers and students.

Complaints handling

All complaints to go straight to CEO Dr Jenny Harasty (Our Child Safety Officer) who will investigate and determine action required such resolving difficulties, changing therapist, providing documents, or a free therapy session if needed.

Every complaint is different but the steps for dealing with them should be the same.

A complaint handling procedure ensures complaints are dealt with the same way every time.

Here is a procedure for handling customer complaints consistently.

1. **Listen to the complaint**. Accept ownership of the problem. Apologise. Don't blame others. Thank the customer for bringing the problem to your attention.
2. **Be understanding**. Remember, the person is complaining about your business, not about you personally. Be calm, cheerful and helpful. Where possible, let the customer know that you will take responsibility for resolving the problem.
3. **Record the complaint**. Detail the complaint so that you and other staff know exactly what the problem is. Have one place to record complaints and the actions taken to resolve them. This lets you see any patterns emerge over time. Complaints about a particular process or product might indicate that changes need to be made. Staff can also see what was done to resolve complaints in the past.
4. **Make sure you have all the facts**. Check that you understand the details while the person is making the complaint, and ask questions if necessary. This will also let them know that you are taking their complaint seriously.
5. **Discuss options for fixing the problem**. At the very least, a sincere apology costs nothing. But think about what this complaint could cost you in lost business or a complaint to the Equal Opportunity Commission. Maybe you can provide a free product or discount a future service.
6. **Keep your promises**. Don't promise things that you can't deliver. In handling complaints it is better to under-promise and over-deliver.
7. **Be quick**. If complaints take several days to resolve or are forgotten, they can escalate.
8. **Follow up**. Record the customer's contact details and follow up to see if they were happy with how their complaint was handled. Let them know what you are doing to avoid the problem in the future.
9. **Reward your staff**. Encourage and reward your staff for dealing with unhappy customers and handling their complaints well.

Complaints management:

All service providers of specialist disability services are to have clear and accessible complaints handling and dispute resolution processes which are in accordance with the Australian/New Zealand Standard

Guidelines for Complaint Management in Organizations.

Providers must advise participants that if they are not satisfied with the outcome of their complaint lodged with their provider, the participant can lodge a complaint with the Department of Communities,

Child Safety and Disability Services (DCCSDS) Central Complaints Unit.

For more information:

<https://www.communities.qld.gov.au/gateway/aboutus/compliments>

# Child Safety & Mandatory reporting

## **A child safe organisation has:**

* **employees who are aware of their duty of care** and reporting and responding to concerns and complaints.
* **procedures in place** for listening to children and dealing with concerns or complaints about behaviours towards a child, a disclosure of abuse or abuse.

## **Child protection**

A child safe organisation knows what constitutes harm to a child and what to do when it is detected.

The *Children and Young Persons (Care and Protection) Act 1998* makes certain occupations mandatory reporters of child abuse. However, anyone who has reasonable grounds to suspect that a child or young person is at risk of being neglected or physically, sexually or emotionally abused should make a report to the Child Protection Helpline. Remember that allegations of child abuse must be handed by professional. Call Family and Community Services Helpline on 132111 (24 hours a day 7 days a week) if you suspect child abuse or 133 627

# How to make a report?

If you are a mandatory reporter, you can make **non-imminent** suspected risk of significant harm reports to the Child Protection Helpline either by using [eReporting](https://kidsreport.facs.nsw.gov.au/) or by phone. All urgent reports must be made by phone to the Helpline on **133 627 (13 DOCS)**.

The general public should call the Child Protection Helpline on 132 111.

If you are a **mandatory reporter employed in a government agency that has a Child Wellbeing Unit (CWU)** – you can call your CWU for help in identifying whether a case meets the statutory threshold of risk of significant harm.

If you are a **mandatory reporter employed by a non-government organisation or a government agency without a CWU** – you can report matters, where you believe a child is at risk of significant harm, to the Child Protection Helpline. You are encouraged to use the [Mandatory Reporter Guide](http://www.community.nsw.gov.au/__data/assets/pdf_file/0009/327663/mandatory_reporter_guide.pdf) before making a report to the Helpline.

## Helpline eReporting

eReporting must only be used for **non-imminent** suspected risk of significant harm reports. ALL urgent reports must still be made by phone to the Helpline on 133 627 (13 DOCS).

eReporting is an internet-based system used to make child protection reports to Family and Community Services if you have current concerns about the safety, welfare or wellbeing of a child or young person.

eReporting is easily accessible and simple to use and does not require user registration. eReports are delivered securely and automatically to the Child Protection Helpline for assessment.

eReporting is only available for mandatory reporters at this stage.

## **Managing complaints**

Many people find it difficult to raise a concern or a problem about the organisation they are involved in, particularly children who are often reluctant to complain and may feel powerless. A well defined incident/concern reporting and management arrangement should make it clear that a child can approach any person in the organisation to express concerns about their treatment and they will be taken seriously. It should also inform employees and volunteers about whom they can approach to express concerns

Restrictive practices: No restrictive or physical handling of customers must occur.

Providers of specialist disability services must comply with the DSA 2006 requirements when using restrictive practices. This framework aims to reduce or eliminate the need for use of restrictive practices by ensuring practices are used in a way that: has regard for the human rights of those adults; is the least restrictive way of ensuring the safety of the adult or others; maximises the opportunity for positive outcomes and; projects/ positive behaviour support monitoring and compliance.

Restrictive practices framework only applies to adults with disability who:

1. Have an intellectual or cognitive disability;
2. Requires restrictive practices as part of a positive behaviour support plan; and
3. Have impaired capacity to consent to the use of restrictive practices.

Disability Reportable Incidents Scheme Guidelines:

Service providers of disability supported group accommodation and centre based respite are required to notify the NSW Ombudsman of Service providers must report the following incidents to the NSW Ombudsman:

1. Employee to client incidents of sexual assault, sexual misconduct, assault, fraud, ill- treatment or neglect
2. Client to client incidents of sexual and physical assault (causing serious injury or involving the use of a weapon), or that forms a pattern of abuse
3. Contravention of an AVO taken out to protect a person with disability
4. Serious unexplained injury of a person with disability.

Client Death Legislation:

Information about the deaths of children and adults with disability who, at the time of their death, were living in or temporarily absent from, residential or a licensed boarding house you are required to report this to the Ombudsman.

You are also required to:

* Report deaths in accordance with legislative requirements and timeframes
* Co-operate with enquiries from external agencies such as Police, Ombudsman and Coroner
* Review the circumstances of the death and implement and monitor appropriate actions arising from the review
* Maintain and store records required to comply with the legislation and this policy
* Maintain documented procedures for responding to the death of the person that give effect to this policy and meet the principles of this policy.

Disability Reportable Incidents Scheme:

All service providers of disability supported group accommodation and centre based respite are required to notify the NSW Ombudsman of ‘reportable incidents’ involving people with disability.

Service providers must report the following incidents to the NSW

Ombudsman:

1. Employee to client incidents of sexual assault, sexual misconduct, assault, fraud, ill-treatment or neglect
2. Client to client incidents of sexual and physical assault (causing serious injury or involving the use of a weapon), or that forms a pattern of abuse
3. Contravention of an AVO taken out to protect a person with disability
4. Serious unexplained injury of a person with disability.

Records Management Policies and procedures

All clients to have individual files on healthkit with some archiving of data and assessment material with all supporting evidence such as assessment scores uploaded to healthkit. Paper Files can be kept by therapist and updated regularly when client is in therapy and then kept at central location when discharged as long as all information is stored on healthkit.

# Security and confidentiality of records

## Building controls

Childthink paper records are kept securely in [building] with controls to protect against unauthorised access. Healthkit records are SSL encrypted and a cloud based solution.

## Security labels

Sensitive records in all formats have labels such as ‘In Confidence’ along with their associated management rules, as defined by the NSW Government Chief Information Office’s *Guide to labelling sensitive information*

## Rules for childthink staff

Child Think staff are bound by SPA & Respective Associations *Code of ethics*, preventing unauthorised access or disclosure of records.

# Access to records

## Access relating to duties

Staff need to have access to information held by Childthink to help them make informed decisions on matters under their consideration. This information should be relevant and appropriate to the discharge of their obligations

**PRIVACY AND PERSONAL INFORMATION**  
When you are provided with services from Child Think and Adult Think, your personal information is collected so that we can provide you with appropriate services Your collected details and therapists can also be accessed by administrators to produce reports.

Personal information provided to us will be used and disclosed for the educational and professional and therapy purposes, or a directly related purpose, unless you consent to another use or disclosure, in emergencies or as otherwise required or authorised by law.

The child think website does not use cookies to collect personal information.

The provision of information to the Child Think is voluntary, meaning there is no law requiring you to provide personal information to Child think.

**Your rights**

Under the *Privacy and Personal Information Protection Act 1998*, you have the right to access your personal information held by us without excessive delay or expense. You also have the right to have your personal information corrected in certain circumstances, for example if it’s inaccurate, by making a written request to us

* Email – enquiries@childthink.net

Why we have a privacy management plan

We have a Privacy Management Plan (plan) because we want our stakeholders and staff to know how we manage personal information. With this plan we also acquit our compliance with s33 of the Privacy and Personal Information Protection Act 1998

(NSW) (PPIP Act).

The plan explains how we manage personal information in line with the PPIP Act and health information under the Health Records and Information Privacy Act 2002

(NSW) (HRIP Act).

It also explains who a person can contact with questions about the personal or health information we hold, how they can access and amend their information and what to do if they think we may have breached the PPIP Act or

the HRIP Act.

We also use this plan to train our staff about how to deal with personal and health information. This helps to ensure that we comply with the PPIP Act and the HRIP Act.

Please refer to

Appendix A

for more information about the PPIP Act, the HRIP Act and other privacy-related

instruments.

What this plan covers

S33(2) of the PPIP Act sets out the requirements of this plan. This plan must include:

•

information about how we develop policies and practices in line with the PPIP Act and the HRIP Act

•

how we train staff in these policies and practices

•

our internal review procedures

•

anything else that we consider relevant to the plan in relation to privacy and the personal and health information we hold.

We also referred to our own privacy management plan resources when writing this plan.

We will review this plan every 12 months. We will review the plan earlier if any legislative, administrative or systemic changes affect how we need to manage personal and health information.

# Notifiable Data Breach statement

This form is used to inform the Australian Information Commissioner of an ‘eligible data breach’ where required by the Privacy Act 1988.

Part one is the ‘statement’ about a data breach required by section 26WK of the Privacy Act.

If you are required to notify individuals of the breach, in your notification to those individuals you must provide them with the information you have entered into part one of the form.

The OAIC encourages entities to voluntarily provide additional information about the eligible data breach in part two of this form. Part two of the form is optional, but the OAIC may need to contact you to seek further information if you do not complete this part of the form.

Before completing this form, we recommend that you read our resource [*What to include in an eligible data breach statement*](https://www.oaic.gov.au/engage-with-us/consultations/notifiable-data-breaches/draft-what-to-include-in-an-eligible-data-breach-statement).

If you are unsure whether your entity has experienced an eligible data breach, you may wish to review the [*Identifying eligible data breaches*](https://www.oaic.gov.au/engage-with-us/consultations/notifiable-data-breaches/draft-identifying-eligible-data-breaches) resource.

The OAIC will send an acknowledgement of your statement about an eligible data breach on receipt with a reference number.

## Your personal information

We will handle personal information collected in this form (usually only your name and contact details) in accordance with the Australian Privacy Principles.

We collect this information to consider and respond to your breach notification. We may use it to contact you.

More information about how the OAIC handles personal information is available in our [privacy policy](https://www.oaic.gov.au/about-us/corporate-information/key-documents/privacy-policy).

## Part one — Statement about an eligible data breach

The information that you provide to the OAIC in part one of this form must also be included in your notification to individuals (if notification is required).

1. **Organisation/agency details** (You must complete this section)

Organisation/agency name:

Phone:

Email:

Address

Address Line 1:

Address Line 2:

Suburb:

State:

Postcode:

Other contact details:

1. **Description of the eligible data breach** (You must complete this section)**:**
2. **Information involved in the data breach** (You must complete this section)**:**

Kind or kinds of personal information involved in the data breach  
Please select all that apply:

Financial details

Government identifiers (e.g. Centrelink Reference Number, Medicare number)

Tax File Number (TFN)

Contact information (e.g. home address, phone number, email address)

Health information

Other sensitive information (such as sexual orientation, gender identity, political or religious views)

Other (please specify):

1. **Recommended steps** (You must complete this section)**:**

Steps your organisation/agency recommends that individuals take to reduce the risk that they experience serious harm as a result of this data breach:

1. **Other entities affected** (This section is optional)**:**

If the data breach described above was also a data breach of another organisation/agency, you may provide their identity and contact details.

Was another organisation/agency affected?

Yes

No

If you answered yes, please provide contact details for the organisation/agency:

Organisation/agency name:

Phone:

Email address:

Address

Address Line 1:

Address Line 2:

Suburb:

State:

Postcode:

Other contact details:

## Part two — Additional information

The OAIC encourages entities to provide additional information to assist us in understanding the eligible data breach. Part two of the form is optional, but the OAIC may need to contact you to seek further information if you do not complete this part of the form.

The information that you provide on part two of the form does not need to be included in your notification to individuals, and you may request that it be held in confidence by the OAIC.

1. **Your contact details:**

Title:

First name:

Last name:

Phone:

Email address:

1. **Date the breach occurred (if known) (DD/MM/YYYY):**
2. **Date the breach was discovered (DD/MM/YYYY):**
3. **Primary cause of the data breach (choose only one):**

Malicious or criminal attack

System fault

Human error

1. **Description of how the data breach occurred:**
2. **Number of individuals whose personal information is involved in the data breach (choose only one)**

1

2 – 10

11 – 100

101 – 1,000

1,001 – 10,000

10,001 – 100,000

100,001 – 1,000,000

1,000,001 – 10,000,000

10,000,001 or more

1. **Exact number of individuals whose personal information is involved in the data breach (you can provide your best estimate at this stage):**
2. **Description of any action you have taken to assist individuals whose personal information was involved in the data breach:**
3. **Description of any action you have taken to prevent reoccurrence:**
4. **How do you intend to notify individuals who are likely to be at risk of serious harm as a result of the data breach? When will this occur?:**
5. **List any other data protection authorities, law enforcement bodies or regulatory bodies that you have reported this breach to:**
6. **Is there any other information you wish to provide at this stage, or any matters that you wish to draw to the OAIC’s attention?:   
     
   You can provide additional information below, or attach supporting documents when you submit this form.**

I request that the information provided in part two of this form is held by the OAIC in confidence.

