



### 3.05 Decision Making, Intake & Service Provision

Original Ratification Date	14/11/2018
Persons affected by Policy	All management and Team Members
Who is Responsible	Governance Body
Reviewer	Executive Officer
Terms	The Service – Community Links Wellbeing Team Member – Employees & Volunteers unless otherwise stated Project – Individual projects auspiced/ run by Community Links Wellbeing Governance Body – The governing body of Community Links Wellbeing

#### POLICY STATEMENT

The service delivers person-centred, trauma informed practice and will encourage our consumers and/or their representatives to make their own decisions regarding their services and support at all times. Each aspect of Intake, Care Planning, Service Provision, Coordination with other Agencies and Service Development will ensure the Consumer is at the centre of all discussions and decisions regarding the service provided to them.

#### Procedures

The Service will ensure each project develops clear procedures that will ensure:

- Our consumers are aware of eligibility criteria (where relevant), the types of services available and the conditions of service
- Our consumers are aware of their right to make decisions in an environment free from discrimination, abuse, neglect or exploitation.
- The Service is aware of and responsive to each Persons individual circumstances, abilities, needs and goals
- The service arrangements are monitored and modified to accommodate the changing needs of our consumers, within the resources available to the Service under the Service's funding agreements.

**Intake** (note this clause must be read in conjunction with CLW 3.03 Privacy and Confidentiality of Our Consumers Policy and Privacy Statement Doc 3.03a)

Our Consumers are directed to contact the intake officer by phone to complete the intake process. Allied Health Intake procedure is as follows:

- All enquiries are directed to the appropriate Intake Officer
- Intake Officer receives enquiry over the phone and completes relevant Intake form
- Intake Officer uploads the Intake Form onto Cliniko database and enters Consumer's details.
- Intake Officer then adds the Consumer to the waitlist and selects the appropriate clinicians, based on skill set and location of Consumer.
- Clinicians (internal and external) are notified that the Consumer has been added to waitlist via email.
- NDIS Participants are sent the relevant Service Agreement for signature prior to Service.

### *Transitional Playgroup Intake*

Transitional Playgroup Team Members are responsible for completing the Transitional Playgroup Intake Forms at the families first attendance at the playgroup. The Transitional Playgroup Intake Form is provided along with a Strengths, Interests and Goals Form for each child attending which is used in the selection of playgroup themes and activities and for the creation of a child's portfolio.

### **3.05-2 Assessment**

Once the Intake Form is received, the Team Manager (or external Clinician if sub contracted service) will determine the appropriate therapist to allocate to the Consumer, based on their needs, availability of clinician and the location where therapy services will be conducted.

The relevant clinician/s will contact the Consumer via phone call and/or email to collect additional information required, prior to booking the assessment (e.g. school location if therapy is to be conducted in a school setting)

Allied Health - The Clinician/s will then book the Assessment session in with Consumer/carer and follow the steps in AH 3.05a Assessment Checklist followed by clinician

Mental Health - The Clinician will then book the session in with Consumer

### **NDIS Participants**

Individual risk assessments are completed for all NDIS participants along with a Home Visit Risk Assessment where the participant receives services within the home.

Individual risk assessments are updated annually or more frequently as required based on the identified risks. Risk assessments are completed in collaboration with all relevant stakeholders to ensure the safety and wellbeing of all parties is prioritised.

They consider the needs of individuals if an emergency arises and the best course of action for therapists to manage these needs.

## Assessment process

Accessing community and optimising a child's ability to function to the best of their ability is prioritised at all times. All Community Links Wellbeing therapists work within their scope of practice and are University qualified and S.P.A accredited.

Families attend initial and review assessments. As part of the assessment process, caregivers begin assessments with a discussion and comprehensive case history of their child with the therapy team and are encouraged to be actively involved in all goal setting.

Upon completion of the assessment the therapist will then discuss and formulate a development plan with all involved.

Goals and sub-goals are documented in assessment reports and in Individual Development Plans. These are to be provided to families via email or in person.

Documents can be adapted as required to suit the communication needs of families and are to be explained in easy-to-read language and/or discussed verbally with family members to expand on information as required.

Any changes are to be communicated to families and other stakeholders as per above.

