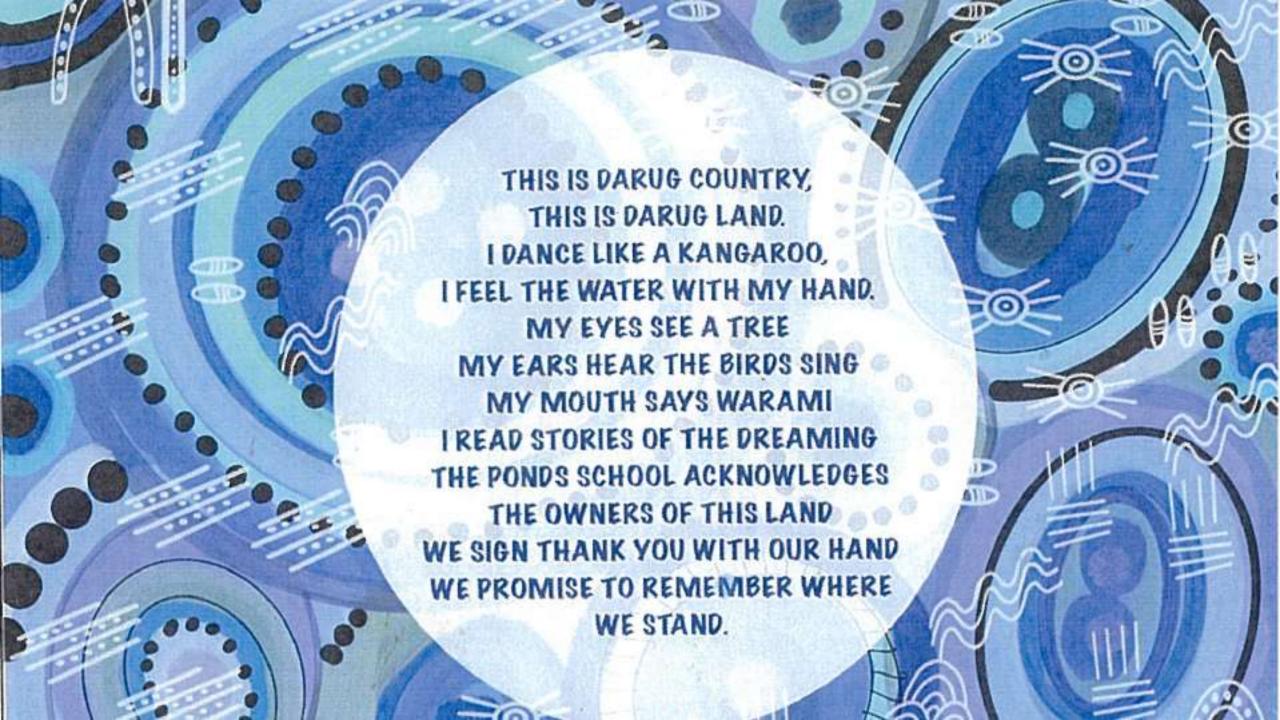


A COLLABORATIVE Approach to Implementing INCLUSIVE, ENGAGING, RESPECTFUL Schools

@ The Ponds School

Niamh Holmes (AP Learning & Wellbeing)
Donna Nicoll (SLSO Learning & Wellbeing)
Jenny Tran (OT, Specialist Behaviour Practitioner)
Betty Campbell (SP)
Anne Bennett(DP)

The Ponds School provides quality individualised and meaningful education in a safe and caring environment. The Ponds School supports families, encourages independence and assists students to become valued members of the community now and in the future.



Overview

Today we are going to discuss.....

- An overview of the Tiered Approach to Learning and Wellbeing at The Ponds School.
- Learning and Wellbeing Team Roles and Responsibilities
- Tier 1- Universals
- **≻**PBL
- ➤ Zones of Regulation
- ➤ So Safe
- ➤ Family Planning
- ➤ Stepping Stones Triple P
- ➤ Personalised Learning and Support Plans
- Tier 2- Learning and Wellbeing Team
- **≻**Referral
- ➤ Meetings
- ➤ Use of data to inform practice and plans
- ➤ Behaviour Support Plans & Crisis Plans
- Tier 3- School Clinic and Mental Health Intellectual Disability Hub

Introducing the Learning & Wellbeing Team...

Niamh Holmes (AP Learning & Wellbeing)

Donna Nicoll (SLSO Learning & Wellbeing)

Jenny Tran (OT, Specialist Behaviour Practitioner)

Betty Campbell (SP)

Anne Bennett(DP)

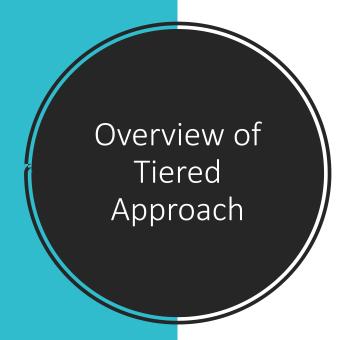
Sargon Odisho (School Psychologist)