The OAIC will respect the confidence of commercially sensitive information provided voluntarily in support of a data breach notification, and will only disclose this information after consulting with you, and with your agreement or where required by law.

If you request the information in part two of this form is held by the OAIC in confidence, please provide further information to support the request:

Risk Management Plan

# The Risk Management Process

Treat the Risks

Evaluate the Risks

Analyse Risks

Estimate Risk Level

**Likelihood**

**Consequence**

Establish Goals & Context

###### *Likelihood*

# Consequence

**Consequence**

AS/NZS 4360:2004

Stakeholder Consultation / Communication

Monitor /

Review

Identify Risks

The steps involved in managing risk

### Establish Goals and Context

As outlined in the Risk Management process, the risk assessment is undertaken within the context of your goals. The identification / validation of your goals is therefore a critical first step in the risk management process.

Effective risk management requires a thorough understanding of the context in which your Department or Agency operates. The analysis of this operating environment enables you to define the parameters within which the risks to your outputs need to be managed.

The context sets the scope for the risk management process. The context includes strategic, organisational and risk management considerations. According to the Standard, strategic context defines the relationship between the organisations and its environment. Factors that influence the relationship include financial, operational, competitive, political (public perceptions / image), social, client, cultural and legal. The definition of the relationships is usually communicated through frameworks such as the SWOT (Organisational strengths, weaknesses, opportunities and threats) and PEST (Political, Economic, Societal, and Technological).

The organisational context provides an understanding of the organisation, its capability and goals, objectives and strategies. According to the Standard, organisational context is important because:

1. risk management occurs within the context of endeavouring to achieve the goals and objectives,
2. failure to achieve the objectives is one set of risks that need to be managed, and
3. the goals and strategies assist to define whether a risk is acceptable or unacceptable.

The risk management context defines that part of the organisation (goals, objectives, or project) to which the risk management process is to be applied.

### Identify risks

Identify the risks most likely to impact on your outputs, together with their sources and impacts. It is important to be rigorous in the identification of sources and impacts as the risk treatment strategies will be directed to sources (preventive) and impacts (reactive).

### Analyse risks

Identify the controls (currently in place) that deal with the identified risks and assess their effectiveness . Based on this assessment, analyse the risks in terms of likelihood and consequence. Refer to the [Risk Matrix](http://www.treasury.act.gov.au/actia/toolkit.doc) to assist you in determining the level of likelihood and consequence, and the current risk level (a combination of likelihood and consequence).

### Evaluate risks

This stage of the risk assessment process determines whether the risks are acceptable or unacceptable. This decision is made by the person with the appropriate authority. A risk that is determined as acceptable should be monitored and periodically reviewed to ensure it remains acceptable. A risk deemed unacceptable should be treated (see below). In all cases the reasons for the assessment should be documented to provide a record of the thinking that led to the decisions. Such documentation will provide a useful context for future risk assessment.

### Determine the treatments for the risks

Treatment strategies will be directed towards:

1. Avoiding the risk by discontinuing the activity that generates it, (rarely an option when providing services to the public),
2. Reducing the likelihood of the occurrence,

iii. Reducing the consequences of the occurrence,

1. Transferring the risk, and
2. Retaining the risk.

Potential treatment options are developed according to the selected treatment strategy. The selection of the preferred treatment options takes into account factors such as the costs and effectiveness.

The determination of the preferred treatments also includes the documentation of implementation details (eg responsibilities, a timetable for implementation and monitoring requirements).

The intention of these risk treatments is to reduce the risk level of *unacceptable* risks to an *acceptable* level (ie: the target risk level). Use the [Risk Matrix](http://www.treasury.act.gov.au/actia/toolkit.doc) to determine the expected reduction in level of risk (expected consequence, likelihood and Target risk level) resulting from the successful implementation of the treatment.

### Monitor and report on the effectiveness of risk treatments

The relevant manager is required to monitor the effectiveness of risk treatments and has the responsibility to identify new risks as they arise and treat them accordingly. Managers are also required to report on the progress of risk treatments at regular intervals. The person who has the responsibility for a risk treatment is expected to provide feedback on the progress of the ‘project / initiative’ as detailed in the ‘monitoring’ field of the treatment.



# Useful References

* Standards Australia SAA/NZS HB 143: 2004, *Guidelines for managing risk in the Australian and New Zealand public sector*
* Standards Australia SAA/NZS HB 221:2003, *Business Continuity Management*
* Standards Australia (risk management portal) This site includes details about the purchase of electronic and hard copies of their publications and products

All risks identified such as clients physically hurting themselves in fall. All insurance to be kept up to date. Child Safety induction to occur for all new staff members. Risk management plan to be updated regularly.

Risk management Plan

|  |  |
| --- | --- |
| **Internal** | **External** |
| **Human Resources**,   * Succession planning * Poor staff supervision and performance appraisal * Staff turnover/ headhunted by competitor * Excessive work load and poor staff morale / staff burn-out * Difficulties in recruiting suitable staff | **Regulatory environment**,   * Changes in regulatory framework * Negative registration reports * No internal systems to proactively manage all the factors that drive the performance of the organisation |
| **Property management**,   * Inappropriate materials * Contractors fail to perform maintenance contract / Poor response time by contractors * Stock transfer liabilities * Aging / poor quality materials | **Reputation**,   * Public and community perception of the Association * Negative comments from press or politicians |
| **Legislation compliance**,   * Privacy Act- * Corporations Act / relevant Incorporation legislation * Anti-discrimination / Disability Services Act * OHS * Meeting tax requirements | **Competition**,   * Losing opportunities to grow * Other providers * Unexpected rapid growth |
| **Corporate governance**,   * Lack of appropriately skilled management * Conflicts of interest not managed effectively * Difficulty recruiting * Director’s insurance not kept up to date * Policies and procedures not reviewed * Management lacks a value based framework | **Partnerships**,   * Risks from failed partnership arrangements * Risk of conflict with partners |
| **Rental management**,   * Poor arrears control * Increasing proportion of staff with complex needs therefore increasing rental needs | **Natural disasters**,   * Flood, hail storms etc * Lacks a business continuity plan |
| **Information technology**,   * IT not sufficient for expanded organisation * IT not able to produce registration monitoring data * IT performance date disaster recovery plan * Data breach in healthkit or clinical files |  |
|  |  |

Financial Policies and Procedures

|  |  |
| --- | --- |
| **Internal** | **External** |
| **Financial management**,   * Viability / liquidity * Fraud control * Reducing / insufficient income streams * Income loss * Poor cost control * Insurances not kept up to date | **Funding**,   * Changes in funding agreement * Shortfalls in funding programs |

Quality Assurance:

Quality assurance and auditing processes will occur with projects of quality checking occurring. Pease note that files are regularly checked and customer service occurs regularly during supervisory meetings.

Decision Making and Choice:

Child Think has contemporary practices that place people with disability at the centre of decision making and choice about their supports and services. The NSW DSS have been streamlined and align to the proposed revised National Standards for Disability Services. Where an organisation has attained third party verification against the NSW DSS, they will be deemed to meet the requirements of the proposed revised National Standards for Disability Services.

Governance Probity in Employment:

Child Think has procedures in place that enable services to assess the integrity, character and honesty of prospective employees, board members, volunteers.

All services have in place employment policies and procedures that allow for:

Working with Children Checks:

1. All employees need at least one referee check and a criminal record check prior to employment and a criminal record check at least once every four years. This is a requirement for all people (employees, volunteers, students, self- employed person, contractor or subcontractor) who work directly with people with a disability in a way that involved face to face or physical contact.
2. Criminal Record Screening:
3. All employees must provide a criminal record check in accordance to the DSA 2006. This is done through working with children check.
4. These requirements apply to the engagement or appointment of new and existing sole practitioners, employees, board members, executive officers, students, volunteers, contractors and subcontractors engaged by the specialist disability services provider.

Policy Governance:

Child Think services has a robust governance arrangement that is appropriate to the size of our organisation to ensure sustainability, viability, efficiency and productivity.

Policy Sub Contracting:

All providers who subcontract are required to ensure that subcontracting organisations meet all legislative and policy obligations in regard to the services delivered.

# Privacy considerations

Child safe organisations are fully aware of their privacy obligations, and respect the privacy rights of children as well as those people who provide information. Because of the sensitive nature of personal information, child safe organisations establish policies and procedures that provide safeguards regarding the collection, use and disclosure of such information. Organisations using sensitive and/or confidential information must protect against the compromise of this information by putting in place protective security measures.

Child safe organisations need to ensure they are following obligations defined under the *Privacy and Personal Information Protection Act 1998*.

You can protect an individual's information by ensuring:

1. **Personal information is collected in the correct manner and for a specific purpose (e.g. the Working With Children Check and Referee check)**
2. **Asking permission prior to obtaining personal information**
3. **Storing personal information securely**
4. **Personal information can only be accessed by authorised person**
5. **Policy in place outlining when personal information needs to be accessed**
6. **Ensuring personal records aren’t altered or forged**
7. **Checking the accuracy of information provided**
8. **Policy in place for disclosing information to others**
9. **Policy for data breaches in place**

To avoid confusion and maintain confidentiality, everyone, including children, should be made aware of the need to report serious matters involving child protection to external authorities. You cannot promise confidentiality in these matters; however, you must assure privacy in handling the matter and that only those who need to know will be advised.

The Privacy and Personal Information Protection ACT 1998 (NSW):

Our services comply with 12 information protection principles. This includes obligations with respect to data security, data quality (accuracy) and rights of access and amendment to one’s own personal information, as well as how personal information may be collected, used and disclosed.

The Health Records and Information Privacy Act 2002 (NSW):

Our services comply with 15 health privacy principles regarding information about a person’s disability and health/disability services provided to them. The principles cover the entire information ‘life cycle’ but also include some additional principles with respect to anonymity, the use of unique identifiers and the sharing of electronic health records.

The Privacy Code of Practice (General) 2003:

The privacy Code of Practice allows departure from some privacy principles where an individual lacks capacity.

The Health Records and Information Privacy Code of Practice 2005 (NSW):

This Privacy Code allows sharing of information with other service providers in limited circumstances

Child Protection Policy- Responding to Risk of Harm to Children and Young People:

All service providers must take reasonable care to protect children and young people against risks of harm that can and should be foreseen. All staff are to make a report to the Child Protection Helpline if they suspect a child or young person is at risk of significant harm.

Commission for Children and Young People Act 1998:

Services providers must notify the Commission for Children and Young People when employment proceedings against an employee involving reportable conduct or an act of violence committed in the course of employment and in the presence of a child, are completed. These are matters where an employer (or professional or other body that supervises the professional conduct of the employee, the subject of the allegation), has found:

* Reportable conduct, or
* That an act of violence committed by the employee in the course of employment and in the presence of a child has occurred, or there is some evidence it occurred, however the finding is inconclusive.

Client Risk:

All services must ensure that risks to people with disability are identified so that adverse effects on their lifestyle, health and wellbeing and safety can be prevented, minimised or eliminated. As well as, all services must meet their Work Health and Safety obligations to provide maximum safety for the person with disability, support staff, management, contractors, volunteers and others, whatever the situation or location.

Abuse and Neglect:

All services providers are obliged to prevent abuse and neglect to a person in the first instance. When prevention strategies fail to protect the person, services are to recognise, respond to and report any form of abuse and neglect as appropriate.

Wherever possible, people with disability must be supported to understand when they are being abused and to know how to report it to the right authority.

Decision Making and Consent:

All services are required to involve the person in all decisions that affect the person’s life. No other person can make decisions for a person who is 16 years and older except when the person lacks capacity to make some decisions. Services will support people to make their own decisions and family and others provide informal decision making support where it is needed. A guardian with a specific decision making function is legally appointed to make critical decisions, for example, choosing accommodation.

COMPLAINT FORM

|  |  |
| --- | --- |
| **CUSTOMER INFORMATION** | |
| **Name:** | **Phone:** |
| **Address:** | **Email:** |
| **Please Circle:** | **PARENT / GUARDIAN / COMMUNITY MEMBER/ EDUCATOR / CONSULTANT / STAFF MEMBER / OTHER** |

|  |  |
| --- | --- |
| **COMPLIANT INFORMATION** | |
| **Date of notification:** |  |
| **Nature of notification:** |  |
| **Name of person notification was mate to:** |  |
| **Complainant signature** | |

|  |  |
| --- | --- |
| **CONSULTANT / NOMINATED SUPERVISOR / MANGER** | |
| **Notes:** |  |
| **Follow up/action required:** |  |
| **Concerns resolved/outcome:** |  |
| **Consultant/nominated supervisor/manager signature** | |

# Incident, injury and trauma record

(Circle relevant type of record)

|  |
| --- |
| **Child details:** |
| Surname: ..................................................... Given names: ......................................................  Date of birth: ......../......../........ Age: .........................................................................................  Professional’s Name: ................................................................................................................................ |

|  |
| --- |
| **Incident/injury/trauma/illness details:** |
| Circumstances leading to the incident/injury/trauma: .......................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Products or structures involved: .........................................................................................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Location: ...................................................... Time: ................. am/pm Date: ......../......../........  Name of Professional:  ..............................................................................................................................  Professional’s Signature: ............................................................................. Date: ......../......../........ |

**Nature of injury sustained:**

|  |  |  |
| --- | --- | --- |
|  | Abrasion, scrape   Bite   Broken bone / fracture   Bruise   Burn   Concussion |  Cut   Rash   Sprain   Swelling   Other (please specify)  .......................................... |

|  |
| --- |
| **Action Taken** |
| Details of action taken, including first aid administration of medication: ..........................................  ..............................................................................................................................................................  ..............................................................................................................................................................  Medical personnel contacted: Yes / No  If yes, provide details:  ..........................................................................................................................  ..............................................................................................................................................................  .............................................................................................................................................................. |

|  |
| --- |
| **Details of person completing this record** |
| Name: ...................................................... Signature: ................................................................  Time record was made: ....................................... am/pm  Date record was made ......../......../........ |

|  |
| --- |
| **Notifications (including attempted notifications)** |
| Parent/Guardian: ........................................... Time: ................ am/pm Date: …./......./.........  Scheme Manager: .......................................... Time: ................ am/pm Date: ...../....../.........  Regulatory Authority (if applicable): ............. Time: ................ am/pm Date: ...../...../......... |

**Please Note:**

**All serious incidence (as outlined in the “Serious Incident Policy) must be reported to the Regulatory Authority within 24 hours of the incident.**

**This notification is completed and submitted by a Scheme Manager of ChildThink in conjunction with the professional.**

|  |  |
| --- | --- |
| **Parental acknowledgement:** | |
| I.............................................................................................................................................................  (name of parent/guardian) have been notified of my child’s incident/injury/trauma. (Please circle)  Signature: ....................................................................................... Date: ......../......../........ | |
|  |
|  |

We want all people who participate in our program to have a safe and happy experience.

