



EXTERNAL PROVIDER SUPPLIERS DELIVERED IN SCHOOL POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the office on 03 9726 6931 or manchester.ps@education.vic.gov.au.

PURPOSE

Manchester Primary School is committed to providing equitable access and opportunity for all learners through the implementation of inclusive practices that embrace and celebrate diversity. Foundational to this is the building of genuine and authentic relationships with students, families and communities. We recognise and support the inherent dignity of each person.

This Policy has been developed to assist us in making decisions on access of externally funded health, disability or wellbeing providers delivering services to students in schools, including those students supported by the National Disability Insurance Scheme (NDIS).

RATIONALE

The NDIS is an Australian Government scheme providing eligible persons with significant and permanent disability (participants) greater choice and control over the delivery of their disability support.

To access the NDIS, a person must have an impairment or condition that is permanent and that stops them from doing everyday things by themselves (a diagnosed significant and permanent disability).

A school-aged participant develops an NDIS plan with their parents to create a statement setting out the goals they want to achieve by increasing their independence, inclusion, and social and economic participation to live an 'ordinary life'.

If, after consideration of relevant evidence, the National Disability Insurance Agency (NDIA) or the Local Area Coordinator (LAC) determines a particular therapy is a reasonable and necessary support to the student, the NDIS is obliged to fund that support as part of the student's NDIS plan.

A 12-month review with the NDIA planner occurs for most participants, at which time outcomes are measured and any changes, if necessary, are made.

It is important to note that therapies funded by the NDIS are related to the participants' whole-of life support needs, **not for educational purposes**. The education system remains responsible for therapy for educational attainment; therefore, the school should continue to provide reasonable adjustments and educational therapists from school-employed allied health staff, where appropriate, to provide educational support.

A consequence of participants in the NDIS having greater choice and control over how their disability services are delivered is that schools have seen an increase in requests for approval of NDIS-funded support delivered in schools. While delivery of therapy services in the school is a partnership between the school and parents or guardians, it is the principal's decision whether an externally funded service can be delivered in the school.

DECISION CONSIDERATIONS

When managing requests for delivery of externally funded services in schools (including requests for observations from external providers), we need to consider a number of factors:

- Is this in the best interest of the student who is receiving the service/s?
- How will this impact other students in the school?
- How will this impact the operational requirements of the school?

Student access to the curriculum

When a request is made we need to consider whether:

- A direct relationship is established to the student's educational program outcome
- The direct service enhances the student's educational program
- There is any impact on the student's engagement and access to the curriculum
- Access to the curriculum is improved by allowing therapy to occur during school hours
- There is any impact on staff of an additional adult in the school environment
- There is access to the curriculum for other students
- Any disruption or difficulties are experienced by the teacher or other students if the requested therapy occurs in the classroom.

Duty of Care

When a request for access to a student is made, principals must carefully consider whether the school can fulfil its duty of care obligations to reduce the risk of any likely harm to the student, including ensuring:

- Safe and suitable premises
- Adequate supervision of the student, with line of sight to the therapy session (or observation session) or an additional staff member in attendance
- The provider holds a current employee Working with Children Check.

It is important to note that the principal and teachers continue to be responsible for duty of care, regardless of whether supervision has been delegated to another staff member or provider.

Child Safe Standards

The Child Safe Standards require schools to have in place strategies, policies and procedures to ensure the school is a child safe organisation. When a request for access to a student is made, in keeping with the seven Child Safe Standards, principals should consider:

- Ensuring the physical space to be used by the provider is safe for the recipient student
- Informing the provider of the school's complete Child Safe Standards, including visitor policy, code of conduct, supervision arrangements and internal reporting
- Advising parents of what to do should they have concerns about their child's welfare.

Request for therapy on school grounds after school hours

The duty of care owed by principals and teachers to students outside school supervision hours is limited. Consequently, there is limited requirement for the school to provide supervision for students receiving funded therapy on school grounds after supervision hours. Risk considerations should be discussed with guardians.

Anti-discrimination obligations

In accordance with anti-discrimination obligations, schools are responsible for providing 'reasonable adjustments' for students with disabilities to enable access to their education on the same basis as their peers.

However, external funding for therapy is not funded for educational attainment, but a whole-of-life approach, providing support to participants to live an 'ordinary life'. Consequently, where all 'reasonable adjustments' are in place, principals are unlikely to be in breach of antidiscrimination obligations if they decline a request for NDIS externally funded therapy.