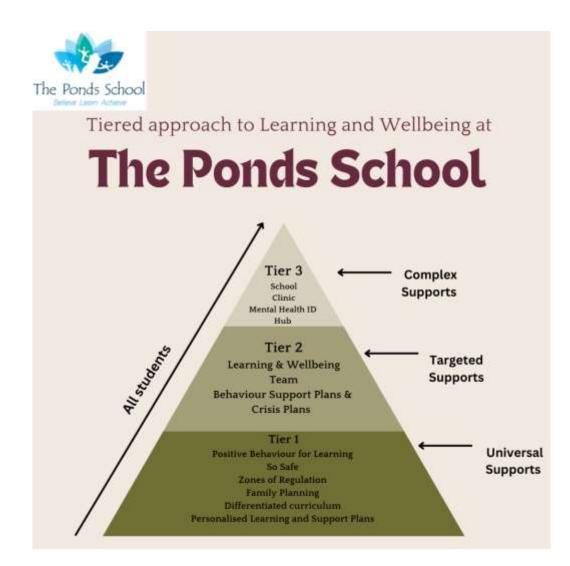
Class Teacher

Class SLSO

Parent / carer

Student





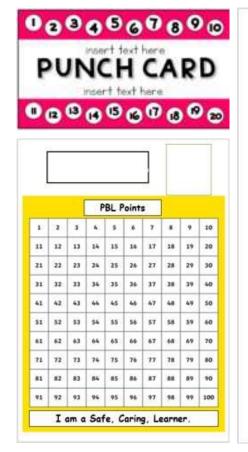








1	INSIDE AREAS	OUTSIDE AREAS	TRANSITIONS	KITCHEN GARDEN	POOL	HALL	BIKE TRACK	KITCHEN
BE SAFE	I keep my feet on the floor. I give my friends space. I have safe hands. I walk inside. I am careful with equipment.	I give my friends space. I have safe hands. I wear my hat and shoes. I stay in the right place. I only put food and drink in my mouth.	I stay with the group. I look where I am going. My teachers push the wheelchairs. My teachers open and close doors and gates.	I only put food and drink in my mouth. I am careful with equipment.	I walk in the pool area. I use the stairs. I am careful with equipment.	I sit on my chair. I stay with the group.	I wear my helmet and shoes. I look where I am going.	I wash my hands. I sit on my chair to eat. I am careful with equipment.
LEARN	I listen to my teachers. I use my words. I make choices.	I listen to my teachers. I use my words. I go to class when the bell rings.	I listen to my teachers.	I water the plants.	I listen to my teachers.	I look and listen. I use my words to ask for a break.	I follow the arrows. I ride on the path.	I listen to my teachers.
CARE	I use my quiet voice. I take turns. I wear my uniform at school. I help pack away.	I share with my friends. I only dig in the sandpit. I let the trees and plants grow. I help pack away.	I carry my own bag.	I take turns. I let the plants grow. I help pack away.	I look after my belongings. I shower before using the pool.	I use my quiet voice.	I take turns. I help pack away.	I take turns. I help pack away. I put rubbish in the bin.







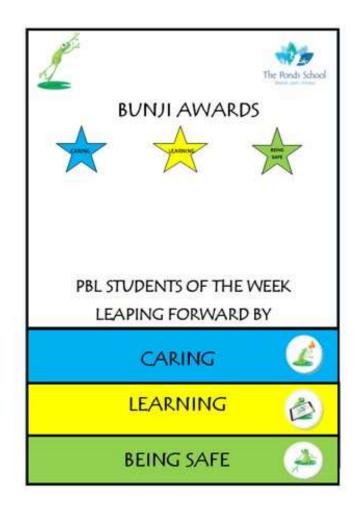




Leaping Forward by Carling Student Cless Coveryou Staff Member Class Coveryou Coveryou

Leaping Forward by Being Safe	No.
Student:	2
Clera	
I saw you	
Staff Member	Oute











Tier 1 PBL









Key Behaviour Support Strategies

- 1. Give choice
- 2. Redirect
- 3. Reteach
- 4. Time and space
- Attend positive / ignore - negative
- 6. Communicate

Key Behaviour Support Strategies

1. Give choice

Give the student a choice. This gives the child some control in a situation and teaches them to make decisions.

E.g. Would you like the blue cup or the pink one? You can put your shoes and hat on or you can stay inside?

2. Redirect

Redirect the student away from an inappropriate activity. Distract the child by redirecting them to a more appropriate activity.

E.g. Oh let's see what I have in this big box! Come over here and help me give the plants some water.

3. Reteach

Reteach a skill or expectation. Take the time to model the desired, positive behaviour to the child. Show them exactly what you want to see. E.g. I sit on my chair. I shake hands with my friend. I dry my hands on the towel.

4. Time and space

Give the student time and space to calm down. There is no point in trying to reason with a child who is significantly upset or in a state of 'meltdown'.

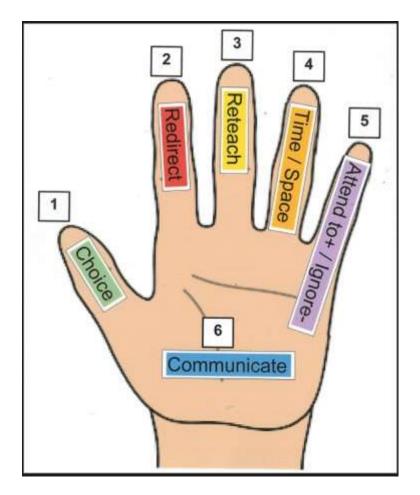
5. Attend to positive / Ignore negative

Attend to positive behaviour and ignore negative behaviour where possible. Give loads of positive feedback when the child is doing the right thing. E.g. hi-fives, smiles, clapping, verbal praise.

Try not to give any extra attention to the child who is doing the wrong thing. E.g. Stay calm, keep a neutral expression and don't make eye-contact while directing them to clean up a mess or pick up something they have thrown on the floor – just keep repeating the instruction.