**(**

**Child Think/Australian Effective Therapies's "Child-safe Policy Policy"**

Child-safe Policy

www.kidsguardian.nsw.gov.au

[

]

We support and respect our children, young people, people with disability, staff, volunteers and students.

|  |  |
| --- | --- |
| Title | The policy is called Child Think’s Child-safe Policy. |
| Introduction  Describe the policy intent | Our policy guides staff, volunteers and students on how to behave with kids in our organisation. The policy focuses on how we can promote kids’ participation in our organisation and make it safer for them. |
| Support particpants participation  Describe how you involve kids | (Child Adult Think supports the active participation of people in our organisation. We listen to peoples views, respect what they say and involve them when we make decisions, especially about matters that will directly affect them. |
| Support staff, volunteers and students  Describe how you supervise and support your workforce | 1. We promote respect, fairness and consideration for all staff, volunteers and students. 2. All staff, volunteers and students have a more senior officer assigned to support and supervise their work. 3. All new staff, volunteers and students will receive a copy of the Child-safe Policy, Code of Conduct and Dealing with Complaints process. |
| Recruitment  Describe how you select the right workforce | 1. Statement - eg: our organisation will maintain a rigorous and consistent recruitment, screening and selection process. 2. Practice - set out how you will achieve this standard eg you may use interviews, references, the Working With Children Check. |
| Dealing with Complaints | 1. Outline the organisational procedures for kids and workers to raise concerns or complaints. 2. Appoint a Child Safety Contact Person to manage all complaints. This is currently Dr Jenny Harasty. |
| Communication  Letting everyone know about your policy | 1. We will hold regular information sessions for staff, volunteers and students. 2. Our policy will be discussed during induction sessions for all new staff, volunteers and students. 3. Kids and parents and participants joining our program/s will receive a copy of the Policy, Code of Conduct and Dealing with Complaints process. 4. Parents will receive a copy of the Parent's Guide to Child Protection Issues. |
| Review  Set a date to review and update this policy 3.5.20. | The policy and guidelines will be reviewed every two years and incorporate comments and suggestions from children and young people, parents, particpants, staff, volunteers and students. |

Updated policy review in June 2019 has added the following terms and conditions to the policies that all families are provided with prior to the first appointment along with the NDIS service agreement and the code of conduct of unregistered professions.



Sydney Brisbane, Melbourne, Adelaide, clinics in Collins St Melbourne, Edgecliff Centre, Sydney, , Adelaide, Kedron Brisbane and mobile service to your homes and schools

Phone 0419 636 613

Web www.childthink.org

# Dear Patient/Parent or Family Member,

Welcome to our speech pathology and occupational therapy services physiotherapy, psychology and other learning services such as ABA therapy, neurotherapy and a developmental assessment service. We provide the best available evidence-based fun services for children and adults with attention, speech, feeding, motor, communication, reading, writing and learning difficulties.

**The agreement-**

This agreement relates to the provision of therapy and psychology services provided by Child Think and Adult Think Pty Ltd.

**Provision of services-** Child and Adult Think will provide suitably competent and qualified staff to perform services of the nature specified by you (The client) and assessed by the health care coordinator under the care and control and supervision of the Client or his/her representative. Child Adult Think will provide endeavour to provide therapists and assistants who are experienced in their fields, qualified and registered or accredited by the appropriate professional bodies.

Child and Adult Think Pty Ltd (‘The company”) agrees to provide therapists to its clients (‘The client”) upon the following terms. All reference in this agreement to therapists will be deemed to include all therapists, psychologists and therapy assistants and care workers for the Child Think clients.

The company will conduct and assessment of the client and conduct a workplace health and Safety assessment prior to service commencement. The company must also be permitted to conduct periodic reassessments of the Client to ensure their care is appropriate to their needs and can be safely delivered by Child Think staff.

**Standard Operating Policies and Procedures regarding making initial appointments**

1. Each client will be responded to both verbally and in writing with the following information provided by email and/or verbally by phone:
2. A. time date and place of appointment with 7 days notice
3. The process of the appointment such that it will be an assessment conducted with assessment tests and constitute of the length of time one hour or more and then a report will then be furnished and the cost of this report.
4. The name, qualifications and profession and experience of the therapist
5. The cost of the assessment will be discussed according to both the time and the experience/qualifications of the therapist
6. These details will be added to in writing in a confirmation email
7. The information sheet and consent forms of the practice will be given to the family via email prior the appointment
8. The information sheet and consent forms to be completed by the family at the beginning of the appointment to be signed and read in from and ensured that the family understands the policies and procedures
9. The signed consent forms and service agreement if NDIS to be uploaded to healthkit
10. At the beginning of each session the cost and time for each session to be confirmed verbally
11. Reports will be written and be provided within a month of the assessment barring unforeseen circumstances and this information to be provided to the family at initial assessment
12. Reports are not obligatory and this will be discussed with family. Cost of the report will also be discussed verbally and in writing and included in signed consent forms. Families will be given an option to see a draft report to be discussed first if they wish prior to the final report to be furnished so that any information they do not wish to be disclosed can be omitted or amended if ethically correct.
13. All reports written in the practice will be edited and read by a supervisor or if written by the supervisor by a peer to ensure no errors occur in the reports including draft reports.

Following assessment Child and adult think will provide a service designed in consultation between the Client and the therapist assigned and manager to meet the client’s individual needs.

**Variation in service**

A variation in service provision can be made by mutual consent between the Client and the therapist or manager. Client reassessment is carried out periodically unless otherwise required by the client or service provider. Should the client require a variation to their service provision a consultation is arranged to clarify and assess the variation of service.

**Home tasks-** Home tasks will be provided to be completed each day. This is an essential component of therapy and feedback and training for the homework will be given to you. Please give us information on how the patient went each week. Homework is part of your therapy service agreement and if it is difficult to complete you must tell your therapist who will adjust and modify the tasks for the sake of the family member.

# Schedule of Fees

**Initial and Review Assessment sessions:** These are charged at $250 half an hour or to $300-$510 an hour including face to face assessment time, data analysis time and report writing time. Most assessments take 1 to 21/2 half hours excluding report writing but some may take longer up to 4 hours maximum depending on number of tests used and purpose and this is especially true for Special provisions and HSC reports.

Reports are important for families and usually take one to two hours but can take up to 4 hours maximum. **Please discuss what you wish with your therapist before the assessment.**

**Therapy sessions:**

30 minute sessions: …………………$80 to $220 depending upon clinician

40-45 minute treatment session……$130-$280 depending upon clinician

60 minute treatment session………….$190-$350 depending upon clinician

Telephone consultations……………….Charged at a prorate rate for your clinician

# Home and School visits

Home and School visits include a $50 call out fee. This contributes to additional time required to carry out the visit. NDIS travel is charged as time taken to travel according to NDIS rules.

**After hours (after 5 and before 9.30) and Saturday appointments**

These are available but attract a $50 after hours fee.

# Payment of Fees

Fees need to be paid at the end of each consultation. We use Healthkit a national data and billing service for health professionals.

Receipts will be given by your therapist weekly or monthly or after each service. We do not take cash or direct deposit. Credit card fees will be charged. If the national disability service does not pay for the service for any reason that you have booked your credit card will be charged. Please provide a photo of your credit card and your medicare card for billing purposes. Payment terms and conditions

9. **Payment Terms.** If you purchase a Service, then these payment terms apply to your purchase and you agree to them.

* a. **Charges.** If there is a charge associated with a portion of the Services, you agree to pay that charge in the currency specified. The price stated for the Services excludes all applicable taxes and currency exchange settlements, unless stated otherwise. You are solely responsible for paying such taxes or other charges. We will calculates taxes based on the residential address associated with your billing information. You are responsible for ensuring that this address is up to date and accurate. Except for Skype products, taxes are calculated based on your location at the time your This practice account was registered unless local law requires a different basis for the calculation. **We may suspend or cancel the Services if we do not receive an on time, full payment from you.** Suspension or cancellation of the Services for non-payment could result in a loss of access to and use of your account and its content. Connecting to the Internet via a corporate or other private network that masks your location may cause charges to be different from those displayed for your actual location. Depending on your location, some transactions might require foreign currency conversion or be processed in another country. We might charge you additional fees for those services when you use a debit or credit card.
* b. **Your Billing Account.** To pay the charges for a Service, you will be asked to provide a payment method at the time you sign up for that Service. For all Services you can access and change your billing information and payment method on the [This practice account management website](https://go.microsoft.com/fwlink/p/?linkid=618281) or through email via new form submission. Additionally, you agree to permit This practice to use any updated account information regarding your selected payment method provided by your issuing your or the applicable payment network. You agree to promptly update your account and other information, including your email address and payment method details, so we can complete your transactions and contact you as needed in connection with your transactions. Changes made to your billing account will not affect charges we submit to your billing account before we could reasonably act on your changes to your billing account.
* c. **Billing.** By providing This practice with a payment method, you (i) represent that you are authorized to use the payment method you provided and that any payment information you provide is true and accurate; (ii) authorize This practice to charge you for the Services or available content using your payment method; and (iii) authorize This practice to charge you for any paid feature of the Services you choose to sign up for or use while these Terms are in force. We may bill you (a) in advance; (b) at the time of purchase; (c) shortly after purchase; or (d) on a recurring basis for subscription Services. Also, we may charge you up to the amount you have approved, and we will notify you in advance of any change in the amount to be charged for recurring subscription Services. We may bill you at the same time for more than one of your prior billing periods for amounts that haven't previously been processed.
* d. **Recurring Payments.** When you purchase the Services on a recurring basis (e.g., twice weekly monthly, every 3 months or annually), you agree that you are authorizing recurring payments, and payments will be made to This practice by the method and at the recurring intervals you have agreed to, until the subscription for that Service is terminated by you or by This practice. You must cancel your Services before the next billing date with a months notice n to stop being charged to continue your Services. We will provide you with instructions on how you may cancel the Services. By authorizing recurring payments, you are authorizing This practice to process such payments as either electronic debits or fund transfers, or as electronic drafts from your designated account (for Automated Clearing House or similar payments), or as charges to your designated account (for credit card or similar payments) (collectively, "**Electronic Payments**"). Subscription fees are generally charged before of the applicable subscription period. If any payment is returned unpaid or if any credit card or similar transaction is rejected or denied, This practice or its service providers reserve the right to collect any applicable return item, rejection or insufficient funds fee and process any such payment as an Electronic Payment.
* e. **Online Statement and Errors.** For all Services, this practice will provide you with an online invoice statement on request within 90 days of the request where you can view and print your statement. This is the only billing statement that we provide. If we make an error on your bill, you must tell us in writing within 90-days after the error first appears on your bill. We will then promptly investigate the charge. If you do not tell us within that time, you release us from all liability and claims of loss resulting from the error and we won't be required to correct the error or provide a refund, unless otherwise required by law. If This practice has identified a billing error, we will correct that error within 90-days. This policy does not affect any statutory rights that may apply.
* f. **Refund Policy.** Unless otherwise provided by law or by a particular Service offer, all purchases are final and non-refundable. If you believe that This practice has charged you in error, you must contact us in writing via email within 90-days of such charge. No refunds will be given for any charges more than 90-days old, unless otherwise required by law. We reserve the right to issue refunds or credits at our sole discretion. If we issue a refund or credit, we are under no obligation to issue the same or similar refund in the future. This refund policy does not affect any statutory rights that may apply.
* g. **Cancelling the Services.** You may cancel a Service at any time, with or without cause with a notice period of one month. Cancelling paid Services stops future charges to continue the Service after the one month period. To cancel a Service you must email in writing the practice with the one month enddate.. You should refer back to the offer describing the Services as (i) you may not receive a refund at the time of cancellation; (ii) you may be obligated to pay cancellation charges; (iii) you may be obligated to pay all charges made to your billing account for the Services before the end date of cancellation even if you refuse access to clinicians to provide such services; and (iv) you may lose access to and use of your account when you cancel the Services; or, if you live in Taiwan, (v) you may receive a refund in the amount equal to the unused fees you paid for a Service calculated at the time of cancellation. We will process your Data as described above in section 4. If you cancel, your access to the Services ends at the end of your current Service period or, if we bill your account on a periodic basis, at the end of the period in which you canceled.
* h. **Trial-Period Offers.** If you are taking part in any trial-period offer, you may be required to cancel the trial Service(s) within the timeframe communicated to you when you accepted the offer in order to avoid being charged to continue the Service(s) at the end of the trial period.
* i. **Promotional Offers.** From time to time, This practice may offer Services for free for a trial period. This practice reserves the right to charge you for such Services (at the normal rate) if This practice determines (in its reasonable discretion) that you are abusing the terms of the offer.
* j. **Price Changes.** We may change the price of the Services at any time and if you have a recurring purchase, we will notify you by email, or other reasonable manner, at least 15 days before the price change. If you do not agree to the price change, you must cancel and stop using the Services before the price change takes effect. If there is a fixed term and price for your Service offer, that price will remain in force for the fixed term.
* k. **Payments to You.** If we owe you a payment, then you agree to timely and accurately provide us with any information we need to get that payment to you. You are responsible for any taxes and charges you may incur as a result of this payment to you. You must also comply with any other conditions we place on your right to any payment. **If you receive a payment in error, we may reverse or require return of the payment. You agree to cooperate with us in our efforts to do this. We may also reduce the payment to you without notice to adjust for any previous overpayment.**
* **Your Account Payment Method.** You may register an eligible your account or credit card with your This practice account to use it as a payment method. Eligible your accounts include accounts held at a financial institution capable of receiving direct debit entries (e.g., a United States-based financial institution that supports automated clearing house ("**ACH**") entries, a European financial institution that supports Single Euro Payments Area ("**SEPA**") or "iDEAL" in the Netherlands). Terms you agreed to when adding your account as a payment method in This practice account (e.g., the "mandate" in the case of SEPA) also apply. You represent and warrant that your registered your account/credit card is held in your name or you are authorized to register and use this account as a payment method. By registering or selecting your account as your payment method, you authorize This practice (or its agent) to initiate one or more debits for the total amount of your purchase or subscription charge (in accordance with the terms of your subscription service) from your account (and, if necessary, initiate one or more credits to your account to correct errors, issue a refund or similar purpose), and you authorize the financial institution that holds your account to deduct such debits or accept such credits. You understand that this authorization will remain in full force and effect until you remove your account information from your This practice account. Contact customer support as outlined above in section 4(e) as soon as possible if you believe you have been charged in error. Laws applicable in your country may also limit your liability for any fraudulent, erroneous or unauthorized transactions from your account. By registering or selecting your account as your payment method, you acknowledge that you have read, understand and agree to these Terms.