Verbal and/or written feedback is to be provided to all families following therapy sessions via a communication slip or via email.

Preferred communication methods are identified with families when the initial booking is made.

### 3.05-1 Decision Making

The Service is committed to empowering our consumers to play an active role in decisions that affect their lives and to make choices for themselves by:

- informing our consumers about the opportunities for choice available to them
- being proactive regarding encouraging and supporting people to make informed choices which will provide them with opportunities
- keep records of preferences regarding their service of our consumers
- enable our consumers to build self-reliance and maintain social inclusion

## Supported Decision Making

Supported decision-making (SDM) helps people of any age or ability make their own decisions by using a range of coordinated supports. These supports might include trusted individuals, technology, community resources, or paid professionals.

They can assist a person to understand options, ask questions, receive information in ways that work best for them, communicate their choices to others, and develop their own decision-making skills.

While CLW staff do not use a specific SDM tool, they use clinical tools at the start of every occasion of service, review and closure which aid decision making, including the Kessler and SDQ, as well as goal setting tools.

Policy 3.04 Rights, Duty of Care, Dignity of Risk and Protection should be read in conjunction with this Policy when assisting people to make informed decisions.

## Goal Planning

Staff are required to develop each consumer's goals collaboratively with caregivers, significant family members and other service providers where applicable. When goal setting, the consumer's interests, values, motivation, abilities and aspirations should all be taken into consideration.

Staff are required to consult family members who are encouraged to share their own goals for their family member with the therapist working within their scope to find a way to achieve these goals.

During the process of developing goals with families, the expectations of each party is also discussed in regards to realistic outcome expectations, follow up activities, supports required, etc.

Goals that are not achievable for families to support in environments outside of therapy sessions are modified to be made more realistic or achievable. Alternative goals may also be discussed if adequate follow up isn't possible in the home or community

CLW as a whole provides family-centred supports. Our Mission Statement is to provide services that are adaptable to the changing needs of individuals, families and communities by embracing growth and empowerment through the facilitation of our community-based services.

CLW recognises that families are the experts in their family member's lives and that we are engaged to empower and support families to achieve both their family goals and their identified goals for their child.

Goals are clearly identified verbally following collaboration and information sharing. Once the goals have been developed they are to be shared with relevant individuals

(with written permission) via assessment reports, email, and/or an Individual Development Plan

Once intervention commences, families are to be provided with a written update following each therapy session via an email or written communication slip.

Caregivers are to be contacted regularly so that goals remain relevant and progress can be shared.

Additional supports and resources can be provided as required such as homework packs, internet links to information, suggestions of providers, etc.

### Monitoring & Review

Reviews of goals are individualised based on:

- the Consumer's funding
- progression of goals;
- new concerns that arise;
- change in circumstance;
- other relevant indicators

#### **3.05-2 Intake & Assessment** *(note this clause must be read in conjunction with 3.03 Privacy and Confidentiality of our consumer to source the service's Privacy Statement (Doc 3.03a)*

The intake process will be between the relevant Team Member and the Consumer and with the persons consent or the consent of his / her legal guardian or advocate only. The Team Member taking the intake will ask the Consumer for consent to record the information that is given on the Project specific Intake Form

The Team Member will note any particular privacy requirements of the person e.g. for a particular family member not to be present.

When information is being sought from our consumer, the Team Member seeking the information will request the person's consent to provide the information and inform them of:

- the reason for requesting the information
- how the information will be recorded and stored?
- what other information will be recorded during the provision of service
- how their privacy will be protected?
- their rights to view or access information about them

The Team Member will ask the Consumer if they have any concerns or specific requests about the way their personal information will be recorded or managed.

Prior to commencement of Service any Consumer will be provided with and sign a Consent to Service. The Consent to Service will consist of:

- Part A Project Specific Information

- Part B Standard Consent to Service Attachments
- Consent to DEX reporting (if relevant)

Various projects may utilise the following documents to gain further information regarding the our consumer and their needs:

- Personal Wellbeing Index – Children/Adolescents
- Personal Wellbeing Index – Adults
- Family Tree

### **Waitlist Management - Mental Health Programs**

The CLW Mental Health Programs waitlist/triage list is reviewed weekly by a multi-disciplinary team.