6. Communicate

Support all verbal communication with a combination of picture symbols, key word signs and physical prompts as needed. Describe the behaviour you wish to see and do not use too many words. Keep it simple and to the point. E.g. lunch box in tub, feet on the floor, wash hands

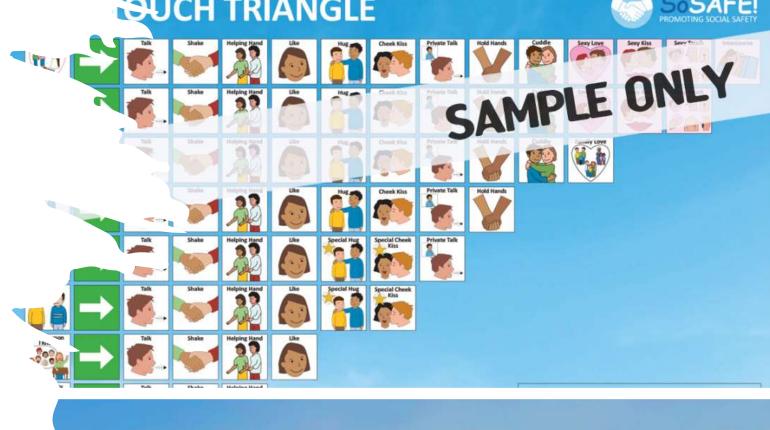


So Safe

A resource to help us teach our students about:

- the people in their lives and how they should interact with them,
- public and private spaces and behaviours, and
- Consent.

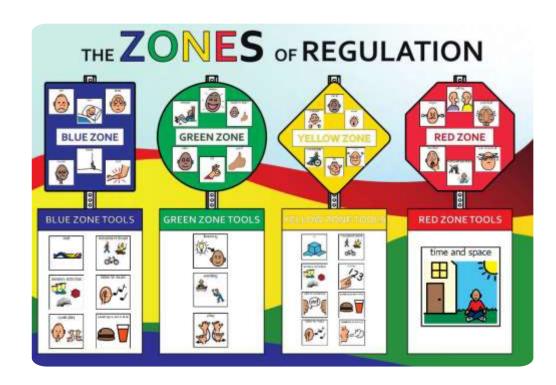
Provides staff with consistent language for teaching.





SOSAFE

A set of visual and conceptual tools designed to promote social safety for people with an Intellectual Disability (moderate to severe range) and Autism Spectrum Disorder.



Tier 1- Zones of Regulation

- The Ponds School use The Zones of Regulation framework to assist students with self-regulation and emotional control.
- The Zones of Regulation framework was created by Occupational Therapist, Leah Kuypers and is an evidence-based program that helps students of all ages to recognise how their feelings and state of alertness they are in and use tools and strategies to regulate them.





Tier 1- Zones of Regulation- Signage & Language



FILL

the Parent collisions

The Part of the Control

control. The Larm of English or Section 6 may recent the Proportional Manager, Lark English and Associations are strong control more proportional and of particles of the grant to recognition on the following and and of plantace and and of the particles of the p

Way has found to describe principle, highered gapt of principles and assessmentation before the large state and the representation before the control of the large state of the large st

gag regio formati, reclared applicações forma. O fina fina provida de discourse a final de discourse animates beiningo i provincia de libro esta may final Discourse de contrata de discourse a final de discourse animates de libro beiningo i provincia de libro esta may fin

The form one is compared or path region of our light or other page content may and when a parson content of the Art of the Content or the Con

Proceedings have been provided as the form of beginning property and the set of the set

hardware.

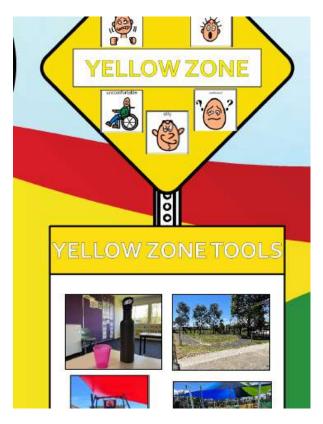
Line Street







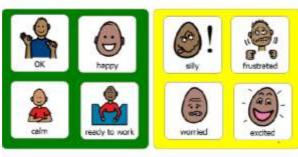
Tier 1- Zones of Regulation-Individualised Toolkits

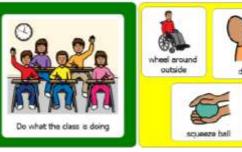










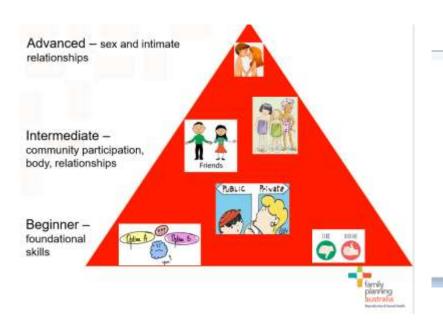


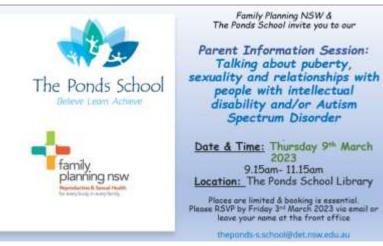
Take a strengths-based approach Focus on educative Purpos A Politicus Property of the Pr PDHPE Skill Domains Self-Management skills Interpersonal skills Movement skills Ticlude & Critical inquiry approach Active Lifestyles

Family Planning

• Sexual Health Education for Life: the PDHPE curriculum for students with disability is a 6-hour course which builds on teachers' knowledge and skills to provide sexual health and relationships education (SHRE) to students with intellectual disability. The course encourages a 'sex positive' approach to the delivery of SHRE and is linked to the K-10 Personal Development, Health and Physical Education (PDHPE) syllabus and Life Skills module of the K-10 PDHPE syllabus.