**Team Meetings**

Fee for meetings follow treatment/consultation fees

# Rebates

Most Private Health funds offer partial rebates, please check with your individual health fund. Please note that it is your responsibility to contact your health fund and be aware of the rebate provided by your fund. Sometimes health funds do audits on the rebate provided and if you have not complied with their rules such as having a GP referral or Chronic disease management plan in place prior to therapy they will ask for the rebates to be returned. In order to ensure all rules are followed by your health fund we suggest that you are provided with these in writing via email prior to submission of your receipts to your health fund.

Medicare- rebates are available through your GP called the chronic disease management plan or other plans such as a mental health plan for our occupational therapists and psychologists or for 20 sessions on a plan for autism spectrum disorder. Talk to your therapist and GP.

Income tax Rebate- This appears to be about 20% income tax deduction for health expenses. Talk to your accountant.

Carer’s Allowance- This may be available for some people with a form from Centrelink that your therapist can help you complete.

Helping Children with Autism and Better Start- This provides up to $12000 from DSS for children who have been diagnosed with the autism spectrum disorders or specific developmental disorders and we are registered providers as our practice is throughout Australia.

National Disability Insurance Scheme- This new scheme is currently being rolled out throughout Australia. Please discuss with your therapist.

DVA- Veterans may be eligible for DVA rebates and payments.

# Cancellations

This policy exists for you to provide as much notice as possible if you need to cancel. We would like to be able to offer cancelled appointment time to others who may have been sick, or to carry out other essential tasks that help your child (preparing for therapy, calling teachers. writing reports/letters). Making up sessions is essential to timely progress so we will rebook sessions. Repeated cancellations may slow the progress of your child. **Please note that we will not see your child if they are sick due to contagion issues.**

More than 48hours- no fee

Less than 48 hours- 50% of full session,

Appointment not attended or told on the day= full session fee

For cancellation please call, text, or email your therapist or the receptionists.

In difficulty please call: 0419636613

# Concerns or complaints or positive feedback

We welcome feedback on our service. Please email our Director and Therapist Supervisor on: [enquiries@thinkchildadult.net](mailto:enquiries@thinkchildadult.net). If the Client has any complaints or feedback, the Client can discuss them with a staff member or complete an email feedback or a feedback form (request one from your therapist or care worker). The Client can also contact the supervisor by text on 0419636613. All complaints can be made without fear of reprisal to the Client and the nature of any complaint is kept confidential. All feedback is followed through by the Senior Manager and concerns addressed in a timely manner with the Client who is informed of the outcome.

# Free therapy session

If your referral of another family results in our services being used we will provide one free therapy session for you for each new family. Please inform your therapist.

**Replacement of Staff**

If any staff member proves to be unsatisfactory for any reason, upon notification to the Company using email above) the company will endeavour to find a replacement. The company Child and Adult Think is entitled to replace any therapist or assistant with another of comparable qualifications at any time without prior notice but will endeavour to advise the Client prior to doing so.

**Service Times**

Child and Adult Think will endeavour to supply services at the agreed upon time of the Client. Clients are to be made aware that the service bookings are approximate and are subject to change. The client will be informed of any changes in service time that exceeds 1 hour.

**No Liability**

Child Think and Adult Think will not be liable under any circumstances, to any person for any death, injury, loss or damage arising out of , or caused by any act or omission of the therapist or care worker or assistant, whether or not such an act or omission is caused by the worker’s negligence, unless an act of omission is contrary to law.

**Payment of Levees and Taxes**

Child and Adult Think is to pay all necessary statutory levees and taxes including tax instalments and accident compensation levees from the gross fee charged.

**Obligations of the Client**

**Services Required**

The Client (or their agreed representative) is to clearly advise Child Think and Adult Think of their requirements and authorises the Company Child Think Pty Ltd to engage the service of the therapists and other health, care and assistant workers. If requested Child think and adult think will assess the requirements for the therapists and assistants including the nature and duration of work to be done, the condition of the person to receipt such services and any necessary qualifications.

**Supervision of Staff**

Where possible the Client (or their representative) is to supervise, and enable the work, observe and learn from and discuss and ensure that the work is to a standard that they are happy with in order to ensure that the work is carried out to their satisfaction.

**Safe Working Conditions**

The client is to provide a safe working environment for the therapist or other worker if services are provided at home. The Client (or agreed representative) is required to allow Child Think and Adult Think to inspect a Client’s residence and conduct a Workplace Health and Safety assessment to ensure that it constitutes a safe place of work for Child and Adult Think staff prior to commencing services.

**Insurance Cover**

Child think Pty Ltd will maintain appropriate levels of insurance cover, including professional indemnity, public liability and workers compensation insurance.

The Client is advised to take out and maintain appropriate levels of insurance cover in respect of all claims which may occur in respect of the Clients liability as occupier of the premises. It is recommended that Clients insure against such claims by adding a Domestic Compensation Insurance Clause to their home insurance policy.

**Loss or damages Indemnity**

Child Think Pty Ltd will through workers compensation insurance, cover all staff injury claims. However, Child and Adult Think recommends that Clients maintain sufficient insurance to separately cover themselves and their possessions against any possible loss or damage incurred as a direct or indirect consequence of the presence of therapists or other workers.

**Handling of Money**

Therapists or other workers shall not be entrusted with the handling of money securities, valuables, negotiable documents, or confidential information at the sole risk of the Client.

For your family member’s assessment and intervention, we would like you to complete this form. This will help us to understand your family member and assist with their learning.

You may not be able to answer all of the questions but try to give as much information as you can. All information you give us about your child is confidential and will not be shown to anyone else without your permission.

However the more we know about your family member the better we can assist you. Thank you

Family member’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family member’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P/Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Nos: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Members in the Family:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What languages are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does service user speak this language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Information

Please describe your concerns about the end user \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the patient/end user ever had any convulsions or fits or head injuries? Yes/No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the patient on any medication at present? Yes/No

Please give details of the medication and purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please outline any significant health concerns affecting the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Professionals**

Has the patient/end user been seen by or on a waiting list to see any of the following professionals? Please circle Yes or No and give details

## Specialist Doctor? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Ear Nose and Throat Specialist? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Psychologist? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Speech Language Pathologist? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Occupational Therapist? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Worker**? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Any other specialist or clinic? Yes/No

When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **General Information**

What does the patient enjoy doing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe the patients skills? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the patient get on with:

* family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Adults? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the patient’s strengths (things that he / she is good at) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe the patient’s weaknesses (things that he / she has difficulty with) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the patient have:

Have sleeping problems? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Have difficulty concentrating? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have difficulty finishing activities? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have difficulty following directions? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • Have difficulty organizing themselves (e.g. getting ready)? Yes/No \_\_\_\_\_\_\_\_

•Have difficulty with activities of daily living Yes/No \_\_\_\_\_\_\_\_

• Have any behaviour issues? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • Have any emotional issues? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Family

Has anyone else in the family or extended family such as cousins uncles (children or adults) had: (Please circle yes or no and give details)



Speech and/or Language difficulties? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/ Learning difficulties? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical problems / difficulties? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developmental disability? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autism spectrum disorder Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emotional problems? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention problems? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant problems? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Home Safety

If therapy occurs in the home environment we need the following home visiting assessment of potential risk to be completed as recommended by the family services association and legislation:

The following needs to be raised with you if home visits will be occurring:

 Are all persons involved Yes/No/NA in visit aware of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ details of visit ?

 Are any AVOS in Yes/No/NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ place ?

 Is there a case Yes/No/NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ manager involved with the child ?

 Is access to the home Yes/No/NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ clear ?

 Are there animals in Yes/No/NA the yard and are they \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ restrained?

 Is there anyone in the Yes/No/NA family who may be a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ volatile state ?

 Is there adequate Yes/No/NA ventilation, lightning, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any risks from other residents, is the environment smoke free? **Other**

Please provide any additional information which you feel would help us to understand your child better: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*The time and effort you have put into completing this form is greatly appreciated and will assist us in providing a thorough assessment of your child.*

Name of person filling in this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Patient DETAILS

**Patient Name personal details NOT THE family’s NAME HERE:**

Title: \_\_\_\_\_\_\_\_ Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D O B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Member contact details:**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Person responsible for account payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS  /Credit card  DVA 

I agree to pay by credit card through Healthkit and agree for the details to be stored on healthkit yes/no.

My card number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_expiry name on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I agree to pay through the NDIS/DVA through halaxy and agree for the details to be stored on halaxy yes/no. I agree for use of credit card fees to be added.

My DVA/NDIS number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My NDIS planner contact name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact number is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Service agreement:** I agree to pay a total amount of \_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_ weekly therapy at NDIS therapy rates per hour and NDIS travel rates per hour of travel after the first kilometres.

Therapy will include (please circle) speech language literacy therapy, behaviour/ABA therapy, occupational therapy, physiotherapy, psychology, exercise physiology, dietician, play/art/music therapy, other\_\_\_\_\_\_.

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family

Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Ref:\_\_\_\_\_\_\_\_\_ Expiry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of your GP for reports and session emails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of teacher for reports or session emails: Please write no consent here for this if you do not wish this.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Privacy Policy and Therapy Service Agreement**

This practice respects your right to privacy. It is important that you understand the purpose for which we collect details about your health, as well as how this information is used and to whom this information may be disclosed :

1. The information collected on this form will be used for the purpose of providing treatment to you. Personal information including your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about any issues affecting your treatment. We may videotape or audiotape you for the purpose of therapy or education and retain these and these may be used as part of my child’s program and/or staff training however names will not be used in this situation and privacy will be assured.

1. We may disclose your health information to other healthcare and education professionals or require it from them if, in our judgment, that is necessary in the context of your treatment. In this regard, it is a standard policy of this practice to send a report to your referring practitioner and to other health bodies if needed such as the NDIS/DVA. Should you have concerns in this regard, please let the treating practitioner know during your appointment. As well we will send an email to patient’s to doctors as needed in the context of their treatment. Please advise if you do not wish such emails to be sent.

1. We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should this happen, your personal identity will not be disclosed without your consent to do so.

1. Your patient history, treatment records and any other material relevant to your treatment will be kept for 7 years, after which time it will be destroyed. If you are under 18 years of age, then your records will be kept for 7 years following your 18th birthday. Patient details will be kept on the Healthkit computer system and other computer systems.

You can otherwise be assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with your treating practitioner during your appointment.

I have read and understood the Privacy Policy and Therapy Service Agreement above and consent to the use of my health information and to undertake a therapy services with Child Think and Adult Think according to this agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: ­­­­­­­­­­­­­­­­­­­­\_\_------------------- Date:---

**Standard Operating Procedure Service Agreements**

Service Agreements must be signed by all NDIS participants prior to the first appointment and NDIS plan to be sighted with type of plan. Plan Managed and Self Managed clients only to be provided with services. Clients can change to these types of NDIS services by requesting the NDIS help line or their LACs. Both of these types of participants require service agreements not just plan managed.

Service agreement template as follows:

## **Date:-**

## Service Agreement

## Who is making this Agreement?

|  |  |
| --- | --- |
|  | **The name of the participant or their trusted person:** |
|  | The name of the service provider:  **Child and Adult Think** |

### How does this Agreement fit in with the NDIS?

|  |  |
| --- | --- |
|  | This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS). |
|  | A copy of the participant's NDIS Plan is attached to this Agreement.  *Note: you don't have to include your NDIS Plan if you don't want to.*  **Goals and Outcomes (These will be specifically developed at initial sessions)** |
|  | Assess and treat auditory processing and cognition. |

### What supports will be provided?

* **how they will be provided – via Speech Therapy , Occupational therapy, Psychology**
* **when they will be provided – between**
* **who will provide them –/Child and Adult Think**
* **how long they will be provided for:**
* **Weekly sessions at the clinic**
* **OT and Speech 60 minute sessions at $193 with a report at 3 x $193 at the end of the sessions. Clinical notes to be written within the hour. Travel to be charged at $63 per trip according to NDIS travel payment rules. Psychology sessions paid at NDIS rates. All rates to be reviewed with NDIS rates.**
* **Total is \_\_\_\_\_\_\_ sessions (from to )**
* **Note any reports required will be quoted separately**
* **Please note if sessions are outside the clinic a $63 travel will be additional to the session charge there and back unless travel to another NDIS client after or before occurs.**
* **Please note that NDIS also pays for treatment session reports after each session at $\_40\_\_\_\_\_\_ for each session**
* What is expected of the participant?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This section explains your responsibilities.   |  | | --- | | * Telling the service provider about the supports that you want, and how you   would like to receive them. | | * Being polite and respectful to the staff who work with you. | | * Telling the service provider if you've got any problems. | | * Telling the service provider if you can't make it to an appointment – you should always give them at least 24 hours' notice. | | * Telling the service provider straight away if you want to end the Agreement. | | * Letting the service provider know if your NDIS Plan changes or if you stop using the NDIS. |  * Any other items |

### What is expected of the service provider?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This section explains the service provider's responsibilities.   |  | | --- | | * Providing the services that you have asked for. | | * Being open and honest about the work that they do. | | * Explaining things clearly. | | * Treating you politely and with respect. | | * Including you in all decisions about your supports. | | * Letting you know what to do if you have a problem or want to complain. | | * Listening to your feedback and fixing any problems quickly. | | * Telling you if they want to end the Agreement. | | * Making sure your information is correct and up to date. | | * Storing your information carefully and making sure it is kept private. | | * Obeying all the rules and laws that apply. This includes the *National Disability Insurance Scheme Act 2013* and the *National Disability Insurance Scheme Rules*. | | * Providing invoices and statements for your supports. | | * Checking whether GST applies. The ATO requires that GST is not applicable for therapy services. |  * Checking that the Agreement is working well. You and the service provider will agree about how often the Agreement will be reviewed |