CLW uses the PHN-endorsed IAR (Initial Assessment and Referral tool) to aid allocation.

Our Clinical Suicide Prevention Service (CSPS) has a risk assessment guide for those indicating higher level risk and is used as soon as CLW receives the referral. Such referrals are flagged by PHN, as all CSPS referrals must come via PHN. PHN regularly audit referrals.

### **3.05-4 Collection & Provision of Information about Privacy**

The only information held by the Service about our consumers will be information necessary to assess the need for a service and to provide the service. Information should be non-obtrusive and objective as possible, yet relevant and up to date.

Obtaining personal information from a Team Member or a consumer is to take place in an area that provides privacy and confidentiality. Any specific requests from the person regarding privacy requirements in this process should be accommodated (e.g. the preference for the presence of a particular person/representative) unless to do so would endanger Team Members or other consumers.

All entries in the records will indicate the time and date when the entry was made and enable the reader to identify the name and designation of the writer.

All note entries in the records will be written in ink so that they will not fade or be erased.

The Service will provide information regarding the purpose and use of personal information including who will have access to this information.

Our consumers/Team Members will be informed of their right to withhold information or provide information anonymously, if applicable.

Our consumers/Team Members will be informed of how to make a complaint regarding the collection, storage or use of their personal information.

The organisation collects and records the following information about individual our consumer:

- name and contact details
- email and/or address for the purpose of receiving information that is requested i.e. mail outs

- information that is vital for the Team Member to know in order to help
- information pertaining to risk of harm to anyone including the Consumer themselves
- evaluation feedback where the Consumer has opted to be identified

This information is collected for the purpose of:

- service monitoring, evaluation and reporting (de-identified information only is used for this purpose)
- meeting the reporting requirements of funding bodies
- monitoring and management of service to individuals (case files)
- meeting the legal requirements of *Children Legislation Amendment (Wood Recommendations) Act 2009*, *Children and Young Persons (Care and Protection) Act 1998*, *Crimes Act 1900 (NSW)*, *government Team Members subject to Ombudsman powers*.

### 3.05-5 Withholding Information

Our consumer/Team Members will be informed of their right to withhold information or provide information anonymously, if applicable.

The Team Member will ask the Consumer if they have any concerns or specific requests about the way their personal information will be recorded or managed.

Should a Consumer not want identifying information stored the Team Member will provide the following options:

- The Consumer can be recorded on the database with a unique Identification number; or
- The Consumer can be recorded on the database under a Pseudonym; or
- The Consumer can be recorded on the database under their first name only; or
- If the Consumer does not want to be entered on the database, the option of having a hard copy file may be offered;

### 3.05-6 Consent to Exchange Information

When assessing if the person is able to give a Team Member consent to disclose personal and private information there are several factors to consider. These are:

- The age of the person giving consent. If the person is less than sixteen years of age, the guardian or parent must consent
- The collection of information directly from the individual concerned. If the information is collected from another source, the Team Member must confirm that the Consumer has given consent for the disclosure of information to our service
- That only information for lawful purposes is collected

- That they have a general understanding of what they are consenting to i.e. that they have a choice not to consent, the consequences of doing so, the risks if not consenting and their alternatives
- The fact that they are consenting of his or her own free will – there must be no pressure or duress
- That they have knowledge of what will happen to this information such as who will be able to access it, how it is stored, that they have rights to access this information and have the information corrected if it is wrong
- That only information that is reasonably necessary for the particular function or activity is passed on

If the consent is verbal, ensure that you as the Team Member document that consent on the file and note any witness to that consent. The best practice is to document consent in writing and have the person sign it.

If identifiable information about a Consumer will be shared with another agency, the Team Member will obtain the Consumer's consent for this and fill in the Doc 3.03b Authority to Exchange Information Form.