Family Planning- Supporting our Families









Hune: 96353479 Test 1982 1987 Dreft Deposits a schoolpelt and object

15 July 2021

Dear Parents and Caren

Stepping Stones Triple P- Positive Parenting Program

The Ponds School is implementing the Stepping Stones Triple P positive paventing program to support parents and carers in developing parenting skills, which strengthens the learning links. between school and home. The program will be implemented by our Learning and Support Teacher. Niamh Glancy, and achool based Occupational Therapist Behaviour Epicialist, Jermy Tran

This Stepping Stones Triple IP program has been specially tallored for parents of children with disabilities. The program is evidence-based and is supported by Sichool Link and the Children's

The program supports parents/owers to ensure happy, confident children and a harmonious family/home life through

- · setting rules and routines:
- managing inappropriate behaviour.
- · being a part of your community events:
- · developing plane and supports to manage difficult situations; and
- · looking after your own wellbeing.

"If doesn't tell perents how to be a parent, its more like a tool box of ideas. Perents choose strategies and the way they want to use them. It's all about making it work for parents'

The Selected (level 2) Stepping Stones Triple P program is delivered as a group program and is comprised of three 90-minute workshops. These workshops will take place via ZOOM on Thursday 12" August, Thursday 10" August and Thursday 26" August 2021 from Sem to 11am

Places will be limited to 8 and it is important that you are able to attend all three workshops to be accepted into the program. We will be running this program again in Term 4. If you are unable to secure a position in this terms program, then we will ensure that you are included in next terms

To secure your place in this program, you will need to return the form below no later than Thursday 29" July 2021. If you have any questions please do not healtate to contact Namh or Jenny during school hours on 96292470.

Thank you. Jenny Tran Janny Tran Learning and Support Teacher OT/Sehaviour Specialist

Stepping Stones Triple P



The program supports parents/carers to ensure happy, confident children and a harmonious family/home life through:

- setting rules and routines;
- managing inappropriate behaviour;
- being a part of your community events;
- developing plans and supports to manage difficult situations; and
- looking after your own wellbeing.

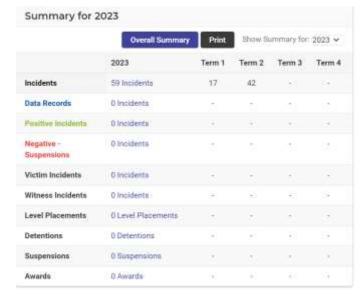
"It doesn't tell parents how to be a parent. Its more like a toolbox of ideas. Parents choose strategies and the way they want to use them. It's all about making it work for parents".

Learning & Wellbeing Team- Referral Process

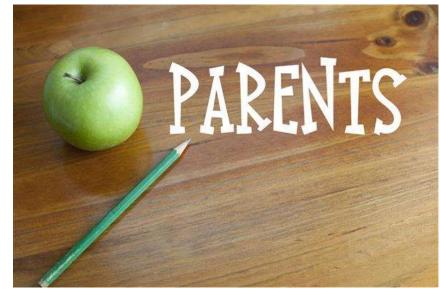
Referral Form on Sentral

Referral to the Learning and Wellbeing Team The Learning and Wellbeing Team aim to support students and their families to create safe learning and supportive environments that enable all students to be regulated, engaged, successful and happy. The Learning and Wellbeing Team aims to collaborate with families, classroom staff and therapists, to establish meaningful goals to move the student forward. When completing the referral form please be mindful of how you write the form and used parent friendly language as parents/carers will be receiving a copy, Parents/carers will be invited to attend their child's Learning and Wellbeing meeting which take place on Tuesdays. * Required 1. Student's Name & Class * [1] Enter your answer

Data on Sentral



Parent Involvement



Learning & Wellbeing Team-Coordination of Meetings

Learning and Wellbeing Team examine the referrals and determine if the student will receive support from the Learning and Wellbeing or if it can be managed at the classroom level with support from their Collegiate Support Team Leader.

Week	Date/Time	Student	Class	Staff
2	3 May 9.15am	Review Meeting	15	Michelle & Bek
2	3 May 10am	Review Meeting	18	Alex, Sally & Jerry
2	3 May 11.45am	We lines.	15	Michelle & Bek
3	10 May 10am	Sum Fringer	16	Pragati, Yvette, Natalee
3	10 May 9.15am	Rayyan strain.	18	Alex, Sally & Jerry
4	17 May 9.15am	Review Meeting	1	Belinda, Mariam & Agul
4	17 May 11.45	We donot	15	Michelle & Bek
5	25th May 1.00pm	Asser Public	12	Radka, Alex, Penny
5	24" May 9.15am	Review Meeting	11	Niamh & Danielle
	We	ek 5-ATTENDANCE	Meetings	
6	31 May 9.15am	Review Meeting	4	Pauline, Jenni, Elaine
6	31 May 10am	Review Meeting	11	Niamh & Danielle
7	7 June 12pm	Review Meeting	16	Pragati, Yvette, Natalee
7	7 June 9.30am	Review Meeting (By Phone)	17	Alex, Jerry, Sally

2023 Term 3 Learning and Wellbeing Meetings

Meetings will take place every **WEDNESDAY** in the interview room. Parents/carer must attend the meeting either face to face or by telephone.

External therapists are invited to attend.

Parents/carer to approve therapists attending.

Time of the meeting will be confirmed closer to the day.

45 minutes will be allocated for new referrals. 30 minutes will be allocated for review meetings.