### How will payments be made?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This section explains who will pay the invoices, and how they will be paid.   |  | | --- | | There are different ways to pay for your supports.  **You have chosen the following as detailed below cross out which is not applicable** | | **NDIS will pay the provider directly** through the portal  NDIS plan managers will be invoiced and invoices paid within 5 working days  **Self managed clients will provide the following credit card which will be deducted immediately after each session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name on card**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_number**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_expiry**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-cvc** | | Pay is within 5 working days maximum. If fees are late a late fee of $30 will be directly charged to the family (NDIS does not pay this). If charges are incurred and the NDIS or plan managers do not pay for any reason regardless if it is the fault of the participant or not the participant will pay the fees incurred therefore you must be sure that funds are available at all times. | | In all of these cases, the way the invoice is to be paid – see above – will be written in the Agreement. | | And the time allowed to pay the invoice will be included as well. This might be 7 days, 14 days or more. | |

### How to make changes

|  |  |
| --- | --- |
| You and the service provider will need to agree about how changes can be made to the Service Agreement. |  |
|  |  |
| * **That the changes need to be in writing.** |  |
| * **That the participant and the service provider agree on the changes.** |  |
| A new document saying that you agree with the changes will need to be documented . |  |

### How to end the Agreement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This section explains how you or the service provider can end the Agreement.   |  | | --- | | If you want to end the Service Agreement, you must tell the service provider. | | You must let them know before you want the Agreement to end. | | Usually, in the Agreement, it will say how much time you must give them before the Agreement can end.  This is called a **notice period**. | | **The notice period will be 1 month .** | | If the service provider wants to end the Agreement, they must tell you – and give you notice of one month.  Sometimes, an Agreement can end without a notice period. This could only happen if you or the service provider broke the Agreement in some way. | |

### What to do if there is a problem

|  |  |
| --- | --- |
|  | This section explains who to talk to if there is a problem. |
| The contact person is: | **Dr Jenny 0419636613 (Speech Therapy Supervisor)** |
|  |  |
| Their email address is: | **enquiries@thinkchildadult,net** |
|  | If you don't have any success getting your problem fixed, you can contact the NDIA.   |  | | --- | | Our phone number is 1800 800 110. | | You can visit one of our offices. | | Or you can visit our website at [www.ndis.gov.au](http://www.ndis.gov.au) | |

### Goods and Services Tax

|  |  |
| --- | --- |
|  | Most services provided under the NDIS will not include GST. However, GST will apply to some services. |
|  | It is the service provider's responsibility to check whether GST does or does not apply. |
|  | **By signing this Agreement, the service provider says that they have checked and that NO GST applies.** |
|  |  |

Under tax law, the following sentence must be included in this Agreement:

"A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the [National Disability Insurance Scheme Act 2013](http://www.comlaw.gov.au/Current/C2014C00149) (NDIS Act), in the Participant’s NDIS Plan currently in effect under section 37 of the NDIS Act."

### Your contact details

|  |  |  |
| --- | --- | --- |
|  | Your daytime phone number: |  |
|  | Your evening phone number: |  |
|  | Your mobile number: |  |
|  | Your email address: |  |
|  | Your home address: |  |
|  | The name of someone we can contact if we can't get in touch with you: |  |
|  | Their phone number: |  |
|  |  |  |

### The service provider's contact details

|  |  |  |
| --- | --- | --- |
|  | Daytime phone number: | **0419636613** |
|  | Evening phone number: | **0419636613** |
|  | Mobile number: | **0419636613** |
|  | Email address: | enquiries@thinkchildadult.net |
|  | Business address: | **Head Office: Level 5, 203-233 New South Head Rd, Edgecliff, 2027.** |

### Signatures

By signing this Agreement, you agree to all of the information included.

|  |  |  |
| --- | --- | --- |
|  | Participant name: |  |
|  | Signature: |  |
|  | Date: |  |
|  | Service provider name: | **Child Think** |
|  | Signature: |  |
|  | Date: |  |

## Checklist for Service Agreements

|  |  |
| --- | --- |
| X | I know who is making the Agreement.  This might be me and my service provider, or it might be my trusted person and my service provider. |
| X | I know what supports to include. |
| X | I know what is expected of me. |
| X | I know what is expected of my service provider. |
| X | I know how the supports will be paid for. |
| X | I know what to do if I want to make changes. |
| X | I know what to do if I want to end the Agreement. |
| X | I know what to do if I have a problem and I know who to contact. |
| X | I have read my Service Agreement and agree with its terms and conditions . |
| X | I have signed the Agreement. |
| X | I have attached my NDIS Plan to the Agreement if I want to. |
| X | I have kept a copy of the Agreement for my records. |

# IT, Internet, Email and Social Media Policies

**At Child Think and Adult Think our Policy is for careful use of all technology, email and social media.**

**At Child Think and Adult Think our procedures are that all usage of Child Thik and Adult Think name requires approval in IT email and social media policies.**

## Hardware used at Child Think and Adult Think

Ipads and laptops to be provided as needed.

## Software used at Child Think and Adult Think

Halaxy is our preferred health information storage system and billing system.

## Software systems and storage structures

Cloud storage systems to be utilised.

## Practice Management Software

Halaxy

## User names and passwords

Provided.

## Internet use

Monitored on all company equipment.

## Email Use

Monitored on all company equipment.

## Email signatures

To be set up by each therapist.

## Professional Use of social media

This is done by company only.

## Personal use of social media

Not during time available to company.

## Cyber Bullying

This is not tolerated and needs to be reported.

## Cyber security

Provided with security company software.

## Back up

All health records are backed up.

# Recruitment

**At Child Think and Adult Think our Policy is to recruit the highest degreed professionals available.**

**At Child Think and Adult Think our procedures are to use Masters degreed professionals with their own practices.**

## Position Descriptions

Provided on all contracts.

## Interview process and questions

Detailed interviews are provided at all entry points over two and three interviews.

## Referee checks

To be undertaken after interview process.

## Employment or engagement contracts

These are provided to all team members.

## Notification to unsuccessful applicants

Telephone notification.

# Induction

**At Child Think and Adult Think our Policy is to have a detailed induction and shadowing of the principal therapist.**

**At Child Think and Adult Think our procedures are that extensive training is provided for the first month.**

## Provision of Fair Work Information Statement

Provided.

## Workplace Health and Safety over view

Provided.

## Induction plan

One month of induction is provided.

## IT system orientation

Technology training is provided.

## Clinical systems training plan

Extensive training on clinical systems is provided.

## Policy and procedures requirements

Discussion of manual and policies and procedures occurs during supervision.

# Probation Period

**At Child Think and Adult Think our Policy is 6 month probation period.**

**At Child Think and Adult Think our procedures are 6 month probation period with extensive training and support during this period.**

# Work Place Health and Safety

**At Child Think and Adult Think our Policy is ensure a safe and health workplace.**

**At Child Think and Adult Think our procedures are that client and therapist safety is paramount at all times.**

## Injury procedures

First aid to be provided s all therapist have a first aid certificate and carry a first aid kit. Notification o child safety risk to be completed as well. See Child Safe Policy.

## Drug use

Immediate dismissal on use of nonprescription drugs.

## Alcohol use

Immediate dismissal on use of alcohol in the workplace.

## Smoking

Smoking is prohibited.

## Specialist Therapy Equipment

Needs to be protected and well cared for.

## First Aide training

Compulsory for all staff members.

## Seizure management

See first aid training.

## Offsite safety

Safety first for all offsite visits.

# Equal Employment Opportunity

**At Child Think and Adult Think our Policy is for equal employment opportunity and a diverse workplace.**

**At Child Think and Adult Think our procedures are to seek diversification in our therapists to reflect the multicultural environment of South East Asia.**

## Inclusion

This is supported.

## Accessibility

All clinics are accessible

## Discrimination

Discrimination is not tolerated.

## Sexual Harassment

Sexual harassment is not tolerated.

## Workplace Bullying

Workplace bullying is not tolerated.

## Complaints

All complaints will be handled with sensitivity and confidentiality.

## Return to work

Support and confidential counselling provided on return to work.

# Flexible Working Arrangements

**At Child Think and Adult Think our Policy is for extremely flexible working arrangements to occur with each consultant arranging their own time table and working days and hours.**

**At Child Think and Adult Think our procedures are for client caseload to be given to the consultant and they arrange their own therapy hours and appointments using our computer system.**

# Pregnancy at work

**At Child Think and Adult Think our Policy is to support pregnancy at work in any way we can.**

**At Child Think and Adult Think our procedures are to support and help any pregnant team embers as they need to continue their work effectively and safely.**

## Advising of pregnancy

Please advise team leader as soon as possible.

## Harassment while pregnant

This is not tolerated.

## Safety at work

Safety of work is paramount for any pregnant team member.

## Transfer to a safe job

The team member will have totl choice over all client contact when pregnant.

## Working until the birth

Team member will advise when work to wills top.

## Return to work

Team member will advise when return to work occurs.

## Breastfeeding at work

Encouraged.

# Conflict of Interest

**At Child Think and Adult Think our Policy is to strongly discourage and identify any conflicts of interest.**

**At Child Think and Adult Think our procedures are to identify and eradicate any conflicts of interest.**

# Intellectual Property and Security

**At Child Think and Adult Think our Policy is that all Child Think intellectual property is secure and remains solely the property of Child Think.**

**At Child Think and Adult Think our procedures are to ensure all intellectual property is secure and to copyrighted.**

# Respect for the Environment

**At Child Think and Adult Think our Policy is to care for and respect the environment.**

**At Child Think and Adult Think our procedures are to have a paperless office and use computer storage for all files, recycle and reutilise materials.**

## Waste management

Recycling to be used.

## Power

Green power is sourced.

## Water

A non wasting of water is encouraged.

## Paper use

Paper less office is encouraged.

# Training and Development

**At Child Think and Adult Think our Policy is to provide excellence in quality and quantity of training and development.**

**At Child Think and Adult Think our procedures are to provide weekly or fortnightly supervision, monthly cpd and access to the highest quality external cpd.**

## Onsite training

Shadowing and onsite training to occur for the first month and then onwards each week as needed.

## In house professional development

CPD by Dr Jenny Harasty every month.

## External professional development

Access to external professional development to be provided on topics requested by each team member.

## Application for external Professional Development.

Application for paid for external professional development can be made to enquiries@thinkchildadult.net.

## CPD requirements for AHPRA or equivalent registration

These have to be maintained.

## CPD requirement for Medicare Better Access to Mental Health provision

These have to be maintained.

## Funds for CPD

Available on application.

## CPD log

To be maintained by all staff.

## Private Study

This can be facilitated by team leaders and discussed in supervision.

## Contributing to team knowledge

Each staff member may do a cpd training topic.

# Performance Management

**At Child Think and Adult Think our Policy is to enhance our performance with 360 degree supervision.** The purpose of performance management is to further improve performance

**At Child Think and Adult Think our procedures are** that It is an ongoing two way process and should include informal and formal review. All team members will participate in a formal performance review with their team leader 2 times per year.

The performance appraisal will be set and the position description/contract will be used for discussion about key duties, with a rating scale used. During the appraisal new learning goals will be set and a plan agreed as to how goals will be achieved. Training and development opportunities identified and budgeted for as appropriate.

# Continuous Performance Improvement

**At Child Think and Adult Think our Policy is to significantly improve our team performance at all times.**

**At Child Think and Adult Think our procedures are to provide continuous positive learning feedback and constructive goals for significant improvement.**

# Gross or serious misconduct policy

If such conduct comes to a team leaders attention then a formal interview and consequences applied including three written warnings or immediate dismissal.

# Policies and Declaration

Please read each of the policies and procedures listed below and sign to indicate that you are aware of the rules and responsibilities you have whilst employed at Child Think and Adult Think.

List off the Policies and Procedures here

1

2

3

4

5

6

# Team Members Declaration

I have read and understand the contents of this manual.

I agree to the terms and conditions of these documents.

Team Members Name

Team Members Signature

Date.

# Admin Policy and Procedures

# Client related admin

## Confidentiality and Privacy

This is essential for all team members including confidential notes to be shredded and all computer systems to remain confidential.

## How to assist new clients and families

Our policy is the principal therapist takes the first call and thus is available to help the family and answer all questions about therapy and administrative procedures. At times the consultant therapist will ensure that her first call is effective to book the appointment and ensure all appropriate procedures are verbally and in writing provided to the client.

## Difficult conversations

These are to be met in a calm and supportive manner at all times. Then referred to principal therapist.

## Overview of diagnostic groups and contemporary language

Disability groups prefer language to be used such as living with autism or living with parkinsons.

## Diary booking

Diary bookings will be made in healthkit.

## Provision of documents to clients

Documents will be emailed to all clients. Cosnent form and service agreements.

## Service Agreement provision, return, filing

These need to be completed and uploaded to the healthkit file.

## Fee Schedules

Toe be provided to all clients.

## Management of fee increases

Fee increases to occur in line with NDIS fee increases.

## Allocation to clinician

Principal therapist allocates clients from waiting list.

## Setting up files

Files to be set up in healthkit by therapist team member on first occasion of service.

## Provision of documents to clinicians

Documents to be uploaded to participants file so that they are available to each therapist.

## Setting up client billing method

Type of funds, private, medicare, NDIS to be set up with billing method prior to billing by therapist.

## Communication to manager

Emails to be used for formal communication.

## Communication to clinician

Txt an voice calls and email for formal communication.

## Invoicing and receipting

To be done by customer service staff.

## Management of queries, compliments and complaints

By team leaders.

# Practice Management Software

## Level of security and access

Healthkit access to be provided at initial day.

## Passwords

Passwords to be provided.

## Setting up clients

Each therapist to set up client information in healthkit.

## Setting up referrers

To be added to healthkit.

## Updating client files with all communications

To eb uploaded as word files.

## Reporting

Reports to be written and all checked by team leader before provision to families.

## Invoice, reconciliation, receipting

To be done by customer service staff.

## Group session

To be reported in healthkit.