The Consumer may withdraw their consent to obtain or release information at any time and this must be recorded on the Doc 3.03b Authority to Exchange Information Form

Protecting information during referral may include:

#### *Self-referral*

The Team Member taking the referral will inform the Consumer what they are consenting to, who will have access to the information, and what they will do with the information

#### *Referral from an agency*

The Team Member taking the referral will ask the agency if they have permission from the person to make the referral. If the person hasn't given specific consent for the referral to the Service, the referral will not proceed. The agency concerned must be then be informed of our policy in regard to the collection of personal and private information

#### *Referral within the service*

When making a referral within this service, consent for the information to be referred internally must be gained from the person concerned

#### *Referral to another service*

Written or verbal permission must be obtained from the Consumer to make a referral to another service. Alternatively, the Consumer may be given the service information so they can make the referral themselves. Authority to Obtain and Release Information Form.

### **3.05-7 Service Delivery Support Options**

Therapy services may be conducted in the:

- home;

- preschool/school;
- office; or
- alternate location such as day programs, after school care, etc.

If the therapy is to be conducted outside of the office, a Risk Assessment (see Work Health and Safety Section) must be completed and strategies to eliminate/minimize any risks developed prior to the therapy session being conducted.

Therapy services may be delivered by:

- face to face;
- telehealth; or
- home programs

Therapy session length and frequency is determined by:

- the needs of the Consumer;
- the number and type of goals;
- the clinician and family availability; and/or
- funding guidelines.

Caregivers are encouraged to actively participate in Allied Health therapy sessions. This ensures that adequate information is shared, goals and therapeutic techniques are clearly explained and modelled and caregivers feel empowered to follow up on goals in other environments.

Where caregivers are not present in Allied Health sessions (such as school based sessions), other supports such as educators, carers, etc. are encouraged to participate where plausible. If this cannot occur, a debrief is provided after each session and a communication note is sent home to caregivers outlining goals targeted in sessions, activities completed, progress and any follow up required.

Alternate funding options are available (see Medicare documents referenced in Project Specific Documents)

### NDIS Participants

CLW staff are required to support NDIS participants in understanding their Service Agreements by explaining verbally or in writing (if requested) –

- the service type that will be delivered
- the schedule of support to be provided based on their initial assessment and development plan
- the fee schedule outlines how many therapy sessions will be provided during the term of the agreement and any other relevant charges such as travel or NDIS report letter
- the terms and conditions outlined in the service agreements
- payment arrangements

### 3.05-8 Exiting Our consumer

The transition/exiting of a Consumer from the Service will be conducted in a manner that:

- minimises stress for the Consumer
- provides continuity of care or service delivery where possible
- meets the Service's funding guidelines
- ensures continued financial viability of the Service.

The exit process generally occurs when:

- the Consumer decides to cease service;
- the Consumer has reached their goals outlined in their individual service plan;
- the Service cannot no longer meet the needs or level of need required by the Consumer
- the Consumer persistently is a danger to themselves or others in the Service environment and behaviour support plans have been unsuccessful
- the Consumer consistently refuses to comply with their responsibilities as agreed at Assessment;
- moves from the geographic area stated in the relevant funding agreement;
- three missed appointments without notice and/or reasonable explanation;
- or funding for the particular project has ceased; or
- another Service can better meet the individual needs of the Consumer

For some consumers there may be a period of transition to exit or some form of continuing care. The Service endeavours to assist our consumers to reach their goals and ensures appropriate referrals are put in place to assist our consumers to continue to achieve their goals when those goals cannot be achieved through our Service. Alternatively, where goals have been achieved, it is important that the Consumer is encouraged to be independent from the Service.

Mental health consumers are asked at the end of each session if they are happy to continue their engagement with the Service.

The consumer/guardian may end their engagement at any time verbally or in writing to any staff member. Upon discharge consumers and stakeholders, where practicable, are provided with ongoing strategies to manage, such as cognitive practices, our contact details for any reason they may want to talk to us, or re-engage, in person and online support services and tools and information about the most up to date local community resources.

All referring GPs are provided with letters and review reports during a consumer's episode of care and at closure.

While some other projects may exit a Consumer after 3 missed appointment this system is not used within Allied Health. A Consumer may be exited from the Allied

Health Services if the goals detailed in their NDIS/Individual Development Plan have been achieved and no new goals have been identified. Should new goals be identified, the Allied Health team will discuss the relevant processes for modifying and updating intervention goals.