Learning & Wellbeing Team Meetings



LEARNING and WELLBEING TEAM Meeting Records- DATE

Class:

Year:	Age:
TEAM:	
Teacher:	School Counsellor:
SLSO:	Speech Therapist:
Additional SLSO:	Occupational Therapist:
Deputy Principal:	Support Coordinator:
Learning & Support Teacher:	Parent / Carer:
Learning & Support SLSO:	Behaviour Support Practitioner:
School Speech Pathologist:	School Support Practitioner:
- Control of Control o	
How is everything going at home?	
What are the top challenges at home?	
Challenges	

What are the top challenges at school?	
Challenges	
hat is the goal from this meeting?	
(hat supports are pooded to move the student ferward)	
Vhat supports are needed to move the student forward? Support	Who
	ward?
Skill/Goal	Who
Skill/Goal Review the intervention and monitor plans	JANOS TARA
Skill/Goal Review the intervention and monitor plans	Who
What skills do we need to build to move the student for Skill/Goal Review the intervention and monitor plans At the close of the meeting: The recorder reviews the main points of the interventual of the team selects a date and time for the follow-up L.	Who 5 minutes

Learning & Wellbeing Team-Collection of Data

ABC data form for Isaac

Please complete one of these forms for each time that have causes have (or almost cause) have) to himself or others for the period 00/96/29 - 26/06/28.

When it happened (800)	Where was the location (in specific)	How long did it last: time start and end	Who was insulated include your rando
important factors on the dw	What happened REFORE the incident?	What haspened DURBIG the Incident?	What occurred AFTER the behaviora?
Tick which ever apply:	Tick which ones apply:	Flease describe, be specific.	Please describs, by specific.
	Adulation do an extrative, Engaged in his chosen activity, You between the first think and the first think and the first think and the first think and the first to wait the committee, I the read to wait the committee, I think and to wait the committee, I think and the wait the committee, I think and present and think. I think and present and think and the committee, I think and present and the committee of the committee	What behaviour did in our display? What did you see, what sid you here.	What aid you end/or supporting staff on in response to lesse's behaviour?
	D Vote face move.	Agaresmentels want to less did sects to hardware cooper	Time did base respond to sellat passibility tak which once opply. Distriction tropped: Distriction conditional. Distriction stopped and storted again. Distriction stopped and storted again.

Finance street, completed forms to October (fine transloss) help contact

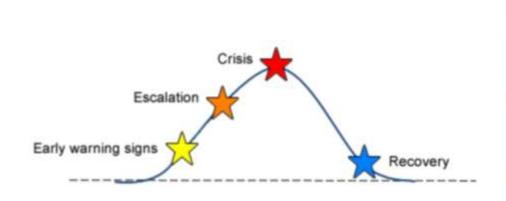




fal Abdullah - Tracking behaviour of concern and coping/stress

Time	What was Naufal doing before the behaviour?	What behaviour of concern or signs of stress did you observe?	What happened next? Wha supports were offered?
130	Transitioning to imer Proygram	Scretching Scretching	reducted to sand required coll-
240	Gretting record to transition to bases to the same source	screening. Screening.	cleaned the spilla water, helped with bag -
9:00 9:15 9:15	which a	frontic runing screening tout facial exp scratching	outside time +5

Positive Behaviour Support – Escalation Cycle



Signs of Escalation	Strategies
Early Warning Signs & Further Escalation	Goal: Respond early; help calm & reduce stress; problem solve; plan for safety
Crisis	Goal: Safety for everyone
De- escalation/Recovery	Goal: Support return to calm state

How to support Kaidyn when he is headbanging into a window or door at school:

Staff support	 Make sure there are two staff to support Kaidyn if he is escalating. If you are by yourself, call for help (radio). One staff will stay near Kaidyn to help him regulate and to supervise for safety. It is best if one staff is a familiar person to Kaidyn (i.e., one of the class team). One staff will help problem solve. If you do not have a LAMP device with you go to Kaidyn's class and get the classroom LAMP device or Kaidyn's device as well as his visual schedule for the day. Make sure you do not crowd Kaidyn. One staff takes the lead to calmly talk with Kaidyn and one staff is back up support (stands further away).
Help Kaidyn stay calm	Tell Kaidyn "I am here to help" Reassure him. Say "You are ok Kaidyn" or "You need to stay calm" (pair with Key Word Sign for "calm") If you are waiting for the LAMP device, gesture "wait" to Kaidyn and say "Wait, I am getting help so you can tell me what you need". Keep talking to Kaidyn using meaningful conversation to help him cope if he needs to wait. Keep your voice and body language calm. A calm tone is calming. If Kaidyn looks frustrated or sad, model this on his LAMP device and tell him "You look sad/frustrated Kaidyn. I know it's hard. You're ok."
Problem-solve together with Kaidyn and his team	 Offer Kaidyn the LAMP device and ask him "Tell me what you need" Verbally acknowledge every communication Kaidyn says using the LAMP device. Help him understand when the request can happen. If it can happen straight away say "Thanks for telling me, let's go get it/do that". Ask his familiar staff to help you problem-solve as they know Kaidyn well and may know what he is asking for. If Kaidyn has asked for something he wants that he cannot have (like an item in the library), tell him "Sorry Kaidyn, I know you want something in the library but it's not library time. Library time is (XYZ)" and show him on the class visual schedule. Tell him when he next could go into the library (e.g., "later today" or "tomorrow"). Show him what he needs to do now. Refer to visual schedule or use LAMP device (e.g., "Now it's time for packing your bag and going home on the bus. It's not time for library"). If Kaidyn persists, ask your back up person to go into the library to pick two preferred items that Kaidyn is interested in. Offer him a choice between these two items. Do not allow Kaidyn to enter the library outside of his regular library time. Hold firm with this boundary.