## Item numbers

To be used for medicare.

## GST management

GST free therapy services

## Refunds

To eb provided if needed.

## Software updates

Healhtkit regularly updates software. It is the team members responsibility to ensure good abilities with all software used.

## Trouble shooting

Use healthkits contact system.

# Financial Management

## Accounting Software

Healthkit uses financial reporting based upon income and expenditure. AS well our accountants use accounting software with our data.

## Data input

Business owner provides data.

## Reporting

BAS and annual returns.

## Security

To occur.

## Privacy

To occur.

## Billing system

Customer service will ensure billing system used accurately.

## Billing to following external parties

### NDIS

### DSS

### Medicare

## Private Health Insurance

## Petty Cash

Cash not to be taken. Payments to be invoiced if preapproved items purchased.

## Ageing debtors

## Debt collection

Debt collection to be used.

## Bank reconciliation

To occur fortnightly.

## Assistance with BAS

Accountants to do so.

## Managing Suppliers

Business owner to do so.

## Banking

Westpac.

## Paying bills

To be done fortnightly.

# Team related

## Clinician’s calendars

Healthkit

## Timesheets

Invoices to be used.

## Travel calculation and reporting

Healthkit billing to be used.

## Billable hours reporting

Healthkit to be used.

## Online bookings

Healthkit to be used.

## Attendance at meetings

Compulsory.

## General team support

Executive assistance support to b used.

## Scoring and report writing support

Principal therapist to provid.

## Organising social events

Principal therapist and team leaders to do so.

## Booking therapy rooms

Email to book in advance.

## Ordering toys and resources

Email any requirements and principal therapist to do so.

## Infection control

Each therapists responsibility.

## Document management

All documents to be uploaded by therapists to healthkit.

# Marketing admin

## Curation of social media content

External providers used.

## Sourcing and adjustment of images

External providers used.

## Uploading blog content and image

External providers used.

## Scheduling of social media content

External providers used.

## Social media metrics reporting

External providers used.

## Assist with maintenance of referrer partner data base.

External providers used.

## Sending out marketing material

External providers used.

## Communication to referral partners

External providers used.

## Formation and distribution of newsletters

External providers used.

## General marketing support as required

External providers used.

## Website maintenance

External providers used.

## Assistance with Add Words

External providers used.

## Text and image updates

External providers used.

## SEO reporting

External providers used.

# General admin

## Phone manner and language

Polite and courteous.

## Taking and distributing phone messages

Efficient and effective ensuring all taken and provided.

## Management of voicemail on office phone

Principal therapist to call back all inbound calls.

## Management in inbound and outbound email and snail mail

Principal therapist to call back all mail snail and email.

## Management of email from website

Principal therapist to call back all email.

## Filing structure for general email inbox

## Filing structure on c drive

External provider used.

## Use of Microsoft Office / alternative

Microsoft office.

## Storage of e documents

## Storage of paper documents

In head office.

## Back up

External provider used.

# Stock Management

## Ordering of stock

Therapists to suggest and principal therapist to order.

## Data entry in to software

Custmero service personel.

## Uploading image, and details onto e commerce store

NA

## Pricing calculation, mark-up and gst

NA

## Delivery costs

NA

# Paper management

## Filing

Uploaded to healthkit and filed.

## Archiving files

To head office storage for seven years.

## Photocopying

Printing preferred.

## Photocopier care

## Document security

To be done by customer care team

## Document disposal

Shredding when appropriate.

# Clean and Tidy

## Light cleaning and tidy up duties

All team involved in this.

## Chemical management

Locked up from client access.

## Infection control

Strict Covid and other infection control policies occurring.

## Rubbish management

Occur at each site.

# Security and Safety

The following are Managed by customer care at each site.

## Opening up procedures

## Security codes

## After-hours access

## Key register

## Safety lighting

## Smoke detectors

## Fire management

## Equipment safety

## Evacuation procedures

## Onsite safety procedures

## Offsite safety procedures

# Clinical Services Policy and Procedures

## Our therapy beliefs

We believe that all families and people living with disabilities can improve the quality of their life with therapy services to ensure that they can communicate, and function well in their community.

## Our service delivery model

We use all service delivery models; home based, school based clinic based according to client and family need and best practice. WE use a collaborative social nonmedical model.

## Our commitment to family centred practice

We are totally committed to family centred practice.

## Our commitment to person centred practice

We are totally committed to person centred practice.

## Our commitment to evidence based practice

Our principal therapist was the initial Senior adviser evidenced based practice to write the policy for SPA. Therefore we have the highest possible commitment to evidenced based practice saintegrated into daily practice.

## Our commitment to best practice.

We provide best practice at all times.

## Our commitment to intentional teaming around the child and family.

WE provide a multidisciplinary and intentional team support around each child and family.

## Use of Practice Management software for clinical services.

We use healthkit as practice management around all clinical service support.

# Initial referral to service

## New referrals

To be taken by Principal therapist so that complex discussions and answers can be made to each family.

## New referral actions

To be sent documents and referred to therapist who contacts and makes first appointment.

## Allocation to clinician

To be done by principal therapist.

# Referral to other agencies

To be done by principal therapist and each therapist.

# Service agreement

To be sent and also taken in paper form to first appointment.

## Privacy Policy

Strict privacy is maintained not even customer service team has much client information. Privacy policy provided in consent form and signed at first appointment.

## Consent to share information

Provided in writing at first appointment and uploaded to healthkit for every client.

## Cancellation

48 hours notice to be provided unless illness or full fee charged.

# Questionnaires for new referrals

To be provided at first appointment and completed with therapist to make customer experience better.

# Confidentiality

Strict confidentiality to be maintained.

# Code of Ethics

Provided to all new team members.

# The first session

Interview of family members and then assessment using a range of formal and informal assessment procedures. Dynamic assessment to occur with immediate therapy strategies nd gaols and tasks instituted.

# Data gathering

### To occur at all therapy sessions.

## Observations in different environments

Video observations can occur if parents take videos.

## Conversations with parents

Calm and supportive tactful and counselling skills to be used. Motivational interviewing to be used.

## Conversations with educators

Calm and supportive tactful and counselling skills to be used. Motivational interviewing to be used.

## Conversations with other team members

Calm and supportive tactful and counselling skills to be used. Motivational interviewing to be used.

## Criterion referenced assessments

To be used as an adjunct of norm referenced assessments.

## Standardised assessments

To be used for all clients before and after therapy. Essential for NDIS reports.

## Checklists

To be used to guide assessments and as an adjunct to standardised assessments.

## Storage of this data

In confidential files and uploaded to healthkit on each computer file.

# Written reports

**Our report writing style is detailed and evidence based but also clear and communicative.**

**We write reports when we first see the client and when we have seen them for 3-6 motnhs and at the end of therapy. We write reports for first and 5th medicare sessions.**

## Report writing templates

Dr Jenny Harasty

Speech and Language Pathologist (CPSP) and Neuro-Behaviour therapist and Neuroscientist

BAppSc (SpPath) MAppSc (SpPath) PhD (Med) *Uni Syd*

Dear NDIS Planners, XXX

Thank you for referring Xxxxxxxfor a detailed speech and language, literacy and behaviour, social interactional, occupational therapy, fine motor, handwriting and play assessment.

|  |  |
| --- | --- |
| **Name:** |  |
| **D.O.B.:** | xxxx |
| **Chronological Age:** | 6 years 7 months |
| **Date Of Assessment:** | 15th February xxx |
| **Address**: | Glebe Primary School |
| **Phone:** | (xxxx |
| **Email:** |  |

Xxxxxxx was referred for a speech pathology review assessment at *ChildThink* due to concerns regarding his language, literacy, social interactional delay and behavioural issues related to his diagnosis of autism spectrum disorder (ASD) and developmental and learning difficulties. The results of this assessment will identify his areas of strength and weakness to create functional and relevant goals for therapy and help planners plan for his further therapy needs.

Xxxxxxx was diagnosed by *ChildThink* when two and has received therapy support at home and at school every week since this time. This has enabled him to speak and communicate and behave well within the classroom situation, interact better with peers and sit for a full day at school.

Xxxxxxx lives with his mother and sees his father with challenging family difficulties apparent and also has input from his paternal grandmothers especially xxx and has been diagnosed with ASD as well as learning and developmental difficulties. Social workers have been helping the family. He is an engaging and motivated child who is eager to please and loved playing.There are current concerns with Xxxxxxx’s academic and social development and skills. His family are particularly are concerned now about his speech and language skills and social interactional and behavioural development as he is not clear to his peers and this affects his social development. He received occupational therapy for 8 months last year on the NDIS twice a week to ensure that he is able to focus, concentrate, participate in the classroom and even sit still which was very difficult previously for him.

A description of the review assessment results, interpretations and recommendations follow.

**VALIDITY STATEMENT**

The following evaluation instruments administered to test Xxxxxxx’s speech and language were selected for their statistical validity and appropriateness for his developmental presentation and in order to determine Xxxxxxx’s current level of functioning.

The selected assessment instruments are validated. Therefore, the assessment results are independent from the participant’s sensory, manual, or attention skills, or cultural/linguistic features.

*This is a confidential report. Testing was conducted to determine a sample of the participant’s speech and language skills under testing conditions. The selection of standardised\* tests used provides us with a sample of the participant’s language development in areas underlying learning, interaction, motor and literacy development). The standardised tests provide a statistical analysis of the subtests. This report should be read in conjunction with the other reports on the student. These comments do not stand in isolation but should be viewed within the context of the information contained in these reports*.

**ASSESSMENT RESULTS**

**Articulation and Phonology (production of speech sounds) and Voice**

Xxxxxxx showed many consonant and vowel articulation errors such as cluster reduction, final consonant deletion, a w/r and v and th errrors. These will be targeted in therapy. His voice was soft and hypernasal with disturbed intelligibility (around 60% of his words were unclear) and a very fast rate. Articulation and hypernasal resonance therapy is warranted.

**Oro-musculature and feeding**

Assessment during speech and in oromuscular tasks showed that the structure and function of lips, teeth, jaw and palate are not within normal limits as he showed intermittent difficulties with open mouth during speech as his lips were extended out and little mouth movement occurred. Trial therapy showed that he could improve this with prompts and when he was undertaking and talking about ipad tasks he was familiar with.

**Auditory Comprehension and Language**

The Clinical Evaluation of Language Fundamentals -5 (CELF-5) Australian Adaptation was administered during Xxxxxxx’s assessment in order to evaluate his language. This test is used to highlight different aspects of performance in the areas of both expression and comprehension and underlies skills in literacy and academic performance as well as peer social interaction. Xxxxxxx’s performance was calculated according to his age level and was based on a mean score of 10. Any score that was achieved within the range of 7 to 13 indicated that Xxxxxxx performed within normal limits for his age. Percentile ranks show Xxxxxxx’s ranking in a group of 100 children his age. For example, a percentile rank of 16 shows that he is 16 only in a group of 100, a rank of 98 shows that only two children in a 100 would do better than him. Expressive and receptive language scores were based on an average of 100 and an expected range of 90 to 110.

The results of Xxxxxxx’s 2019 analysis for each subtest within the CELF-5A are outlined below

|  |  |  |  |
| --- | --- | --- | --- |
| Subtests | Percentile rank | Level | Scaled Score CI\* 90% level and age equivalencies |
| Sentence Comprehension | 0.1% | Severely below average | 0 to 3  <3.0yrs |
| Linguistic Concepts | <1% | Severely below average | 0 to 4  <3.0 yrs |
| Word Structure | <1% | Severely below average | 0 to 2  <3.0 yrs |
| Formulated Sentences | 0.1% | Severely below average | 0 to 2  <3.0yrs |
| Recalling sentences | 0.1% | Severely below average | 0 to 2  <3.0yrs |

Regular subtests, CI= confidence interval There are no statistically significant differences between form and content or receptive and expressive language. \*A subtest standard score between 7 and 13 is within the average range.

\*\*A language index between 85 and 115 is within the average range.

\*\*\*A percentile rank between 16 and 84 is within the average range (a percentile rank of 9 means that out of 100 children, 91 children performed better)

Cf= 95% confidence interval in which the true standard score lies

**CELF-5 CORE LANGUAGE SCORE**

Xxxxxxx was administered four core subtests of the CELF-5A from which his core language score was derived. The core language score is considered to be the most representative measure of Xxxxxxx’s language skills and provides an easy and reliable way to quantify a participant’s overall language performance. The core language score has a mean of 100 and a standard deviation of 15. A score of 100 on this scale represents the performance of the typical student of a given age.

For Xxxxxxx’s Core language score the following subtests were administered:

* Sentence comprehension
* Word Structure
* Formulated sentences
* Recalling sentences

Xxxxxxx received a Core Language score of 40 (confidence interval 35 to 45, percentile rank= <0.1%). This placed Xxxxxxx in the severely below average range overall for language skills.

**Functional Impairment**: This level of language skills will affect Xxxxxxx’s ability to understand the language around him especially in the classroom so he will be unable to learn at all and do the classroom work. This level of language will affect his ability to understand and speak to his peers and learn a trade or work skills. Xxxxxxx is able to learn quite well now after therapy to help him focus and attend so specific receptive and expressive language therapy targeted to peer language and classroom complex language, the language of instruction will help him achieve independence and vocational skills.

**CELF-5 RECEPTIVE LANGUAGE SKILLS**

Receptive Language refers to a child’s knowledge of words to accurately label concepts and objects as well as other receptive aspects of language including comprehension and listening.

Categories of receptive language that she experienced particular difficulty with included the Sentence Structure subtest and the Concepts & Following directions subtest and also the recalling sentences subtest which has a receptive language component.

Xxxxxxx required further support to develop his understanding of complex sentence structure in order to use more complex grammar when speaking. This would help him to:

* Learn and produce new words (e.g. understanding of ‘-est’ endings in ‘fastest’ means that he can apply this rule to other words such as ‘slow’ 🡪 ‘slow**est**’).
* Improve his focus upon and comprehension of more complex spoken communication.
* Follow instructions and verbal prompts
* Understand the verbal environment around him
* Understand his peers language in the playground

.

His difficulties in understanding and following concepts and instructions will impair him in:

* Understanding the details of directions, rules and activities (e.g. “go and get your **big** hat from **inside** the **tall** box”).
* Comprehending stories and other texts.
* Literacy skill development.
* Comprehend and follow the sequential order of directions, rules and tasks, especially in the classroom.
* Follow conversations with his peers and others.

