

**BC Family Hearing Resource Society  
Policy and Procedures Manual  
Intervention Services Policies**

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**IS-1 Eligibility for Services****Reviewed: July 2016****Approved: September 2016**

**Preamble and Rationale:** The organization must determine who may receive services in accordance with the mission statement and code of ethics.

**Policy Statement:** Referrals to the BCFHRS must meet the following criteria:

**BCFHRC CLIENTS:** The BCFHRC provides services to families living in BC who have children, from birth to school entry age, diagnosed with a permanent hearing loss.

**SESLP CLIENTS:** The SESLP provides services to children with communication impairments who are not deaf or hard of hearing. Children eligible for services include those from birth to school entry age and live within the geographical boundaries jointly set and reviewed by all SLP agencies in the Surrey area that serve the same age group. Typically, children with multiple needs (e.g. physical and cognitive) will be seen through the Centre for Child Development.

**Procedures for Determining and Informing of Eligibility**

It is explained (either in written form or verbally) to all concerned when client does not meet eligibility requirements. Alternate resources available are discussed at that time.

**Reference to other policies:**

**Responsibility for implementation:** Executive Director or staff conducting Intake Consultation

**IS-2 Referral to BCFHRC and SESLP****Revised: July 2016****Approved: September 2016**

**Preamble and Rationale:** The organization must have a system in place for receiving requests and recommendations for services so that families seeking services are provided with appropriate information in a fair and equitable manner.

**Policy Statement:** Referrals can be made by the family or by professionals involved with the family (e.g. BC Early Hearing Program, physicians, group/preschool staff, Public Health Nurse, Supported Childcare Consultant, Infant Development Program Consultant, Audiologist, Speech-Language Pathologist, Occupational Therapist, etc.). Client-specific consultation to other professionals is only provided with permission from the client's parent/legal guardian; otherwise consultation is general in nature and non-specific to the client.

The criteria for the order of acceptance is in the order the applications/date of referral are received.

**IS-2.1 Procedure - Referral of New Families to BCFHRC**

1. Initial referral can be made by letter or phone. Phone referrals must be followed up by a brief written note or report which includes the date of the referral, a description of child's hearing loss, name, address, phone number, and birth date.
2. Referral is given to Executive Director or Family Support Parent or designate. In the event that the child is not eligible for our services, the Director informs the referral source of our eligibility criteria. Appropriate resources for the family are discussed at that time.
3. Administrative staff is informed as soon as referral information is received and brief demographic information of the child is entered in the NucleusLabs Information Technologies (NIT) system.
4. Local families: Family Support Parents contacts client's family within 1 week of the referral date, and makes an appointment for an Intake Consultation (IC). The IC appointment is conducted by the Executive Director or designate and is scheduled within 2-3 weeks. In most cases with families living in the Lower Mainland regions, the IC will take place at the Society.
5. Victoria families: The intake will be conducted at the Victoria satellite office.
6. Outreach families: For families living in outreach communities, the IC may take place over the phone, either with the parent/caregiver, or the appropriate community service provider (the one who has the most information about the family or is already providing direct service and who has parent/legal guardian permission).

**IS-2.2 Procedure - Referral of New Families to SESLP**

1. Request for referral can be made by phone or in writing directly to the Speech and Language Central Referral Office. This request must be followed up by completion of the regional referral form which includes a description of child's communication needs, other needs, address, phone number, birth date, and others involved. This form must be signed by the parent/guardian or referring person and dated. This signature follows a statement saying that they have informed parent/guardian of the referral.
2. Completed referral forms are sent directly to the Central Referral Office where they are checked for signatures and any other information that needs clarifying. Letter is sent from the Central Referral Office to parent, with a copy to referral source (if different from parent) and legal guardian in case of children in foster care, indicating receipt of referral. Where indicated, a Copy of referral is sent to audiology. Original is distributed to appropriate agency depending on address (North Delta HU, South Delta HU, North Surrey HU, Langley HU or SESLP) and need of child (Speech + to CCD or Speech Only to the above mentioned). Referrals currently being distributed weekly (this is modified at the recommendation of the Central Referral Working Group).
3. Upon receipt at SESLP, referral intake completed by Program Supervisor and then given to administrative staff with direction as to what letter to send to family/legal guardian (and referral source) and if any further information needs to be collected.
4. When completed and signed regional referral form is received, administrative staff enters child in the NIT and sends the Parent Speech-Language Questionnaire (which includes statement of permission to give service) and permission to obtain/release consent form to the parent/guardian for completion. These forms are accompanied by an introduction letter which includes a date that forms must be returned by.
5. If forms are not returned by the date noted in the introduction letter, administrative staff will send a letter reminding them to complete and return the forms and indicates that return date has been extended by two weeks. If forms are not returned by this second date, administrative staff will make a follow-up phone call reminding families to complete and return the form, inform them that return date has been extended by 2 weeks, and informing them that the file will be closed if not received by such date. If forms are not returned by the third date, file is closed.
7. Once signed Parent Questionnaire and consent forms are received, Program Supervisor conducts a CH Intake and makes recommendations for upcoming workshops or groups which may be appropriate based on the information shared on the Parent Questionnaire and referral and often occur prior to the initial one-to-one consultation. Recommendations are entered in the NIT. Parent Questionnaire and other forms are then given to Administration staff who send a letter to the family, acknowledging receipt of forms and explaining what the next step in the process will be.