Help Kaidyn stay safe	Give Kaidyn clear instructions of what you need him to do to stay safe. For example: Point to a space 1-2 metres away from the window/door and say "Kaidyn, you need to move away" "Stop Kaidyn, you need to be safe" "Kaidyn come stand next to me" (as you move away from the window/door).
Stay safe while supporting Kaidyn	Make sure you do not place your hand or fingers in between Kaidyn's head and the door or window that he is banging against. This will result in injury to you. If there is a padded mat in reach (or ask your back up staff to get one) use it calmly to block Kaidyn's head from making contact with a hard surface when he goes to bang it. Do not engage in a physical struggle with Kaidyn. Do not use physical force with Kaidyn to move him (unless there is a life-threatening risk = where an emergency response is needed). Make sure that you give Kaidyn space and can move away easily and quickly if needed. Keep an eye on his body

support (e.g., use the LAMP device with him or offer him choices).

language and face for increased tension. When he is calmer and looking at you, you can move next to him to

Skill Building – an integral part of positive behaviour support

Tier 2- Behaviour Support Plans



A restrictive practice is any action that has the effect of restricting the rights or freedom of movement of a person, with the primary purpose of protecting the person or others from harm.





(Education, NSW Government website)

Tier 2 – Behaviour Support Plans

- Restrictive practices need careful consideration, monitoring and fade-out plans
- Parents and family involvement is key
- Collaboration with key therapists/clinicians involved, with consent from parent/s

RESTRICTIVE PRACTICE

A restrictive practice is any action that can stop or limit what someone is able to do. It may also stop or limit where they go or how they move or use their body. The main purpose is to protect the person or other people from harm.

It is important that restrictive practices are checked every six months when they are recommended for a student. This is how we make sure that the student is safe, everyone is <u>safe</u> and the strategies are being used safely.

Our goal is to help the student to learn other skills to cope or meet their needs, especially when things are tricky at school. We only use restrictive practice when we have to. We aim to reduce restrictive practice as soon as the student can be safer.

Please note:

- . Chemical restraints must be prescribed by an external medical practitioner.
- Méditanical restraints are lo de recommended or preso/ped by an automai medical practitioner or allied health professional.
- Physical restraints are to be recommended or prescribed by an external medical practitioner, asked health professional or external behaviour support practitioner.
- Environmental materials must be recommended or preoxided by an external medical practitioner, afred health professional
 or external behavior augmost practitioner and/or as agreed in consultation with Delivery Support and Asset Management, in
 consultation with parents.

Type of restrictive practice:	☐ Medication (Chemical) Restraint ☐ Mechanical Restraint ☐ Physical Restraint IS Environmental Restraint
The restrictive practice has been recommended/prescribed by:	(add role and contact details) e.g. External medical practitioner Allied health professional External behaviour support practitioner
Reason why restrictive practice is needed:	(e.g. Mechanical: Seatbelt buckle lock required as the student is removing their seatbelt on the Special Transport bus posing a risk to themselves and others)
When will the restrictive practice be used:	Specific time or situation when will the restrictive practice be used at school, including specific times during the school day and/or for specific activities, with who supporting.
How will this restrictive practice be used:	How will the restrictive practice be used at school identify safety concerns and hazards to avoid when using restrictive practicer
Staff who will be trained in implementing these restrictive practices safely include:	
What proactive strategies and support will be used first to help support the student around coping and behaviour of concern:	
Plan for fading out of restrictive practice	What are the signs we are looking for to reduce or eliminate the use of this restrictive practice for the student? How and when will we start to reduce the restrictive practice?

Signatures				
Author	[mmme] [signature] [date]	Author:	[name] [signature] [date]	
Purent:	[horne] [signature] [date]	Principal	[name] [signature] [data]	

This practice will be review needed within the next 6 m	it can be used le	as frequently or is no longe	r.
Date of mylew:			

Parent/Carer Consent:

I support the above restrictive practices to be used for my child to help keep them safe during the school day, when required for the purposes stated above. I understand that staff will be trained in using these restrictive practices safely and they will only be used when needed.]

Parent/Carer name	Signature	Date
Principal/Deputy Principal name	Signature	Date

PEOPLE WHO HAVE READ AND UNDERSTOOD THIS PLAN

Take the time to read the plan and acknowledge that you understand it by signing below. If you have any questions, please speak to my teacher and school feam.

Name	Role / Relationship	Signature	Date	
		-		
		-		
		1		

Sigmeturee			
Author	[barnef] signature] [state]	Author	[name] [signature] [state]:
Porume:	[barnet] signature [date]	Arrinogual	[nome] [signature] [dute]

Tier 2- Crisis Management

- De-escalation, safety and security
- Collaboration find out more information, work together as a team with the student and around the student
- Support debriefing & reflection relationship repair









shutterstock.com · 2170401685

Who was involved?

What happened?

Where did it happen?

Why did it happen?

What did we learn?