**Spoken (expressive) language**

xxx was able to understand accordingly some simple possessive pronouns, plurals, prepositions, present continuous tense and third person present tense. However, grammar structure that she experienced continuing difficulty with using include:

* More complex Pronouns
* Irregular plurals
* Irregular past tense
* Future tense
* Reflexive pronoun
* Noun/verb agreement
* Superlative forms

Xxxxxxx would benefit from extra support in order to use more complex grammar when speaking. This would help him to:

* Learn and produce new words (e.g. understanding of ‘-est’ endings in ‘fastest’ means that she can apply this rule to other words such as ‘slow’ 🡪 ‘slow**est**’).

Moreover, Xxxxxxx’s capability to recall and reproduce sentences of varying length and syntactic complexity was assessed and was in the severely below average range.

Xxxxxxx’s difficulty in recalling sentences will reduce his ability to:

* to interpret spoken sentences of increasing length and complexity
* increase the complexity of her spoken communication

**COMPLIANCE TO TESTING**

**After his occupational therapy Xxxxxxx showed a large improvement in his focus and concentration but at times was less compliant to testing when tired or distracted. To address this and obtain a valid sample numerous short testing sessions were conducted and testing discontinued when attention or focus was a concern. Thus only a few subtests were able to be completed validly and other tasks undertaken.**

**Conversational Language Sample**

A detailed 20 utterance language sample showed that in conversation Xxxxxxx used less complex structures than expected for his age and intelligence. For example statements and interrogative questions were reduced with word order problems and semantic (meaning errors) and simpler shorter sentences at times eg “there nother one” “it change colour”, grammatical and word order errors. Sentences were at times truncated and often soft and unintelligible with a fast rate and words and morphemes omitted. These areas will be further targeted and improved on in therapy.

**Oral Narrative**

A number of language skills are involved in the ability to tell a story. These oral language skills are prerequisites for success in understanding written material and in story writing. The ability to construct an oral narrative has been shown to be associated with higher literacy skills. Narrative involves the ability to form a topic centred story; to plan and sequence ideas in a coherent logical manner; and to describe relationships between characters and events in the story. It also involves the ability to use specific vocabulary, and the appropriate use of conjunctions (but, because, so) and pronouns (He, She, it).

Using a wordless picture book stimulus was asked to retell a modelled narrative. Xxxxxxx achieved a very reduced information score and was unable to recall nearly all the elements of the story, which was below average range for his age. He achieved a sentence length score, which was below the average range with a MLU (mean length of utterance) at around 3-4 morphemes when 6-7 is expected. Xxxxxxx did not use subordinate clauses in his oral narrative, which is below average. Prompting was required in this task for xxx to attempt the activity and he tried to avoid the narrative activity.

Xxxxxxx’s narrative demonstrated the use of only 3-4 short sentences. Xxxxxxx did not sequence some events in the story. He did not use a true narrative structure with complications and solutions according to story grammar. He did not expand on events and did predominately discuss the objects in the pictures. His sentences demonstrated many grammatical errors. He omitted characters from the story in his retell.

These results indicate that Xxxxxxx has severe difficulty with the microstructure (grammatical elements) and also semantic (meaning and content units) as he is using not using appropriate sentence types and showed a lack of structure compared to other children his age. Intervention will aim toward narrative microstructure and retell, as well as using conjunctions and complete sentences. Semantic meaning will be emphasised for him with appropriate sentences and a reducing his repetition of stock phrases such as repeating simple phrases.

**Language Skills at the discourse (connected speech) level**

As well as being able to follow and use language correctly in individual sentences, Xxxxxxx needs to comprehend and use language in a series of connected sentences (discourse). Language at the discourse level occurs during conversation with peers and adults, in the classroom from the teacher and will be expected in story writing and telling. Students with language difficulties often have difficulties using and comprehending language at the discourse level.

1. **Pragmatics- Social Interaction Language and Play skills**

Xxxxxxx’s pragmatic skills were assessed using Celf Pragmatic Profile (1986) and Damico’s Clinical Discourse Analysis (1989). He could not yet interact confidently and assertively with the clinician initiating interaction at times. Turn taking, pragmatics and eye contact were not all within normal limits.

**FUNCTIONAL COMMUNICATION PROFILE**

The Communication Skills Assessment and Goal Setting Guide, is specifically designed to assess the communication skills of children and adults with developmental and acquired delays, and autism spectrum disorders. A participant’s level of communicative ability is either categorised as **symbolic** (using a formal signal, either spoken, signed or aided eg a communication board) or **Pre-symbolic (**no recognisable communication signals).

The test can assess the current level of communication used by the student in his or her daily interactions. The test assesses patients on eleven major skill categories of communication and related aspects including *Sensory, Motor Behaviour, Attentiveness, Receptive Language, Expressive Language, pragmatic / Social, Speech, Voice, Oral and Fluency.*

Below are Xxxxxxx’s results from his re-evaluation of the Functional Communication Profile:

**Functional Communication Evaluation Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test Area:** | **Evaluation Rating:** |  | **Test Area:** | **Evaluation Rating:** |
| **Sensory:** | Mild |  | **Receptive Language:** | Moderate |
| **Motor:** | Normal |  | **Expressive Language:** | Moderate |
| **Behaviour:** | Moderate |  | **Pragmatic/Social:** | Severe |
| **Attentiveness:** | Moderate |  | **Speech:** | Severe |
| **Voice:** | Moderate |  | **Oral:** | Normal |
| **Fluency:** | Moderate |  |  |  |
|  | | | | |

**Evaluation scale:**

Normal 🡪 Mild 🡪 Moderate 🡪 Severe 🡪 Profound.

**Functional Evaluation Breakdown:**

|  |  |  |
| --- | --- | --- |
| **Sensory / Motor** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Hearing** | * Normal | Needs to be formally retested |
| **Auditory Localization** | * Adequate |  |
| **Vision** | * Functional | Normal |
| **Eye Contact** | * Moderate defects |  |
| **Visual Tracking** | * Fair |  |
| **Visually Inspects Objects** | * Adequate |  |
| **Grasps** | * Adequate |  |
| **Self-Help Skills** | * Needs Assistance |  |
| **Head & Trunk Positioning** | * Normal | Normal |
| **Gross Motor** | * Ambulatory |  |
| **Accepts being physically guided** | * Yes * Tactile defensive | Allows sometimes |
| **Motor Imitation** | * With physical prompt |  |
| **Inappropriate Behaviours noted:** | * Stereotyped repetitive motor mannerisms * Enjoys physical contact   Adheres to non-functional routines   * Stimulus fascination * Stimulus oversensitive * Poor sensory integration * Poor social boundaries * Passive and withdrawn * Poor safety awareness * Can be compulsive or rigid |  |

|  |  |  |
| --- | --- | --- |
| **Attentiveness** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Attention Span** | * Poor * subject Preoccupation | Prompting to focus attention to task |
| **Distractible** | * Frequently |  |
| **Alertness** | * Adequate |  |
| **Response Rate** | * Impulsive |  |
| **Awareness of Others** | * Good * Disregards Others at times |  |
| **Awareness of environmental events** | * Aware |  |
| **Cooperation** | * Cooperative |  |

|  |  |  |
| --- | --- | --- |
| **Receptive Language** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Native Language** |  | English |
| **Languages Understood** |  | English |
| **Oral Comprehension** | * Sentences at low level |  |
| **Understands basic concepts** | * Poor |  |
| ***Understands basic concepts continued*:**  **Check Concepts Understood** | * Colours * Body parts * Shape |  |
| **Responds to name** | * Normal |  |
| **Responds to Attention Commands (no, stop, look)** | * Normal |  |
| **Looks at pictures** | * Attentive |  |
| **Accepts Objects Presented** | * Normal |  |
| **Gives Objects to Speaker** | * Verbal prompt |  |
| **Routine Commands** |  |  |
| **Environmental commands** | * Multi-step command |  |
| **Nonverbal comprehension** | * Adequate |  |
| **Object Identification** | * Normal |  |
| **Two-Dimensional Recognition** | * Normal |  |

|  |  |  |
| --- | --- | --- |
| **Expressive Language** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Languages Expressed** |  |  |
| **Verbal Status** | * Verbal Communicator |  |
| **Expressive Level** | * Sentences |  |
| **Methods of Communication** | * Speech |  |
| **Self-Expression** | * Conversational level and expresses feelings |  |
| **Quality of Self-Expression** | * Good |  |
| **Object interaction** | * Present |  |
| **Most Common Prompting** | * Present |  |
| **Appropriate Object Use** | * Present |  |
| **Operates Cause & Effect Item** | * Present |  |
| **Descriptive Language** | * Present |  |
| **Basic Communication Expression** | | |
| ***Speaks*** | * Fully |  |
| ***Imitates Speech*** | * N/A |  |
| ***Attempts Speech*** | * Always |  |
| ***Sign Language*** | * N/A |  |
| ***Fingerspells*** | * N/A |  |
| ***Alphabet Set*** | * Unable to identify any |  |
| ***Writes*** | * Nil letters |  |
| ***Types*** | Uses computer games |  |
| ***Picture System/PECS*** | N/A |  |
| ***Word System*** | * N/A |  |
| ***Eye Gaze*** | Good |  |
| ***Communication Device*** | * Verbal |  |
| ***Facilitation*** | * Yes with verbal |  |
| ***Vocalises*** | * Yes |  |
| ***Points/gestures*** | * Yes |  |
| ***Facial expression*** | * Good |  |
| ***Takes object of choice*** | * Good |  |
| ***Body movements*** | * withdrawn |  |
| ***Shows ID Tag or Card*** | * N/A |  |
| ***Not Expressed*** | * N/A |  |
|  |  |  |
| **Uses Common Gestures** | * normal |  |
| **Grammar Skills** | * Some small phrases with simple grammar |  |
| **Vocabulary** | * Good |  |
| **Vocabulary Use** | * Objects * Person * Places * Present-tense action |  |
| **Average Phrase Length** | Short sentences |  |
| **Imitation Span** | Sentences and small phrases |  |
| **Indicated means** | * Spoken |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Pragmatic/Social Language** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Communicative Intent** | * Request Item / Action * Call/Summon * Gain Attention * Affection * Protest/Resist * Seek Approval * Greet/take leave * Interrupt Others * Command * Socialize * Request assist * Offer assist / warm * Provide information * Argue or disagree * Show interest in others /activity |  |
| **Initiates Communication** | * If asked / Prompted |  |
| **Answers Who, What, Where Questions** | * Occasionally unprompted or unmodelled |  |
| **Answers When, Why, How Questions** | * Occasionally unprompted or unmodelled |  |
| **Answers Yes / No Questions** | * Moderately able |  |
| **Asks Questions** | * Limited |  |
| **Conversational Skills** | * Adequate after intervention except for stutter and fast rate |  |
| **Communication Partners** | * Family , therapists and therapy aides |  |
| **Conversational Topics** | * Ipad games, Dad taking him to the park |  |
| **Turn-Taking** | * Attend to listeners * Takes turns appropriately * Needs cues frequently |  |
| **Topic Initiation** | * Occurs |  |
| **Topic Maintenance** | * Occurs |  |
| **Topic Elaboration** | * Direct verbal prompts |  |
| **Cause-Effect Reasoning** | * present |  |
| **Shares Personal Data** |  | Name and Age |
| **Appropriateness of Communication** | * quiet few intiations |  |
| **Discusses News Events** | * UAable |  |
| **Reading / Literacy** | * Not yet developing, |  |
| **Writing / Spelling** | Writes name without physical prompts can copy letters |  |
| **Memory – Short Term** | * Functional |  |
| **Memory – Long Term** | * Functional |  |

|  |  |  |
| --- | --- | --- |
| **Speech** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Intelligibility** | * Understood with some difficulty as too fast with hypernasal resonance and many errors |  |
| **Understood by** | * Parents |  |
| **Adjusts Speech to Improve understanding** | * At times |  |
| **Sounds Produced** | * Advanced (plosives fricatives) * Generalized distortions |  |
| **Error Phonemes** | * Th and clusters w/r intermittently |  |
| **Dentition** | * normal | Not assessed |
| **Articulators** | * Within normal limits |  |
| **Oral-Motor Imitation** | * Slow and incoordinated | able |

|  |  |  |
| --- | --- | --- |
| **Voice** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Loudness** | * Inappropriate to Setting too soft |  |
| **Vocal Quality** | * Normal apart from hypernasal resonance at times |  |
| **Pitch** | * Occasionally Higher than normal * Variable * Inappropriate inflection |  |

|  |  |  |
| --- | --- | --- |
| **Oral** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Mouth Breather** | * Not a Problem |  |
| **Drooling** | * Not Observed |  |
| **Tongue Thrust** | * Not Observed |  |
| **Swallowing & Diet** | * Restricted and repetitive |  |

|  |  |  |
| --- | --- | --- |
| **Fluency** | | |
| **Item Assessing:** | **Evaluation** | **Notes / Observations** |
| **Fluency** | * Adequate | Secondary Mannerisms: persistent at times |
| **Rate of Speech** | * fast |  |
| **Rhythm & Intonation** | * reduced length in fast rate |  |

**Reading & Literacy**

**Phonological Awareness Skills**

A participant’s phonological awareness (that is the awareness that spoken words are made up of individual sounds) and their ability to break words into syllables, detect and produce rhyming words is important area for reading, spelling and writing success. Recent research indicates that phonological awareness is an important predictor of success in acquiring spelling and literacy skills.

**Comments**

Xxxxxxx was unable to blend syllables, detect rhyme, identify phonemes, segment and manipulate phonemes at all positions in words. Xxxxxxx had difficulties with this task especially compared to the level of his other skills. Xxxxxxx had difficulty with phoneme segmentation, initial consonant deletion and substitution, medial phoneme substitution and final phoneme substitution. **This area is below average. Further intervention in this area is required as phonological awareness underpins Xxxxxxx’s reading and writing skills needed for his literacy goals.**

**Reading Skills**

**The York Assessment of Reading for Comprehension: Early Reading and Passage Reading Primary Test (YARC)**

Xxxxxxx’s reading and reading comprehension and fluency skills were tested using the YARC, The York Assessment of Reading for Comprehension: Passage Reading Primary Test, Australian Edition, 2010. This sensitive test measures a participant’s progress in reading. The early reading subtests are designed to be used with students aged 4 to 7 years. The Passage Reading Primary assesses reading and reading comprehension through a series of graded passages including fiction and non-fiction passages and is suitable for primary school students.