Health and safety

The health and safety of all visitors and contractors on school grounds, including providers, is the responsibility of the principal. When considering a request for externally funded therapy, student access or support on school grounds, the principal should consider all equipment associated with the provider service and, taking into consideration all staff and students, whether the equipment is practicable on the school site. The principal will also need to consider whether the area set aside for the provider is appropriate for the size and type of equipment to be used, in so doing ensuring the health and safety of the provider when undertaking the service.

Privacy

Privacy responsibilities should be considered when disclosing information to a provider, and regarding information disclosed to a staff member by a provider. Information released by a school to a provider should relate only to the services delivered to that student and principals must seek guardian consent. This should list explicitly what information is to be shared and signed by the guardian.

On a practical matter, Manchester Primary School has limited capacity to accommodate multiple provision of therapy or support to students on school grounds due to:

- The design of the learning communities
- Lack of privacy
- Lack of physical space i.e. meeting rooms
- Increased administration due to allowing a provider on school grounds
- Timetabling requirements

With all this taken into account the approval of NDIS-funded access or support to be delivered will usually only be granted where a student's family and/or social circumstance inhibit therapy being delivered in another location or outside school hours or as deemed appropriate and/or necessary by the principal.

IMPLEMENTATION

Manchester Primary School has the responsibility to make reasonable adjustments that are required for students to participate in their educational program. The principal has ultimate responsibility for the educational programs provided by the school and the school is responsible for all aspects of a student's program and care during school hours.

While parent and specialist therapy input are welcome, neither parents nor external therapists have responsibility for developing educational programs. This means that any identified therapies to be undertaken at school is at the determination of school leadership.

Should a family request approval for NDIS-funded access or support to be delivered in the school, the following procedure should be followed:

- The parent/guardian must communicate with the Disability Inclusion Leader of their intentions and request the Externally Funded Therapist Request Form (Attachments 1) and the Parent's Externally Funded Therapist Request Consent Form (Attachments 2)
- All relevant information and certified copies of documents as outlined in the Request Forms must be returned to the Disability Inclusion Leader, either directly or through the Office.
 - NOTE - NDIS/External Providers do not have automatic access to engage in therapy on school grounds although Request Forms and relevant documentations have been submitted to the school.
- The Disability Inclusion Leader will review all documents and seek clarification and/or to seek further certified documentations from the External Therapist. When all the information has been collated, the Disability Inclusion Leader will submit the entire application to the principal for consideration.

The Principal will only exercise discretion to allow private or external agencies to provide services at school where in extreme cases the student's personal life prevents accessing therapy outside of school hours. If the application is approved by the principal:

- The External Therapist will be invited to the school to meet with the principal and/or the principal's nominee (Assistant Principal, Disability Inclusion Leader) to attend an induction at the school. The External Therapist must agree to the Manchester Primary School External Providers Guidelines.
- The External Therapist and the parent/guardian will be invited to future Student Support Group Meetings. The External Therapist must enter into a Clinical Access Arrangement (Attachment 3) and an Information Sharing Agreement (Attachment 4) with the school.

In these circumstances where the application is approved:

- Private therapists/service providers may use school facilities only if space is available.
- Therapy sessions will be scheduled in consultation with classroom teachers and the Disability Inclusion leader to find a mutually convenient time
- During private therapy sessions, parents are required to be present to satisfy the school's Child Safety requirements if a private space is required.
- Required documentation must be submitted to the principal for approval prior to therapy, or observation sessions commencing. These will include certified documentation relating to qualifications, Working with Children Check, and appropriate insurances.
- Provision of therapy or other services will be limited to no more than one year at which point therapy requirements will be reviewed through the Program Support Group process.
- If the child is not available for the therapy for any reason, e.g. sickness, it is the parents' responsibility to notify to the provider.

The school may withdraw access to an approved external provider if a school concludes the service being delivered is no longer in the student's educational interest. Potential causes for withdrawing access could include:

- the service provided no longer meets the student's educational needs
- there have been inadvertent effects on other students, staff and the overall operation of the school
- high turnover of providers presenting services to students has occurred
- the external provider is not reliable
- the quality of the service provided is no longer suitable
- delivery does not meet the Clinical Access Arrangement
- inappropriate conduct has been displayed by the provider.