Consumers have the right to cancel services with Community Links Wellbeing by providing sufficient notice in writing as per CLW Terms and Conditions.

### **3.05-9 Transitioning Our consumer to other services/projects**

The Service will minimise stress to the Consumer during the exiting/transition process by:

- Ensuring the Service investigates all other options prior to exiting/transitioning the Consumer, and that these options have been discussed with the Consumer and/or their representative/care manager;
- Ensuring transition strategies and exit planning will be documented in the Consumer's individual service file.
- Ensuring the Service adopts fair and non-discriminatory processes when a Consumer chooses to or is required to leave the service.
- Team Members explaining to all Our consumer at the time of assessment how and when the process of transition and exit will occur.
- Ensuring that the issue of transition and exit is discussed in Consumer service reviews
- Ensuring, where possible, that transition and exit is timely, seamless and offers flexible and reliable support linked to other services.
- Ensuring the Consumer and/or their representative participates in all discussions regarding the exit/transition; and
- Ensuring flexibility of service during the exiting/transitioning process where possible.

### **3.05-10 Death of a Consumer**

Team members will adhere to a systematic and structured procedure in the event of the death of a consumer within the premises or care of the service. The procedure shall be in accordance with relevant funding, legislative and mandatory reporting guidelines.

Team Members will act in a way that assists in minimizing as far as possible the level of trauma for all concerned.

The response to the death of a consumer should be sensitive and appropriate. This includes ensuring that:

- The cultural and religious beliefs and practices of the person and their family are respected; and
- The response is dignified and prompt to minimise the distress arising from the event.

The service will offer appropriate support and arrange counselling to Team Members and other our consumer affected by the death.

The Emergency & Critical Incident Procedures and the First Aid, Accident, Injury & Incident Reporting Procedures will be followed by the relevant Manager with regard to notification, investigation and documentation. The relevant Manager will implement these procedures as soon as possible after the incident, as crucial evidence may be disturbed or destroyed with the passage of time.

### 3.05-11 Working with Groups

Many projects within the Service may from time to time run groups and/or events (e.g. Men's Mental Health workshop, Grandparents groups, Music group, Drop in groups, International Women's Day events).

All groups run by the Allied Health Team are fee for service. Any of our Consumers who would benefit from alternate funding options are provided with relevant information regarding accessing financial supports (e.g. providing them with an EPC/Medicare Information Form).

Allied Health group participants receive a reminder from a Team Member the week prior to attending group (should an NDIS participant fail to attend the group the NDIS cancellation procedure will apply).

Any projects running groups or events will follow the following guidelines:

Groups/Events run by CLW must:

- Cover the Wellbeing coverage area (excluding Warragamba)
- Assist- Socially and financially disadvantaged individuals and families.
- Be determined by the worker in consultation with the community partnership team/or Team leader prior to taking the bookings
- Follow the guidelines below

The facilitator of the group must ensure:

- Determine priority of access procedure
- A risk assessment must be undertaken prior to advertising any groups or events (see Section 4 Work Health & Safety) to ensure all hazards and risks are identified and strategies are developed to eliminate or minimize the risk;
- A Group Registration form (see template) should be completed by all people attending the group
- An attendance sheet relevant to the reporting requirements of the group/event will be used (see Templates provided)
- Should any information be disclosed during groups suggesting a young person or child is at risk the Team Member must follow the 3.04 Rights, Duty of Care, Dignity of Risk Protection, in accordance with the Children and Young Persons (Care and Protection) Act 1998 (NSW)a)

- Should child or young person is displaying inappropriate behaviours the Team Member must follow the 3.04 Rights, Duty of Care, Dignity of Risk Protection
- Promotional material for the group/event will include:
  - CLW logo;
  - CLW contact details for the particular group/event;
  - Acknowledgement of the source of funding
  - Acknowledgement of any other agencies partnering with CLW
  - The cost of attending;
  - The target group;
  - photo's/artwork etc which demonstrates CLW commitment to diversity in all its form relevant to the event
- A group/event feedback survey relevant to the aims of the group/event:
  - One off event must include:
    - Name of event
    - Instructions for completing survey
    - How to get the survey back to us
    - How would the person rate the event
    - What was the reason they came to the event
    - What did they particularly like about the event
    - How did the person hear about the event
    - Did our Team Member's make you feel welcome
    - Other comments to help us improve the event
    - *May Community Links Wellbeing* quote your positive feedback to promote its services, whilst protecting your privacy and not identifying who you are
    - Does the person wish to go on a mailing list (optional – if chosen ensure space for person to complete details)
  - Group must include:
    - Name of group
    - Instructions for completing survey
    - How to get the survey back to us
    - How would the person rate the group
    - What was the reason they came to the group
    - What did they particularly like about the group
    - How did the person hear about the group
    - Did our Team Member's make you feel welcome