7. Monthly, new referrals are picked up from the wait list by Program Supervisor and/or designate who will then make contact with families to set the Initial Consult appointment.

**Reference to other policies:**

**Responsibility for implementation:** Administrative Staff, Family Support Parents, Executive Director, SESLP Supervisor, Service Provider

**IS-3 Intake****Revised: July 2016****Approved: September 2016**

**Preamble and Rationale:** As a family-centered service, the initial appointment lays the foundation for the partnership between the family and the team of professionals from the BCFHRS.

**Policy Statement:** For BCFHRC families (local and Victoria satellite office), following a referral, a temporary file is made and an appointment is scheduled with the family. The family is contacted within a week of the referral, and the appointment (Intake Consultation) is then scheduled to take place within 2 weeks of the contact. For SESLP, a file is made upon receipt of the Parent Questionnaire and consent forms and Program Supervisor reviews Questionnaire and makes appropriate recommendations based on parent's concerns and child's needs. The Initial Consultation (one-to-one contact) is scheduled to take place within 12 months of receipt of Parent Questionnaire, depending on the wait time.

The purpose of the appointment is to welcome a family to the organization, listen to parental concerns; answer parent questions, identify needs of child and family through observation and discussion, and introduce the family to the BCFHRS approach (e.g. informed choice, unbiased information, family centered planning) and the services available. Initial forms such as permission to receive services, release of information and parental rights and responsibilities are typically signed at this time. If these are not reviewed at this session, then they must be reviewed at the time of the next session. The staff will also make observations if applicable about the child's communication development, respond to parent concerns, provide the family with suggestions on how to facilitate their child's development, and make recommendations for the most appropriate services, including other community resources/programs.

For BCFHRC clients living outside the Lower Mainland (Outreach), the Intake Consultation may take place through the Community Service Provider with the permission of the parent/legal guardian, and in consultation with the BCFHRC Service Provider.

**IS-3.1 Procedure - BCFHRC Intake Consultation**

1. Parent/Legal Guardian completes the following forms:
  - Initial Questionnaire
  - Consent Forms
  
2. Executive Director or designate documents parent's concerns, clinical observations, and any other relevant information.
  
3. Executive Director or designate describes services and makes recommendations of services appropriate:
 

Examples of types of services offered:

  - Bouncy Babies
  - Butterfly Hands ASL Group
  - Partners & Playmates
  - Parents and Language Stimulation (PALS)
  - Visual Acquisition of Language Stimulation (VALS)
  - Parent to Parent Support Network
  - PEER group
  - Individual or group Sign Language Instruction
  - Assessment, Consultation, Individual Therapy
  - Consultation to Daycare/Preschool/others

Executive Director or designate provides Parent Information Package:

- Welcome Letter
  - Mission Statement
- Staff employed in the program
- Board of Directors
- Code of Ethics
- BC Family Hearing Resource Society Program Brochure
- Deaf, Hard of Hearing & Deaf-Blind Well-Being Program Brochure
- Types of Services offered
- Outreach Services
- Guidelines for Service
  - universal precautions
  - including cancelling session
- List of helpful websites
- Parents Rights and Responsibilities
  - Right to information and access to your child's file
  - Right to confidentiality
  - Right to complain and the process
- Information about our Building

**IS-3.1 Procedure - BCFHRC Intake Consultation (continued)**

4. Executive Director or designate discusses referrals out to community programs when applicable  
Examples of Community services:
  - Infant Development Program
  - Supported Child Care
5. In the instance that the family may access other services, the information is noted so that it may be followed up by the service provider/team and the family during IFSP development, if not before then.
6. Executive Director or designate writes a summary report of Intake Consultation and provides copy for family, if family chooses to receive services from BCFHRC.
7. The Executive Director assigns a therapist/teacher/listening and spoke language specialist to family, if the family chooses to receive services from BCFHRC. The IC report includes name and date a therapist is assigned to the family. The Director sends a copy of the report to the child's Audiologist and/or referral source (if other than the parent) to inform them of our involvement. If the family does not choose BCFHRC services the Executive Director or designate documents the appropriate information and closes the file (administrative staff input end of services in NIT). Efficiency targets are stated in the Outcomes Management and Performance Improvement Report.
8. The administrative staff are given all the documentation to enter in NIT.
9. Administrative staff makes up permanent client file for central filing system.