If the application is not approved by the principal the outcomes of such consideration will be communicated to the parents/guardians.

REVIEW

This Policy will be reviewed annually by the School Leadership Team, or as required.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school’s website
- Included in staff induction processes
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Discussed in student forums
- Hard copy available from school administration upon request.

POLICY REVIEW AND APPROVAL

Policy last reviewed	January 2025
Approved by	Principal
Next scheduled review date	January 2026

ATTACHMENT 1: THERAPIST INFORMATION REQUEST FORM

Therapist details	
Name of therapist:	
Company name and address:	
Company telephone and email:	
Therapist mobile:	
Therapist email:	
Therapist qualifications:	
Therapist professional registration details:	
Is the therapist an NDIS registered practitioner?	
Proposed therapy details	
Purpose of proposed therapy:	
Will therapy be conducted in the classroom? If not, what classes will the student miss?	
Proposed location of therapy:	
Proposed day/time therapy will be provided:	
Proposed therapy duration and frequency:	

<p>What are the proposed goals and advantages of the therapy being provided at school/during school time?</p>	
<p>Is the therapy a medical assistance that must take place at set intervals/times daily?</p>	
<p>Documentation</p>	
<p>Certified copies of therapist's current:</p> <ul style="list-style-type: none"> • Working with Children Check • National Police Certificate 	<p><i>Therapist to sign certified copies are attached.</i></p>
<p>Certified copies of therapist's/company's:</p> <ul style="list-style-type: none"> • public liability insurance • professional indemnity insurance • workers compensation 	<p><i>Therapist/company to sign certified copies are attached.</i></p>

Therapist acknowledgement

I

accept and agree that if the request for access is permitted for externally funded therapy on school grounds:

- I, or my company/incorporated association of which I am an employee, must enter into a Clinical Access Arrangement with the principal which sets out the general and special arrangements and requirements of my use of the school premises.
- I, with the consent of the student's parent(s)/guardian(s) must sign an Information Sharing Agreement which requires me to share relevant student information with the school.

Signed Date

ATTACHMENT 2: PARENT CONSENT FORM

This **Parent Consent Form** acknowledges you provide authorisation for the externally funded therapist nominated on this form to:

- share vital and appropriate information about the student with the school
- provide support or therapy to the student on school premises, if the principal agrees.

When collecting and managing personal and health information about students and their families, the school must comply with Victorian privacy laws. The school only collects and shares information as set out in its privacy policy, which can be found at manchesterps.vic.edu.au. The school requires the externally funded therapist to share vital and appropriate information about the student to best educate the student and meet legal obligations.

The externally funded therapist must provide the principal with the following:

- i. information on the student's disability and their needs (at times nominated by the principal)
- ii. information on probable risks to the student or any other person.

The information will only be shared by the principal with other staff to educate and assist the student or meet legal obligations.

I confirm I have read this consent form and:

- request the provision of externally funded therapy to my child (details below) at school
- understand that, if the principal agrees to the request, the externally funded therapist must share information with the school about my child
- acknowledge I can contact the school at any time if I wish to withdraw my consent for the externally funded therapist.

To be completed by the parent(s)

Student details		School details	
Student name:		School name:	
Date of birth:		Year level, teacher:	
Therapist details			
Company name:		Address:	
Therapist name:		Mobile telephone:	
Occupation:			
Parent, guardian, carer or mature minor consent			
Name:		Student relationship:	
Contact telephone:		Email address:	
Signed:		Date:	

This form can be signed by:

- a person with parental responsibility for ‘major long-term issues’ as defined in the *Family Law Act 1975* (Cth)
 - a person authorised to make health decisions for the student under the *Children, Youth and Families Act 2005* (Vic.)
 - an adult student
 - a carer
- a mature minor, if the principal has determined the student is a mature minor for the purpose of making this decisions.

ATTACHMENT 3: CLINICAL ACCESS ARRANGEMENT

Agreed Arrangements

I [*principal's name or name of person nominated by the principal*], on behalf of Manchester Primary School grant [*therapist name/company name/incorporated association*] access to school grounds for the sole purpose of providing [*type of*] therapy for [*student's name*] on the provision of all requested information and agreement with the conditions set out below.