(Cook et al., 2002; Hardenstine, 2001)



Tier 2 – Crisis Management

Tier 2- Behaviour Support Plans



BEHAVIOUR SUPPORT PLAN



TUDENT:	CLASS / YEAR:	DATE OF PLAN:	REVIEW DATE:
STUDENT PHOTO	YOU NEED TO KNOW [Examples of what is useful to include here: Top 5 things about the person Likes/dislikes (to watch, listen to, hold, do) Sensitivities or fears (e.g., to noise, crowds, medical equipment) Communication or system (if one used) Cultural background and what language is spaken at home Identified risks or safety concerns) FOR THIS SECTION IF YOU START USING "FIRST PERSON" PLEASE STAY CONSISTENT FOR THIS SECTION (ABOUT ME, PROACTIVE STRATEGIES & HELPING HAND)	I AM MORE LIKELY TO HAVE DIFFICULTY WHEN [this is where we can capture information about triggers and setting events: Example of triggers: - Change in routine - Difficulty expressing wants, needs, feelings - Crowded/noisy - Being asked to do something he/she did not want - Not being able to meet a need - Being told "no" Example of setting events: experiencing interrupted sleep patterns, change of caregiver at home, being sick/unwell, pre- menstrual/menstrual)	I AM LESS LIKELY TO HAVE DIFFICULTY WHEN [this is where we can capture information about what needs to be in place when the student is coping well or better]
MY HELPING HAND SUPPORT STRATEGIES	COMMUNICATE with the student in a calm manner. GIVE CHOICE (a small number of choices that you can provide)		OTHER PROACTIVE AND PREVENTATIVE STRATEGIES Environmental modifications, and classroom set up, scheduling / nautines,
000	REDIRECT to an appropriate activity or calming strategies. (consider people, places and activities)		interaction guidelines etc. Examples: - First/Then visual
GARA -	RETEACH (Show and tell students what they need to do to be safe.)		Visuals, visual schedule social stary
\ /			
	Give TIME AND SPACE (wait for students to process what you want and do it. Avoid assisting if touching escalates the student.)		consistent and predictable routines or activities familiar staff supporting
	PRAISE POSITIVE BEHAVIOUR. IGNORE MINOR NEGATIVE BEHAVIOUR.		- Movement breaks - Offering chaices and control for student - Ensuring student can communicate wants and needs (has access to way to communicate) - Pasitive attention and praise for following instructions and routines

THE BEHAVIOURS OF CONCERN that (STUDENT) may engage in at school include:

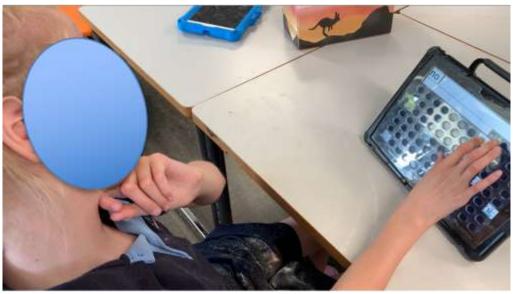
- · Behaviour of concern (describe)
- . Behaviour of concern (describe)
- Behaviour of concern (describe)

Do	Avoid
Goal = Help me engage or rest	
Goal = Support my learning	
Goal + Respond early	
Gual = Safety	
Goal = Recovery and repair	
	Goal = Support my learning Goal = Support my learning Goal = Respond early

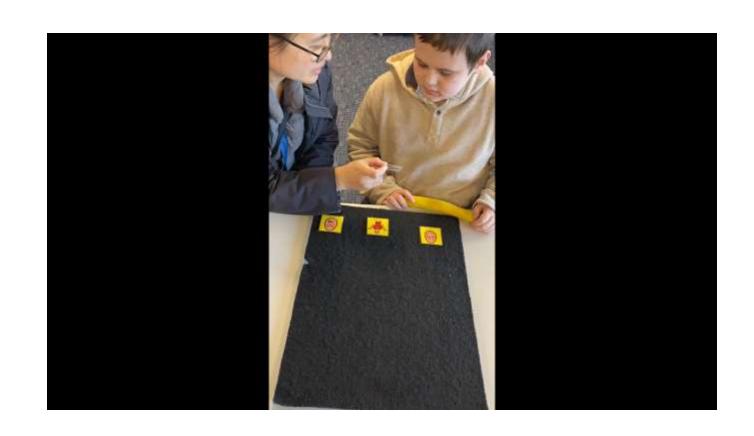
Tier 2-Communication Supports

- Low tech supports for school and home
 - Donna supports with the making of visuals
- Dedicated device trials
 - Working with external therapists
 - Supporting referrals
- Upskilling families and staff using communication supports





Student Voice







REGISTERED PROVIDER



Family Connect and Support

Monday to Friday 8.30am to 5.30pm

- P: 1800 066 757
- familyconnectandsupport@ barnardos.org.au
- W: familyconnectandsupport.com.au

Locations

- Northern Sydney
- Nepean Blue Mountains
- Sydney and South Eastern Sydney
- Western Sydney
- Illawarra

About Barnardos Australia

Barnardos Australia is a leading non-government, nondenominational child protection charity in Australia.

Barmardos Australia believes all children and young people deserve caring families in which they can grow safely and fuffil their potential. We work together with children, young people and families to break the cycle of disadvantage, creating safe, nurturing and stable homes, connected to family and community.

Our intensive family support programs combat family and domestic victence, drug and alcohol abuse, mental health, poverly and homelessness, to strengthen families and keep children sale at home. When this is not possible, we also provide safe homes for children through foster care and kinship care to give children a safe place to grow up and much their potential.