### IS-3.2 Procedure - SESLP Initial Consultation

1. The Program Supervisor or designate documents parent's concerns, clinical observations and assessment, and any other relevant information.
2. The Program Supervisor or designate describes services and makes recommendations of services appropriate:

Examples of types of services offered:

- Individual/Small Group Sessions
  - Parent Training/Education Workshops
  - Speaking of Songs: Lets Talk Songs and Rhymes Group
  - Home Visits
  - Consult to Daycare/Preschool/others
  - Summer Programs
  - Kindergarten transition information evening
3. The Program Supervisor or designate informs parents of Parent Information Package found on SESLP's website:
    - Mission Statement
    - Code of Ethics
    - Who works in the program
    - Program Brochure
    - Types of Services offered
    - Guidelines for Service
      - including cancelling session
      - committees and fundraising
    - Community Service Programs
    - List of helpful websites
    - Parents Rights and Responsibilities
      - Right to information and access to your child's file
      - Right to confidentiality
      - Right to complain and the process
      - Right to choose other therapist and the process
    - Tax Credit Information
    - Lending Policy for Society resources
  4. The Program Supervisor or designate discusses referrals out to community programs when applicable.
 

Examples of Community services:

    - Infant Development Program
    - Supported Child Care
    - Surrey Child and Youth Mental Health
    - Sunny Hill Health Centre for Children
      - BC Autism Assessment Network

- Complex Development and Behavioural Concerns Team

5. The Program Supervisor or designate writes Initial Consultation Summary Report

6. The Program Supervisor or designate and/or administrative staff enter all the documentation into NIT

**Reference to other policies:**

**Responsibility for implementation:** Executive Director, Program Supervisor, Service Provider, Administrative staff

**IS-4 Assessment****Reviewed: July 2016****Approved: September 2016**

**Preamble and Rationale:** Best practice dictates administering appropriate communication assessments. The purpose of the assessment is:

- To evaluate the client's developmental level as well as areas of strength and need
- To identify the family's priorities and goals
- To provide information to the client's parents about recommended treatment and desired outcomes of therapy
- To provide a baseline for the evaluation and monitoring of the progress of the treatment

**Policy Statement:**

Clients will receive an initial assessment of their communication within three months of commencing service with the BCFHRS. For BCFHRC subsequent assessments will be conducted regularly in compliance with BCEHP standards (standard - 4) and progress reviews be provided six months, annually or as required. The assessment process for children birth to three years of age will also include a critical and formalized checklist at age 21 months. For SESLP subsequent assessments will be conducted annually or as required. A written and verbal report of assessment results are provided for the client file, family, and anyone else designated by the parent/legal guardian.

**Procedures for Assessment**

Maximum use is made of existing information and the contributions of professionals already familiar with the client and family.

Each speech-language pathologist/ teacher of the deaf/ listening and spoken language specialist will use standardized and non-standardized assessment tools depending on the client's abilities, and cultural and linguistic background. The results of the assessment will be summarized in a report and shared with the family. Once the report is approved by the parent or guardian for release, it is distributed to the individuals designated to receive a copy of the report.

When a client has already had a recent communication assessment or the community speech-language pathologist conducts the evaluation (BCFHRC Outreach), appropriate additional assessments will be used to supplement existing current results, if necessary, in an effort to avoid duplication of services and to obtain valid results. For BCFHRC Outreach, the BCFHRC service provider will coordinate with the community speech-language pathologist and provide assessment recommendations and assessment administration/interpretation consultation if required.

Administrative staff may be asked to type a document that reports assessment results.

**Reference to other policies:**

**Responsibility for implementation:** Service Provider, Administrative staff

**IS-5 Individual Family and Community Service Plan (IFSP)****Reviewed: July 2016****Approved: September 2016**

**Preamble and Rationale:** The BCFHRC/SESLP believe that the family is the most important influence in a child's life. They are encouraged to be involved in all the aspects of planning and decision making around services and supports. Clients are also encouraged to provide input about the design of their programs. The individualized nature of the IFSP is designed to consider the client's abilities, evidence from assessments, cultural and linguistic background, community resources, and medical requirements.

The IFSP is the conduit to family participation in the planning process and the central document used to coordinate service delivery. Best practice indicates that the children who have the best outcomes are those whose parents have the knowledge and support to be actively involved in their child's intervention. A coordinated, collaborative approach to service delivery by everyone involved in a child and a family's life can make a significant difference to the outcomes achieved. The IFSP addresses the goals of collaboration and outlines the plan for parent and community participation.

**Policy Statement:** The first IFSP should take place within three months of the Intake/ Initial Consultation.

The IFSP is reviewed every three to six months.