Variations to this arrangement can only be made by the principal or a staff member nominated by the principal. A request for variation to this arrangement must be made in writing, with reasons for the variation. Any request for variation to this arrangement will be assessed individually.

This arrangement can be cancelled at any time should the therapy no longer be in the educational interest of..... [*name of student*], or no longer in the best interest of other students, staff or the overall operation of the school.

This arrangement can also be cancelled at any time at the request of the student's parent/guardian(s).

This arrangement is only valid when all points of the document are completed and initialled by the principal or a staff member nominated by the principal, and signed by the principal and [*therapist name/company name/incorporated association*].

1.	Name and address of school	
2.	Name of student Year level Teacher	
3.	Therapy goals	<i>Detail relationship of therapy to educational outcomes.</i>
4.	Name of therapist Business name Address	<i>Although provided in the Therapist Information Request Form (Attachment 2), details must also be included in this document.</i>



	ABN Contact details	
5.	Therapy type	
6.	NDIS registered	<i>Details of NDIS registration and therapy type. It must be recorded if the therapist is not NDIS registered.</i>
7.	Working with Children Check National Police Certificate	<i>Date certified copy provided. Date certified copy provided.</i>
8.	Insurances: <ul style="list-style-type: none">• public liability• professional indemnity workers compensation	<i>Date information provided. Date information provided. Date information provided.</i>
9.	Professional body registration/association	<i>Although included on the Therapist Information Request Form, details must also be included in his document.</i>
10.	Commencement date	<i>Term dates, if therapy is to extend for a full school year.</i>
11.	Finish date	<i>Final day of agreement.</i>
12.	Therapy location	<i>If a classroom, include detailed location.</i>
13.	Access days	<i>Day of the week, times per week or month.</i>
14.	Time of access and duration of therapy	<i>For example, 2 pm to 3 pm.</i>
15.	Special conditions	<i>Can include details of confidentiality agreement, care during outside school supervision times, parental pick-up times, individual needs of the student such as special needs or assistance required to attend therapy session.</i> <i>Include notice of change of arrangements (e.g. who notifies if delayed/absent).</i>

16.	Instructions or information provided to therapist on: <ul style="list-style-type: none">• Child Safe Standards	<i>Discussion dates and details of all documented information provided.</i>
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	<ul style="list-style-type: none"> • visitor policy • code of conduct • internal reporting • OHS policy & reporting • induction • traffic management <p>permitted areas</p>	
17.	Supervision arrangements	<i>**This arrangement is invalid until details of supervision are included.</i>
18.	Parent Consent Form	<i>Name of parent(s) signing and date of receipt.</i>
19.	Therapist Information Request Form	<i>Name of therapist/company name/incorporated association signing and date of receipt.</i>
20.	<p>Assistance animals (If Applicable)</p> <ul style="list-style-type: none"> • evidence of accreditation with Assistance Dogs International • evidence training meets public place hygiene and behaviour standards • undertaking adult escort will accompany the dog when in the school <p>veterinary verification of current vaccinations, worming and health status of the dog</p>	

This arrangement is valid only on the inclusion and completion of the Information Sharing Agreement set out below.

I agree to the conditions and requirements of this Clinical Access Arrangement:

Signed Therapist Date

Signed Principal Date

ATTACHMENT 4: INFORMATION SHARING AGREEMENT

The Information Sharing Agreement is an agreement between the principal or person nominated by the principal and the therapist, company or incorporated association requesting access to provide[*student's name*]'s relevant information.

Student information can include any information the principal requests, at any time outside the time(s) set out below, and information on the student's disability and associated needs.

I.....[*therapist name/company name/incorporated association*], agree to providing information at any time on the principal's request and on the following basis:

Communication process	Frequency
	<i>After each session, daily, weekly or monthly.</i>
Speaking with [<i>principal or staff member nominated by the principal</i>]	<i>Nominate meeting dates, times and where meetings are to be held.</i>
Providing a written summary via email to [<i>principal or staff member nominated by the principal</i>]	
Email address:	
Other	

I agree, if requested by the principal, to attend any meetings related to the student.

I agree to immediately notify the principal of the student's behaviour should it pose a risk to the student or others. This could include concerns regarding the student's:

- aggressive or violent behaviour
- general wellbeing
- emotional or self-harm issues
- bullying, assault or age-inappropriate sexualised behaviours (whether as a victim or perpetrator).

Signed Therapist Date

Signed Principal Date