- If you wanted to make a complaint do you feel our Team would listen and work with you to resolve the issue;
  - Did you feel our Team Members treated you with respect and upheld your rights
  - May *Community Links Wellbeing* quote your positive feedback to promote its services, whilst protecting your privacy and not identifying who you are
  - Other comments to help us improve the group
  - Does the person wish to go on a mailing list (optional – if chosen ensure space for person to complete details)
  - Other questions relevant (e.g. how will what you learned today change the way you talk to your child)
- A Survey Action Report (3.07b) is completed and findings reported to Operations Manager

### 3.05-12 Positive Behaviour Management for Children and Young People

Team Members will endeavour to;

- Assist children and young people to learn the difference between acceptable and unacceptable behaviour, to assist in showing children and young people ways how to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults;
- Provide children and young people positive guidance in a supportive and respectful environment;
- Team Members will ensure children and young people are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner;
- Provide boundaries as part of a caring and secure relationship with children, young people and their families.

Aspects to promoting positive behaviour include:

- A learning environment that is positive and supportive;
- Encouraging the individual's social development in each child and young person, striving to develop self-control and understand the feelings of others;
- Listening empathetically to children and young people when communicating their emotions, providing encouragement and reassurance to the child or young person that it is normal to experience positive and negative emotions;
- Team Members modelling appropriate behaviour and language, encouraging children and young people to socialise with their peers, including children and young people of different cultural backgrounds as well as from a variety of age groups and genders;
- Consulting with industry professionals to support children and young people within the service and implement techniques within the program to benefit all;

- Information gathering from families and referral sources about the child and young person's social skills, which will be recorded in the child's individual file. Team Members will use this Information to engage children and young people in experiences that support children and young people to develop and practice their social and shared decision making skills;
- Providing age appropriate and interesting activities, experiences and equipment for children and young people to use and become engaged to enhance and support emotional and social development;
- Providing opportunities for children and young people to explore both in the indoor and outdoor environment and set up the environment (indoor and outdoor) for children and young people to engage in activities and experiences in accordance with their abilities and interests;
- Implementing a regular and structured routine with the activity in order to support children and young people's positive behaviour. Routines help to provide a sense of security children and young people can rely on.

### Strategies for Building Skills and Strengthening Positive Behaviour

The Organisation will:

- Implement strategies to educate children and young people to develop behaviour limits and understand the consequences of inappropriate behaviour;
- Discuss guidelines, rules, limits and what is fair with children and young people and use their contributions to set limits and guidelines before activities and groups commence, a 'group rules' poster can be used for this;
- Give positive guidance to children and young people towards acceptable behaviour so they learn what is acceptable and unacceptable behaviour;
- Ensure Team Members will build on strengthening positive behaviour communication through intentional teaching moments including:
  - *Greeting others when they arrive and depart from the activity*
  - *Assisting when it is time to pack away the indoor and outdoor environment*
  - *Assist in helping peers throughout activities*
  - *Using manners such as please and thank-you*
  - *Learning to wait for their turn for an appropriate period of time. This will depend on age and development.*
- Learn about the child and young person's relationships with peers within the activity and use this knowledge to encourage children and young people to manage their own behaviour and expand on their empathy skills;
- Positive strategies being implemented by Team Members to encourage positive behaviour in children and young people in order to minimise adverse behaviour;
- Provide positive feedback and focus on children's and young people's strengths and achievements and build on their abilities.