If the child is in the care of the Ministry or does not reside with the legal guardian, a letter will be sent to the legal guardian/social worker, requesting that they either attend the meeting or give written consent for the foster parents to represent them at the meeting. This will be done at the intake visit so that by the time an Individualized Family Service Plan (IFSP) is due, there is consent on file. SESLP requests this on the permission to obtain and receive information form so that by the time the Initial Consult (which includes the first IFSP) is conducted, there is consent on file.

**IS-5 Procedure - Developing the Individual Family and Community Service Plan (IFSP)**

1. Review the information gathered from the referral and Initial/Intake Consultation (IC) and assessments documented in the main file.
2. Provide information to the family about the IFSP, explaining the process and the purpose of the document. Discuss with the family whether they would like to involve other participants in the IFSP development, whether interpreting services are required, when and where the IFSP Planning Meeting will take place. Make the necessary arrangements and invite participants to the Planning Meeting.

For BCFHRC Outreach, the IFSP planning may be coordinated with the community speech-language pathologist with the family's permission. The role of the BCFRC service provider must be documented in an IFSP (includes description of consultation to the community service providers) kept in the client's main file. In certain cases, a Community Service Plan is developed that outlines to support and consultative role of the BCFHRS service provider.

In some instances, another agency may be planning a similar kind of meeting to establish goals and meet the purpose of an IFSP as described above. If the family receives services with another organization, collaborate with the other agency and delineate roles so that the most efficient and effective way to develop a comprehensive plan to the parent's satisfaction is coordinated.

3. BCFHRC service provider facilitates the IFSP Planning Meeting, unless the family decides otherwise. Complete the IFSP form. The goals are written in the parent/caregiver's own words, as indicated on the form. The facilitator, other service providers, and other participants (family members for example) may assist the family by making suggestions of realistic goals, describing areas of development the goals address, and choosing goals that will make the most significant impact on the child's communication abilities (for example, choosing developmentally appropriate goals).
4. In the instance that a service provider from another agency is facilitating the meeting, attend the meeting and contribute the relevant information. Ensure that the family has given permission for that agency to release the document to BCFHRS for the client's main file.
5. Review, date, and sign the document (service provider/coordinator and parent/caregiver present). Review the Consent to Release Information form at this time to ensure the document will be given to individuals and agencies designated.

**IS-5 Procedure - Developing the Individual Family and Community Service Plan (IFSP)  
(continued)**

6. Review the family's rights and responsibilities to access their child's file and provide the parent with a copy (at the time of the next visit if necessary) of the IFSP if they desire.
7. If the IFSP needs to be typed or re-written for neatness, the document can be photocopied and provided for the parent/caregiver to sign on the next visit.
8. Once complete, administrative staff will ensure that the original IFSP document is securely placed in the designated part of that client's main file, scanned and uploaded into NucleusLabs, and any copies forwarded to all the persons identified by the family/legal guardian.
9. The service provider will refer to the IFSP goals to provide related intervention strategies, education, and consultation.
10. The service provider is responsible for planning the next IFSP meeting to review the document that includes parents' priorities and concerns, summarize child's current level of functioning, prioritize concerns collaboratively with the family and the team, identify strategies and establish measurable outcomes linked to priorities and concerns, and identify services and timelines.

**Reference to other policies:**

**Responsibility for implementation:** Service Provider, Administrative staff

**IS-6 Service Delivery Model**

**Reviewed: July 2016**

**Approved: September 2016**

**Preamble and Rationale:** The BCFHRS supports a variety of intervention models.

**Policy Statement:**

Intervention can be one of or a combination of direct therapy (individual or small group), consultation and education.

The location of intervention may be in the client's home, childcare setting or at the BCFHRS.

In situations when staffing levels are sufficient, if a problem arises with a particular family, all efforts will be made to offer an alternative service provider to the family.

**Reference to other policies:** Family Rights and Responsibilities

**Responsibility for implementation:** Service Providers, Parent/Caregiver

**IS-7 Service from More than One Agency****Reviewed: July 2016****Approved: September 2016****Preamble and Rationale:** It is inefficient and ineffective to duplicate services.**Policy Statement:**

Families have the right to receive services from more than one agency. The Society Service Providers will attempt to avoid duplication of services to families that are already being provided by another agency.

**Procedures for Avoiding Duplication of Service**

During the Initial / Intake Consultation, the Executive Director or designate will identify other agencies involved with the family and will identify the services being provided. If the services are similar to what is provided by the BC Family Hearing Resource Society, the family will be advised that the IFSP must clearly define the distinct role and responsibilities to avoid duplication of these services. In some circumstances government funded services may be similar but are distinct enough to warrant both services. When more than one government funded agency is involved with a family, BCFHRS staff members will attempt to establish joint-team meetings to discuss and delineate roles and responsibilities of different team members as well as goals and objectives.