Xxxxxxx achieved the following results.

|  |  |  |  |
| --- | --- | --- | --- |
| Subtests | Ability Score | Standard Score | Percentile Rank (% out of a hundred children her age) and age equivalency (ae) |
| Early Word Recognition | **Nil** | **<70** | **<1st%**  **Below average**  **<3 years** |
| Letter identification | **Nil** | **<70** | **<1st%**  **Below average**  **<3 years** |
| Comprehension | **Nil** | **<70** | **<1st%**  **Below average**  **<3 years** |
| Reading Accuracy | **Nil** | **<70** | **<1st%**  **Below average**  **<3 years** |

Xxxxxxx presents with below average reading accuracy and word recognition and difficulties with his comprehension reading skills. Letter identification has not developed yet and needs urgent work.

**Handwriting**

**The Minnesota Handwriting Assessment (MHA)**

Handwriting is a critical skill for school-aged children to acquire and requires the execution of motor patterns, connecting the letter name with a letter form and recalling a clear visual picture of the letter form from memory. The functional skill supports the academic task of writing and allows Xxxxxxx to convey written information legibly and efficiently while accomplishing written school tasks in a timely manner. Xxxxxxx’s handwriting skills were assessed using the Minnesota Handwriting Assessment (MHA). The test is used to identify how students are performing in relationship to their peers as well as demonstrating progress as a result of intervention. Scores are based on *rate* and five quality categories including; *legibility, Form, Alignment, Size and Spacing*. The norm-reference test is designed to be used with children in grades 1-2 and has substantiating test/retest reliability

Xxxxxxx is right hand dominant and performed writing tasks with a triangle shaped pencil, without a pencil grip

Xxxxxxx achieved the following results:

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Score** | **Norm** |
| **Rate** | **28** | **Like peers** |
| **Legibility** | **18** | **Well below peers** |
| **Form** | **5** | **Well below peers** |
| **Alignment** | **17** | **Well below peers** |
| **Size** | **8** | **Well below peers** |
| **Spacing** | **17** | **Well below peers** |

**Additionally the following was observed during the assessment:**

* **Xxxxxxx was unable to write his name on the assessment. He spelt his name “H T H”**
* **The non-dominant hand was not used to stabilise the paper**
* **Xxxxxxx required promoting to select the correct line to write the first word on. He also required prompting to start a new line.**
* **Letter formations did not use foundation movements**
* **Xxxxxxx was unable to write any legible numbers on a classroom maths worksheet. His teacher also reported he is unable to form letters unless directly copying a sample**
* **Xxxxxxx frequently adjusted his positioning when writing**

**Xxxxxxx presents with well below average handwriting and letter recognition skills**. He is unable to write freely and can only complete tasks if copying letters. As a result he is unable to complete tasks within the classroom and requires maximum assistance and prompting. Further intervention is required to develop successful and efficient means for functional written communication to enable Xxxxxxx to participate in all areas of learning within the classroom.

**Fine motor skills:**

An age-appropriate informal cut, paste and colour activity was observed. Benjamin was able to follow directions and correctly sequence the task. Difficulty in bilateral integration was observed as Xxxxxxx had difficulty turning and stabilising the paper with his non-dominant hand to assist in cutting around shapes. Additionally, Xxxxxxx had difficulty grasping scissors and isolating the thumb, index and middle fingers to perform smooth cuts, he required prompting and physical assistance to hold the scissors correctly. He also had difficulty orientating the direction of the cut and was not able to colour between the lines. Fine motor-delays may be impacting eye-hand coordination. As Benjamin demonstrated difficulty using scissors and cutting out simple shapes, **his development in this area is below age appropriateness.**

**Play and social skills:**

Play is regarded as one of the primary occupations in which children participate and assists in development social and cognitive skills. Xxxxxxx’s play skills were observed in and indoor and outdoor play session His play skills were assessed using the Test of Playfulness (ToP). The ToP is designed for assessing the play of children and adolescents aged 6 months to 18 years and is scored after free play is observed. The test is reliable and valid across cultural groups.

Xxxxxxx achieved the following results:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | EXTENT  3 Almost always  2 Much of the time  1 Some of the time  0 Rarely/never | INENSITY  3 Highly  2 Moderately  1 Mildly  0 Not | SKILFULNESS  3 Highly skilled  2Moderately skilled  1 Slightly skilled  0 Unskilled |  |
| **Item** | **Extent** | **Intensity** | **Skilfulness** | **Comments** |
| **Is actively engaged** | 0 | 1 | 0 |  |
| **Decides what to do** | 1 |  |  | Initiated game with the therapist and determined rules |
| **Maintains level of safety sufficient to play** | 2 |  |  |  |
| **Tries to overcome barriers and obstacles to persist with an activity** |  | 1 |  |  |
| **Modifies activity to maintain challenge or make it more fun** |  |  | 1 |  |
| **Engages in playful mischief or teasing** | 0 |  | 0 |  |
| **Engages in activity for the sheer pleasure of in (process) rather that primarily for the end product** | 2 |  |  |  |
| **Pretends (to be someone else; to do something else; that something else is happening)** | 1 |  | 1 |  |
| **Incorporates objects or other people into play in unconventional or variable and creative ways** | 1 |  | 1 | Determined rules of a new game with the therapist |
| **Negotiates with others to have needs/desires met** |  |  | 0 |  |
| **Engages in social play** | 0 | 1 | 0 | Did not interact with peers on playground |
| **Supports play of others** |  |  | 1 |  |
| **Enters a group already engaged in an activity** |  |  | 0 |  |
| **Initiates play with others** |  |  | 0 |  |
| **Clowns or jokes** | 0 |  | 1 |  |
| **Shares (toys, equipment, friends, ideas)** |  |  | 1 |  |
| **Gives readily understandable cues (facial, verbal, body) that say, “this is how you should act toward me.”** | 0 |  | 0 |  |
| **Responds to others cues** |  |  | 0 |  |
| **Demonstrates positive affect during play** |  | 2 |  |  |
| **Interacts with objects** |  | 1 | 1 |  |
| **Transitions from one play activity to another with ease** |  |  | 1 |  |

Xxxxxxx was positive and cooperative throughout the play session indoors and interacted well with the therapist. However he was observed to not interact or play with his peers on the playground during recess. He achieved a raw score of 30 and a scaled score (measure) of -2. Xxxxxxx’s profile describes a child who not playful and engages in less play than his peers. Limited participation in play may be further impacting on social and language development and requires further intervention.

**GOALS:**

1. I want to be able to speak clearly to my friends so I can play with them at school well.
2. I want to be able to understand what my teachers are saying so I can learn.
3. I want to be able to speak in grammatical correct sentences so I don’t sound different to others affecting my job chances.
4. I want to be able to learn letters and remember words in reading and writing so I can progress in normal school classrooms.
5. I want to be able to understand and speak in class so I can learn the lessons.
6. I want to improve my handwriting and cutting skills so I can write my name and complete my work at school
7. I want to improve my attention so I can focus on my work at school
8. I want to be able to join in on games in the playground so I can play with my friends

**DIAGNOSIS**

Xxxxxxx has a diagnosed Autism Spectrum Disorder with adherence to the following DSM-IV criteria according to the speech language pathologist and to consultant developmental paediatricians:

(A) qualitative impairment in social interaction, as manifested by at least two of the following (\* applies to xxx):

\*1. marked impairments in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction  
\*2. failure to develop peer relationships appropriate to developmental level  
\*3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people, (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)   
\*4. lack of social or emotional reciprocity (note: in the description, it gives the following as examples: not actively participating in simple social play or games, preferring solitary activities, or involving others in activities only as tools or "mechanical" aids )

(B) qualitative impairments in communication as manifested by at least one of the following:

\*1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)  
\*2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others  
\*3. stereotyped and repetitive use of language or idiosyncratic language  
\*4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least two of the following:

\*1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus  
2. apparently inflexible adherence to specific, nonfunctional routines or rituals  
\*3. stereotyped and repetitive motor mannerisms (e.g hand or finger flapping or twisting, or complex whole-body movements)  
4. persistent preoccupation with parts of objects

(II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

\*(A) social interaction  
\*(B) language as used in social communication  
(C) symbolic or imaginative play

(III) \*The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder paragraphs to retell a complex story.

**NDIS STATEMENT**

**Xxxxxxx has a lifelong functional impairment affecting his speech, language and intellectual capabilities. He requires further and extensive capacity building intervention funding in order to achieve his goals of learning at school throughout the week and community participation. Such capacity building intervention will improve Xxxxxxx’s ability to live independently and participate and communicate at work and in the community and reduce his reliance on further assisted living funding which is not requested at this stage.**

**SUMMARY OF PERFORMANCE**

|  |  |  |
| --- | --- | --- |
| **Strengths** | **Weaknesses** | **Intervention areas** |
| * Better compliance now in class * Highly engaging * Empathetic and Kind and thoughtful * Wants to please | * Attention deficit hyperactivity present * Social interactional skills * Play skills * Using physical means to express frustration * Narrative and pragmatic skills * Poor listening in school to stories * Difficulty sitting still * Difficulty following routine * Difficulty comprehending directions * Poor expressive and receptive language skills * Poor fine motor skills * Poor reading and writing | * All areas of speech and language * Following complex directions * Narrative skills * Pragmatic skills during play and conversation * Elimination of poor social interactional skills and use of challenging behaviours such as physical means * Play at appropriate level * Attention to classroom and school language and focus on school routine * Motor skills * Reading and writing skills |

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**RECOMMENDATIONS**

It is recommended that Xxxxxxx continue to receive sessions of speech, language and play and social interactional therapy twice a week. It is also recommended It is recommended that Xxxxxxx continue to receive sessions of occupational therapy targeting handwriting, fine motor skills and play and social skill development twice a week. Regular therapy sessions will assist Xxxxxxx in achieving the following goals:

1. Use of clear intelligible utterances 100% of the time to peers and family and teachers
2. Total reduction of hypernasal resonance and nasal air emission 100% of the time
3. Use of full sentences including subject-verb-object
4. Use of appropriate grammatical and sentence construction
5. Use of good social peer interaction at free play times
6. Use of good following the rules of the classroom such as no calling out, no hands no feet, sitting still and upright on the floor and in chairs, participating in classroom activities, following teacher instructions with a positive behavioural learning program with warnings and time away for reflection for 6 minutes if needed
7. Correct recognition of 20 to 50 early sight words based upon Dolsch words and minilit sight program. Correct sounding out of early sounds such as m a t and then blending into words based upon minilit sound awareness program
8. Recognition of words from context in whole book approach
9. Improve fine motor and visual perceptual skills by writing all upper and lower case letters from memory with correct formation of letters
10. Improve fine motor skills to complete classroom tasks including cutting and age appropriate picture rotating the paper, cutting within 7mm of the line.

It is recommended that Xxxxxxx receive a routine vision assessment by an optometrist/ophthalmologist and a hearing assessment by an audiologist.

In addition, it is recommended that Xxxxxxx receives an iPad max for use at school with the following apps: reading doctor, calm counter, social story, preschool and kindergarten maths programs and letter and writing programs itrace.

If you require any further information about Xxxxxxx, please do not hesitate to contact me.



Dr Jenny Harasty

Speech Language Pathologist and Cogntive Neurobehavioural therapist/scientist

BAppSc (SpPath) MAppSc (SpPath) PhD MSPA CPSP MAICD



Catherine Tandingan

Occupational Therapist (MOT)

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## Report writing timeframe

To be completed in two weeks after the assessment an sent to principal therapist to check and approve.

## Report storage

Uploaded to healthkit and stored in file and in secure report folder in main computer head office.

## Report distribution

To eb distributed to family only who will distribute to others.

# Goal setting

## Discussion with parents / carer

Goals to be discussed in light of NDIS goals and parent goals and parents to input.

## Tools used and Goal setting timeframe

FIT SMART Goals:

Functional intransient transforming specific measurable achievable repeatable transferrable.

## Sharing with family and team

Written into report and each therapy session. Therapy session notes sent to the client.

# Therapy session note

Goals to be written tasks and then this to be sent to via healthkit to each family by customer care team.

# Electronic communication

## Email signature

To be checked by therapist. Here s an example of principal therapists’

Dr Jenny Harasty  
BAppSc (SpPath) MAppSc(SpPath) PhD (Med) CPSP MSPA Uni Syd 1997   
Principal Certified Practising Speech Language Pathologist,  and Cognitive Neuroscientist (see Researchgate for publications).

Business Owner

## Language used

English.

## Disclaimer and confidentiality footer

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|  |  |
| --- | --- |
|  | Virus-free. [www.avg.com](http://www.avg.com/email-signature?utm_medium=email&utm_source=link&utm_campaign=sig-email&utm_content=webmail) |

## Emails to clients

To be checked by team leader

## Emails to teachers

To be checked by team leader

## Emails to other team members

Use google

# Off site visits

## School visits

Ensure all working with children checks and other checks occurring prior. First aid etc.

## Home visits

Check all safety conditions first.

## Other visits

Community centres, work places residential units nursing homes.

# Delivering therapy session

Start with collaborate discussion and have parents watching session. Coence session onll gaols discuss with family members purposes of therapy and evidence for it. Show results of ach task and goal with data.

## Planning therapy sessions

Use session planning tools.

## What should happen in a therapy session?

4-5 goals and tasks with data taken and effective improvement on all tasks.

## Time management during therapy sessions

High response rate to occur in all therapy sessions. Last 5 minutes to write up the session.

## Cleaning up

Clean up and wipe surfaces of toys with disinfectant as you go and pack away as you go.

## Maintaining therapy resources

Take care of all therapy resources and toys.

# Collaborative service planning with family

Each session discuss goals and plan and any parent requests and goals.

# Attending Meetings

All meetings required to be attended.

# Funding systems and compliance

Compliance to NDIS DSS and medicare and HWCA to be ensured by principal therapist.

## Medicare

## NDIS

## HCWA and Better Start

## Private Health Insurance

## Other

# Finishing services

## What happens in the last session

Final report to be assessed and written and goals achieved documented with all review reports read and integrated to final report.

## Client review program

Review clients 3 months after last session.

## Client release

Client provides one month notice.

# Archiving Files

To be boxed and kept at head office alphabetical.

# Storage and retrieval of archived files

In alphabet boxes.