## Strategies for Decreasing Undesired Behaviours

Strategies for decreasing undesired behaviours include:

- Supporting children and young people to explore different identities and points of view and to communicate effectively when resolving disagreements with others;
- Using positive guidance through redirection and guiding the child or young person's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children and young people understand what acceptable and unacceptable behaviour is and how to manage their emotions;
- Guiding children and young people to remove themselves from situations where they are experiencing frustration, anger or fear;
- Using positive language, gestures, facial expressions and tone of voice when redirecting or discussing the child or young person's behaviour with them;
- Informing parents or carers of behaviours displayed by the child or young person; this includes both positive and negative aspects of behaviour during the activity;

## Behaviour Management

Behaviour Management actions include:

- Team Members remaining calm, tender and tolerant whilst supporting children and young people who are strongly expressing distress, frustration or anger;
- In the event of a child or young person being given the opportunity to stop unacceptable behaviour and Team Member/s having provided all necessary strategies to promote positive behaviours and have utilised strategies for decreasing undesired behaviours, Team Members are required to ask the child or young person to take 'time in' which includes sitting with a Team Member for 10 minutes. After 10 minutes the child or young person will need to agree to display acceptable behaviour, before recommencing the activity;
- Providing the child and young person with two 10 minute opportunities for 'time in' in per activity, if the child or young person reaches the second 'time in' and continues to display inappropriate behaviour, the parent or carer will be contacted for the child or young person to be picked up from the activity;
- Should a child or young person refuses to participate in 'time in', the Team Member/s has the right to contact the parent or carer to have the child or young person picked up from the activity;
- Re-directing the child or young person who may be causing or about to cause harm to himself or herself, another child or adult. Safety is a priority and this may mean using physical re-direction in which a Team Member will actually remove the child from the harmful situation;
- Immediately contacting a parent or carer for the child or young person to be collected from the activity In the event of excessive behaviours or an incident causing harm to others during an activity such as:

- threats of harm to self or others;
- physical assault;
- sexualised behaviours;
- bullying and or targeted behaviours towards peers;
- risk taking or dangerous behaviours;
- the use of drugs, alcohol
- being in the possession of drugs alcohol or weapons

Incidents such as these will impact future participation in service activities for the child or young person. The Team Member is to complete a 'Accident/Injury/Incident Report' if an incident of this nature has occurred.

### **3.05-13 Home Visiting**

Please refer to Work Health & Safety 4.20 Safe Home Visiting Procedure and utilize 4.20a Home Visit Risk Assessment form before undertaking any home visits.

### **3.05-14 Emergency/Crisis Relief**

CLW offers targeted Emergency/Crisis Support. Application for support can be made using Emergency Relief Registration Form.

### **3.05-15 Preferred Communication methods**

All CLW consumers will be given the option to choose their preferred communication method and this will be noted at time of intake.

### **3.05-16 Storage of Information**

Consumer information and documentation are stored in CLW's digital management systems such as CDS, Cliniko and an internal secure drive within CLW's server.

All documentation related to the consumer is made available to them upon receipt of a written request from the consumer or their appointed advocate

### **3.05-17 Continuity of Supports**

The team at CLW appreciate the importance of continuity of services to our consumers and the impact that lack of services can have on an individual's quality of life and ability to achieve identified goals.

Multiple administration staff are trained and are able to support participants with queries related to their NDIS plans, service agreements, etc.

Consumers are provided with phone numbers and email addresses in order to contact staff directly with queries.

If therapeutic supports or other service providers within the organisation are absent due to short term illness, etc. sessions are rescheduled or alternative staff are provided where possible or appropriate.

Families are provided with the option to either reschedule or to have a replacement staff member provide services.

For longer term absences such as maternity leave, all consumers are provided with ongoing, consistent services with another suitably trained team member. All families are notified in advance where possible, with families consulted about their preferences for ongoing therapeutic supports. Preferences will be prioritised wherever possible such as requesting a specific team member or skill set of therapist taking over supports.

New team members will contact families to gather information and to collaborate on any goals that require updating, etc. A written handover is also provided to staff members taking over supports of a participant. Handovers include goals, progress, participant's interests, strengths, etc. as well as any significant information related to families.