**Reference to other policies:** Family Rights and Responsibilities**Responsibility for implementation:** Executive Director, Service Providers, Parent/Caregiver



**IS-8 Transitions****Revised: July 2016****Approved: September 2016**

**Preamble and Rationale:** According to best practice it is beneficial for BCFHRS service providers to assist families with the transition from Early Intervention services to school-based services.

**Policy Statement:**

In preparation for Kindergarten, service providers will provide (verbally and in writing) information for the family and school based team about how to prepare for transition, administer/consult about assessments required to make recommendations relevant to the transition, and will attend transition meetings whenever possible (at the parents' request). Transition meetings are usually arranged by the school District or Supported Childcare in each community. In most cases, client is discharged in June after the transition meeting. BCFHRS will also share information about the specialized Kindergarten Transition program, PEER, provided to deaf and hard of hearing children and their families who are transitioning to Kindergarten.

For SESLP, some transition meetings do not occur until the Fall when the child enters Kindergarten.

**Reference to other policies:** Family Rights and Responsibilities

**Responsibility for implementation:** Service Providers

**IS-9 Discharge from Services**

**Reviewed: July 2016**

**Approved: September 2016**

**Preamble and Rationale:** BCFHRS acknowledges there are some instances where discharge of client is appropriate.

**Policy Statement:** Client will be discharged under the following circumstances:

- Eligible for Kindergarten
- Service provider unable to contact client's family after several attempts
- Client is no longer eligible for services (moved out of SESLP catchment)
- Client goals are met
- Parent requests discontinuation of service
- Parent would like to transition to another agency/organization

**Reference to other policies:** Family Rights and Responsibilities

**Responsibility for implementation:** Service Providers

**IS-10 Community Services Coordination - BCFHRS****Revised: July 2016****Approved: September 2016****IS-10.1 Requests for Workshops or Training****Policy Statements:**

**Advanced Professional Training:** Audiologists (AUD) and Speech-Language Pathologists (SLP) may request attendance at Advanced Professional Training (APT) workshops. The APT Committee maintains a list of these requests and determines priority based on perceived need of community. Audiologists may submit their request for training to the Lower Mainland Audiology Coordinator.

**Workshops:** Requests for workshops outside the lower mainland are submitted to the BCFHRS service provider responsible for that region. Requests for workshops from preschool staff who are receiving consultation from a Society service provider are made to that same service provider. All other requests are submitted to the Executive Director.

SESLP – requests for workshops from preschools/groups, IDP, SCD and other community programs (e.g. Options) are made to the Program Supervisor or the service provider they are working with.

**IS-10.2 Community Service Provider Training**

**Preamble and Rationale:** BCFHRC has developed training programs to meet the needs of community service providers; these are the Advanced Professional Training for Audiologists (APT-AUD) and the Advanced Professional Training for Speech-Language Pathologists (APT-SLP). The BCFHRS also develops individualized in-service training/workshops in coordination with community service providers. The Partnerships for Communities with Deaf and Hard of Hearing Children, the Cochlear Implant Training, and the Baby/Infant Workshop are other specialized workshops offered.

SESLP recognizes that communication development occurs in all aspects of a child's life and offers training/workshops on speech and language development and facilitating communication development specific to specific settings (e.g. IDP Consultants – in the home or playgroup; group/preschools) to community service providers on request. IDP consultants, Supported Child Development Consultants and Early Childhood Educators have also been invited to attend our parent workshops when appropriate.

**Policy Statement:** The BC Family Hearing Resource Centre (BCFHRC) provides training to BC communities to enable deaf and hard of hearing children to access quality intervention services where they live and be fully included in their community of choice.

SESLP provides training to community service providers to enable children with communication difficulties to access quality intervention services in all settings and be fully included.

**Procedure:**

1. The Executive Director discusses need with therapists to manage requests and recommendations for training, determine priority, and update Core Topic Information binders.
2. Dates for training decided annually at staff planning meetings (typically the June Planning Meeting)
3. Committees are responsible for ensuring that CSPs are informed about training opportunities, and that participants receive the required information to attend the training.

SESLP – upon request, service provider or Program Supervisor brings forth request at next department meeting to determine priority, and plan dates and person responsible.

**Reference to other policies:** Family Rights and Responsibilities, Service from More Than One Agency

**Responsibility for implementation:** Service Providers

**IS-11 Information Management****Revised: July 2016****Approved: September 2016**

**Preamble and Rationale:** Conscientious documentation of intervention objectives, activities, and outcomes creates a visible record of both the type and quantity and quality of care provided to BC Family Hearing Resource Society clients. A structured, reliable system of record-keeping also serves to increase program/staff accountability.

**IS-11.1 NucleusLabs Information Technology –NIT system**

**Preamble and Rationale:** In conformance with client’s rights, best practice, confidentiality of the client, and for quality assurance, BCFHRS documents all information collected from persons served in the client’s central file.