Family Connect and Support

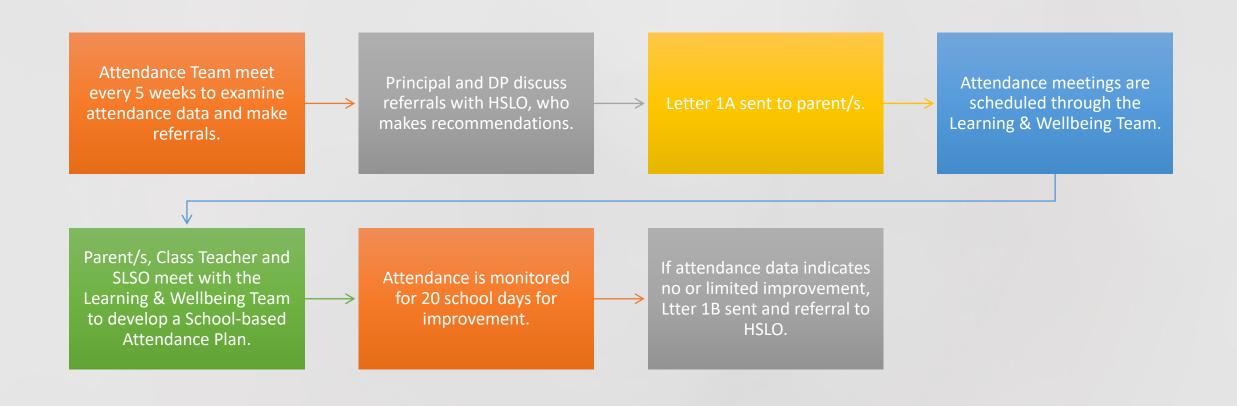




An Australian Government Initiative

Tier 2- Connecting to External Services and Supports

Tier 2- Attendance Plans





School Attendance Support Plan Meeting Records- 28th June 2023

Student's Name:	Class: 14
Year: 9	Age: 14

TFAM:

I LY IIII	
Teacher:	School Counsellor:
SLSO:	Speech Therapist:
Additional SLSO:	Occupational Therapist:
Deputy Principal:	Support Coordinator:
Learning & Support Teacher:	Parent / Carer:
Learning & Support SLSO:	Behaviour Support Practitioner:
School Speech Pathologist:	

What is going well?

- Hydrotherapy
- Being outside
- Sway boat and swings
- Staying with the group when out on movement breaks.
- Listening to stories.

Barriers/Challenges to attendance

- Getting routines in place for all the children.
- Finding a suitable carer to support with morning routine
- Personal hygiene
- Sleep often goes to bed when he gets home and wakes at 1am. Falls back asleep when bus arrives.

Skills to build

- Personal care showering, dressing, breakfast.
- Communication

Support to move the student forward

- Support workers to support 5 mornings a week with showering, dressing skills, breakfast, making his lunch and transport to school.
- Communication- Speech Pathologist

School Attendance Support Plan Meeting Records- 28th June 2023

Actions to move forward.

┙			
	Action	Who	When
	NDIS Plan- check if funding is there for		Thursday 29/6/23
	a Speech Therapist and make referral.		1pm
	NDIS- check funding for carers to provide support each weekday moming, before school Make referral to a service for 1 carer, 5 mornings a week to support showering, dressing, breakfast, making lunch, and travel.		Thursday 29/6/23
	NDIS – check funding for after-after school program. Refer to McCall Gardens for 3 afternoons per week, 3pm-6pm, Mum will need to collect from school 6pm.		Thursday 29/6/23
			Wednesday 28/6/23

Plan date: 28/6/23 Plan review date: 16/8/23

This plan was created by:

Parent/Carer name	Signature	Date
B: : 100 / B: : 1	0: 4	5.4
Principal/Deputy Principal name	Signature	Date

In consultation with:

Niamh Glancy (Learning and Wellbeing AP), Donna Nicoll (Learning and Wellbeing SLSO), Paloma Roig (Class Teacher), Robyne Mottley (Class SLSO)

Tier 3 – Collaborating for students with complex needs.

- Students are referred on to the School Clinic or MHIDH through the Learning & Support Team.
- When Parent/carer and team identify the need for additional short-term support and expertise.



SCHOOL CLINICS

The PECAT school clinic is a multidisciplinary collaboration that provides outreach paediatric services to meet the needs of children and adolescents with mental health or behaviour problems and an intellectual or developmental disability.

Mental Health of Children and Adolescents with Intellectual and Developmental Disability





CLINICS



Aim

The school clinics are organised to discuss specific issues, such as behaviours, eating, or sleeping issues. They can focus on supporting a family through important periods of change.

Process

We currently host two school clinics at special schools where the school management team refers nominated students in consultation with the child's parents.

The Team

Members of our team visit the school to meet with the family and school staff. Our team includes a Paediatrician, Paediatric Registrar, School-Link Coordinator, NDIS Mental Health Officer, Occupational Therapist and others on a needs basis.

Tier 3- Mental Health Intellectual Disability Hub



The Sydney Children's Hospital Network Mental Health and Intellectual Disability (MHID) Hub is a state-wide tertiary service to improve the mental health of children and adolescents with intellectual disability and/or autism under 18 years of age.

The Hub is a short term consultation service funded by the NSW Ministry of Health in response to mental health reform for people with intellectual disabilities.

The Hub has two main aims concerning children with intellectual disability and/or autism:

- . To improve state-wide access to specialist mental health services for complex and atypical cases; and
- To enhance the capacity of local services to provide mental health care within mainstream and subspecialty services.

Intake Officer

- . Ph: (02) 9845 2005
- · Fax: (02) 9845 2009
- Email: SCHN-CHW-Psychmedintake@health.nsw.gov.au

MHID Hub Manager

- Ph: (02) 9845 2005
- · Fax: (02) 9845 2009
- Email: SCHN-MHIDhub@health.nsw.gov.au

The Department of Psychological Medicine

The Children's Hospital at Westmead, Cnr Hawkesbury Road & Hainsworth Street, Locked Bag 4001 Westmead NSW 2145