If supports are interrupted due to an emergency situation, staff are to follow relevant emergency procedures –

School setting – follow the evacuation procedures of the school. The school will notify parents/caregivers if the child is to be picked up

CLW Clinic setting – follow CLW's site evacuation procedure by exiting the building with Consumer to the evacuation meeting point  
- when safe staff should then call the participants Carer to arrange pick up if required

Home setting – follow any instructions given by relevant authorities

### **Project Specific Procedures**

Each Project, where relevant, will develop procedures detailing:

- Intake/Assessment & Prioritisation;
- Service Provision;
- Working with Groups;
- Referral;
- Review;
- Coordination & Collaboration with other programs/agencies;
- Clinical care planning (where relevant)

## SECTION THREE: SERVICE DELIVERY

Policy context: This policy relates to	
Legislation or other requirements	<p>Human Rights and Equal Opportunity Commission Act (Commonwealth) 1986            UN Convention on the Rights of the Child            Anti-Discrimination Act (NSW) 1977            Sex Discrimination Act (Commonwealth) 1984            Children and Young Persons (Care and Protection) Act 1998 (NSW)            Commission for Children and Young People Act (NSW) 1997)            Child Protection (Working with Children) Act (NSW), 2012.            Child Protection (Working with Children) Regulation (NSW), 2013.            Freedom of Information Act (Commonwealth) 1982, (State) 1989            Community Services (Complaints, Reviews and Monitoring) Act 1993 (NSW)            Privacy and Personal Information Protection Act 1998 (NSW)            The Australian Privacy Principles 2014            Guardianship Act (1987) NSW            Powers of Attorney Act (2003) NSW            Carer's (Recognition) Act 2010            Racial Discrimination Act 1975 (Commonwealth)            Disability Discrimination Act 1992 (Commonwealth)            Age Discrimination Act 2004            Disability Inclusion Act 2014 No 41 (NSW)            Disability Services Act 1986 (Commonwealth)            Children and Young Persons (Care and Protection) Act 1998            Crimes Act 1914 (Commonwealth)            Criminal Code 1995 (Commonwealth)            Health Records and Information Privacy Act 2002 (NSW).            Funding Agreements            NSW Family Services Principle            Case Management Society of Australia National Standards            NDIS Act (2013)            NDIS Practice Standards            Australian Charter of Healthcare Rights            Australian Open Disclosure Framework            Case management Society of Australia and New Zealand Standards            NSW Modern Slavery Act 2018            NSQDMHS and NSQMHSCMO Practice Standards</p>
Definitions	
<i>Crisis</i>	<p>For the purpose of Service Delivery policies, priority crisis will always be around people being in immediate risk of harm. The younger the person, the more vulnerable they are and less able to help themselves. Crisis can be something else, like the 'electricity got cut off'; however, this is where priority of seriousness of the situation needs to be considered. For example, this may be a more serious matter if a lifesaving breathing machine is needed and requires electricity, and less important if the person is in good health and able to fend for themselves.</p>

## DOCUMENTATION

### Documents linked to this policy

## SECTION THREE: SERVICE DELIVERY

Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> <li>3.05a Standard Attachments to Consent to Service Agreement</li> <li>3.05b Personal Wellbeing Index – Children/Adolescents</li> <li>3.05c Personal Wellbeing Index – Adults</li> <li>3.05d Family Tree</li> <li>3.05e Group Attendance Sheet Template 1</li> <li>3.05f Group Attendance Sheet Template 2</li> <li>3.05g Group Attendance Sheet Template 3</li> <li>3.05h Play Group Attendance Sheet Template</li> <li>3.05i Group Registration Template – Adult</li> <li>3.05j Group Registration Template – Child/Adolescent</li> <li>3.05k Emergency Relief Registration &amp; Feedback Form</li> <li>3.05l CLW permission to transport Client</li> <li>3.05m Consent to DEX Reporting</li> <li>3.05n Release of Liability Waiver Form</li> </ul>
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Review and version tracking		Date Original Approved:
BNG Version	Date This Review Approved:	Next Review Due
1	Executive Officer 12/11/2020	12/11/2021
2	Executive Officer 11.12.2025	11.12.2026
3	Executive Officer 10.02.2026	10.02.2027