**Policy:**

All BCFHRS service providers will provide the following documentation for all clients:

<b>What</b>	<b>When</b>
<ul style="list-style-type: none"> <li>Referral Information</li> </ul>	<ul style="list-style-type: none"> <li>BCFHRC: Within 1 week of initial consultation</li> <li>SESLP: Within 2 working days of receiving referral from Speech and Language Central Referral Office</li> </ul>
<ul style="list-style-type: none"> <li>Service Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>BCFHRC: Within 2 weeks of 1st visit (not including intake consultation visit)</li> <li>SESLP: Within 1 week of receiving parent questionnaire</li> </ul>
<ul style="list-style-type: none"> <li>Diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 weeks of 1st visit (not including intake consultation visit). To be updated at time any additional diagnoses are known.</li> </ul>
<ul style="list-style-type: none"> <li>Service Delivery Daily Stats</li> </ul>	<ul style="list-style-type: none"> <li>At the end of each day</li> </ul>
<ul style="list-style-type: none"> <li>Service Discontinuations</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 weeks after a service is discontinued</li> </ul>
<ul style="list-style-type: none"> <li>Referral to other agency</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 weeks after a child has been referred to another agency</li> </ul>
<ul style="list-style-type: none"> <li>Goals &amp; Objectives</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed and updated every 3-4 months for clients receiving service more frequently than once a month. Reviewed and Updated every 6 months for clients receiving service once a month or less frequently</li> </ul>

**IS-11.2 Other Client Documentation**

**Preamble and Rationale:** In conformance with client’s rights, best practice, confidentiality of the client, and for quality assurance, BCFHRS documents all information collected from persons served in the client’s central file.

**Policy statement:** BCFHRS staff will collect, generate, maintain and securely store in all clients’ permanent central files:

<b>What</b>	<b>When</b>
<ul style="list-style-type: none"> <li>Referral Form</li> </ul>	<ul style="list-style-type: none"> <li>SESLP – after entry into NIT, filed in a secure general file</li> <li>BCFHRC - at time of phone call, fax or e-mail</li> </ul>
<ul style="list-style-type: none"> <li>Permission to Obtain &amp; Release Information Form &amp; the Photo/Audio/Video Release Form &amp; Parents Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>SESLP – Permission to Obtain &amp; Release Information Form upon receipt from families, prior to Initial Consultation; Photo/Audio/Video Release Form &amp; Parents Rights and Responsibilities at the time of Initial Consultation</li> <li>BCFHRC - At time of Intake</li> </ul>
<ul style="list-style-type: none"> <li>Parent Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>SESLP – Permanent file made up upon receipt from families, following case history intake.</li> <li>BCFHRC – completed at Intake</li> </ul>
<ul style="list-style-type: none"> <li>Acknowledgment of Information Shared</li> </ul>	<ul style="list-style-type: none"> <li>SESLP- at Initial Consultation</li> <li>BCFHRC – at Intake</li> </ul>
<ul style="list-style-type: none"> <li>NIT demographic information page</li> </ul>	<ul style="list-style-type: none"> <li>SESLP: Within 2 working days of receipt of referral from Central referral Office</li> <li>BCFHRC: Within two weeks of Intake/Initial Consultation</li> </ul>
<ul style="list-style-type: none"> <li>Individualized Family Service Plan</li> </ul>	<ul style="list-style-type: none"> <li>SESLP – at Initial Consultation and/or within one month of start of block of frequent service. Updated every 4 months for those being seen more than 1/month or up to 6 months for those being seen less often. In some instances, review occurs once a year for families whose children only need monitoring due to age, family history or other concerns.</li> <li>Progress notes are generally made directly into NIT for children receiving therapy more than once a month. At times, progress notes may be included on paper with suggestions for parents to work on until next session. These are referenced in the NIT notes and may be kept in a working file and transferred to the permanent file at the end of the block. Care must be taken to protect privacy of information and identification of the child.</li> </ul>

**IS-11.2 Other Client Documentation (continued)**

<b>What</b>	<b>When</b>
<ul style="list-style-type: none"> <li>Individualized Family Service Plan</li> </ul>	<ul style="list-style-type: none"> <li>BCFHRC – within three months of Intake or start of new program. Updated every 6 months.</li> </ul>
<ul style="list-style-type: none"> <li>Audiology Report &amp; Audiogram</li> </ul>	<ul style="list-style-type: none"> <li>BCFHRC - Request sent out within one week of initial visit. Request all updated audiograms &amp; reports.</li> <li>SESLP – as received from Audiologist. Request all updated audiograms &amp; reports</li> </ul>
<ul style="list-style-type: none"> <li>All Assessment forms, Parent/Child Communication Checklists, speech and language samples, other informal checklists in child’s permanent file.</li> </ul>	<ul style="list-style-type: none"> <li>At time of Assessment or completion of checklist or when sample collected</li> </ul>
<ul style="list-style-type: none"> <li>Formal reports and/or Summary Letter</li> </ul>	<ul style="list-style-type: none"> <li>Written at least once a year and at time child is transferring to another program, at time services are discontinued and when child is being assessed by another team</li> </ul>
<ul style="list-style-type: none"> <li>File Documentation Review Form</li> </ul>	<ul style="list-style-type: none"> <li>Included in each file. Reviewed and updated twice a year. If files are incomplete during review then complete, date and initial within 2 months of file review. Files that are incomplete are to be flagged with a red tab with date of file review by the client’s name on the file folder. If peer review, immediately inform the service provider that updates are required. Service provider will document all attempts to complete updates on the File Documentation Review Record. Once completed remove red tab. All file documentation review records are to remain in the child’s file.</li> </ul>
<ul style="list-style-type: none"> <li>Other letters (eg. to doctors; to family when unable to contact, etc.) to be kept in child’s permanent file</li> </ul>	<ul style="list-style-type: none"> <li>As necessary</li> </ul>
<ul style="list-style-type: none"> <li>Progress Notes (documentation of client progress in achieving intervention objectives, intervention activities &amp; future objectives &amp; strategies)</li> </ul>	<ul style="list-style-type: none"> <li>Documented at time of session. May be kept temporarily in separate “working” file. Care must be taken to protect privacy of information &amp; identification of child.</li> </ul>
<ul style="list-style-type: none"> <li>Client Contact Notes – must be dated mm/dd/yy, pages numbered, and signed by clinician</li> </ul>	<ul style="list-style-type: none"> <li>Documented at time of phone call, contact, meeting, etc. Generally, will be directly input into NIT. NIT notes then printed off monthly to be filed in permanent file. In the case of SESLP, if a child is receiving a block of weekly sessions, these will be printed off at the end of the block along with progress notes, etc. and put in permanent file.</li> </ul>
<ul style="list-style-type: none"> <li>Reports from outside agencies</li> </ul>	<ul style="list-style-type: none"> <li>As received from outside agency</li> </ul>

**IS-11.2 Other Client Documentation (continued)**

<b>What</b>	<b>When</b>
<p>Referral Process:</p> <ul style="list-style-type: none"> <li>• document date of referral</li>   <li>• Initial Consultation date &amp; Intake date &amp; written summary (includes: case history, service recommendations, other agencies involved)</li> </ul>	<ul style="list-style-type: none"> <li>• BCFHRC - Immediately upon receiving a referral, either phone call or written referral the referral date and client name is entered into NIT</li> <li>• SESLP – Date is stamped at Central Referral Office</li> <li>• BCFHRC -within 1 week of receiving the referral the initial consultation is scheduled</li> <li>• SESLP -depending upon the wait time the initial intake is scheduled within twelve months</li> <li>• BCFHRS - initial consult summary and the service recommendations are completed within two weeks of the initial intake</li> <li>• SESLP: Initial consult summary and service recommendations are completed within one month of the initial consultation</li> </ul>
<ul style="list-style-type: none"> <li>• Service start date</li> </ul>	<ul style="list-style-type: none"> <li>• Service start date is recorded within one week of services commencing. Automatically noted in NIT at time first stat entered for that service.</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment and/or Individual Family Service Plan (communication diagnosis entered)</li> </ul>	<ul style="list-style-type: none"> <li>• Within one month of service start date</li> </ul>
<ul style="list-style-type: none"> <li>• Referrals internal and external</li>   <li>• Progress e.g. updated IFSP</li> </ul>	<ul style="list-style-type: none"> <li>• Within one week of a referral initiated</li> <li>• Reviewed &amp; updated every 3-4 months for clients receiving service more frequently than once a month.</li> <li>• Reviewed &amp; Updated every 6 months for clients receiving service once a month or less frequently</li> </ul>
<ul style="list-style-type: none"> <li>• Service discontinuation</li> </ul>	<ul style="list-style-type: none"> <li>• BCFHRC: Within one week of the end of service</li> <li>• SESLP: Within two weeks of the end of service</li> </ul>
<ul style="list-style-type: none"> <li>• Discharge date</li> </ul>	<ul style="list-style-type: none"> <li>• BCFHRC: Within one week of the end of service</li> <li>• SESLP: Within two weeks of the end of service</li> </ul>

**Reference to other policies:** Family Rights and Responsibilities

**Responsibility for implementation:** Service Providers, Administration Staff, Executive Director



**IS-12 Maintaining the Program Environment****Reviewed: July 2016****Approved: September 2016**

BCFHRS endeavours to maintain the best possible environment for deaf and hard of hearing children aged birth to school age entry.

Program furniture and equipment is appropriate for children's ages and levels of development.

In keeping with recommendations from The Canadian Cancer Society, the BCFHRS will not use any pesticides, herbicides, or fungicides on property owned by BCFHRS, either inside the building or on the outside property. The Executive Director or designate will ensure that all landscaping companies providing services to the BCFHRS are aware of this policy.

Maintaining good lighting and an appropriate acoustic environment are high priorities for BCFHRS. In keeping with the planning that was done when this environment was created, all renovation, landscaping, and similar major changes to the program environment will be planned taking into account the *Guide to Maintaining the Program Environment* in Appendix A.

See Appendix A: *Guide to Maintaining the Program Environment*

**IS-13 Behaviour Management**  
**Implemented: September 2016**  
**Approved: September 2016**

**Preamble and Rationale:**

To ensure our methods of guidance reflect our Centre philosophy and follow strategies as outlined in the Child Care Regulations and Family, Child and other relevant legislations. Refer to [www.healthplanning.gov.bc.ca/ccf/child](http://www.healthplanning.gov.bc.ca/ccf/child)

**Policy: Positive Interventions and Restrictive Interventions.**

The Centre recognized that in certain situations there may be the need to use restraint.

All new staff, students and volunteers will review the Centre policies and procedure regarding behaviour management as part of their orientation to the Centre. All new staff, students and volunteers will be made aware that parent is present at all times during individual and intervention sessions.

A review of positive intervention practices will be included in the staff in service minimally every three years. Verbal behaviour interventions will be implemented prior to the use of restrictive or hands on procedures. All staff, students and volunteers are required to act in accordance with the Centre philosophy of positive intervention/behaviour guidance.

**Guidance of Children: Guidance Policy Statement**

All staff working in the group will sign a Guidance Policy Statement. This statement verifies that the staff person has read and understands the Centre's Guidance Policy and agrees to utilize it in their practice.

**Guidance of Children: Use of Physical Intervention (Restraints)**

If it is suspected that some form of physical intervention may be required with an individual, this must be written in the child's care plan/behaviour management plan. The behaviour management plan will outline the situations and the physical interventions to be used. Only staff persons trained in the use of and the alternatives to the use of physical restraints may use them with a child. These trained persons will be listed in the behaviour management plan.

Coaching is not defined as a restraint and thus the above does not apply to "coaching" which is the process of physically moving a client, or parts of the client's body, to a designated location or through a range of motions as a means of demonstrating a desired action. (i.e., physiotherapy, hand over hand assistance to do a task).

In the group setting the behaviour management plan for any child that include physical restraint must be approved by the child's parent, physician or therapist trained in the use of restraints, and sent to the licensing officer.

## **Behaviour Management**

It is often difficult to determine the causes for a person exhibiting challenging behaviour. It is imperative, firstly to ensure that it is not a result of physical health problems. For this reason, a full medical and medication review must be initiated prior to the institution of any behaviour management intervention. Secondly, challenging behaviours must also be viewed as a form of communications (eg. I don't want to be here). A review of the child's overall life situation must be initiated before a behaviour plan is put into place.

The goal of services is to ensure that people are placed in the least restrictive, individually appropriate environment. When implementing behavioural programs, only the most positive and least restrictive techniques must be applied first. Each person who develops programs will establish and maintain ethical procedures as per the guidelines. Involvement of the child receiving services should be a part of the process.

**IS-14 Guidance and Discipline**  
**Implemented: September 2016**  
**Approved:**

**Belief**

- Guidance is an ongoing process of guiding behavior to assist children in developing self-control and self confidence
- It is based on a concern for the safety and well-being of each child
- Guidance should be used to both prevent and deal with children's behaviours

**For Prevention**

- Set clear and simple limits
- State what is expected instead of asking questions
- Support corrective behavior
- Ignore minor behavioural issues

**For Dealing with Children's Behaviours**

- Allow natural or logical consequences
- Give choices
- Modeling (set good examples)
- Redirection (change the child's activity)
- Break time (child is removed and taken to a quieter or other place to play)

Under no circumstances will a child be spanked, hit, yelled at, teased or insulted by staff. It is expected parents participating in Centre activities will also follow this guideline.

Further information for parents and staff can be found in the Ministry of Health Handbook – Guidance and Discipline with Young Children.

## Appendix A - Maintaining the Program Environment

### Guide to Maintaining the Program Environment

**This Guide will be consulted before planning any renovations, landscaping changes, or other major changes to the program environment.**

BCFHRS is committed to our goal of creating and maintaining an optimal visual environment. Whenever changes to the program environment are contemplated, such as substantial re-decoration or renovation, agency staff will consult with both a lighting expert and a Deaf person for guidance.

BCFHRS is committed to our goal of creating an optimal acoustical environment. The primary sources of noise we need to be aware of are:

- a. noise coming from outside the building,
- b. noise "leakage" between rooms,
- c. noise emanating from sources within the room, such as heating, ventilation and air conditioning (HVAC) noise, and reverberation within rooms

In addition to the attempt to minimize noise, BCFHRS also promotes an optimal listening environment through the use of assistive listening and alerting technology.

Acoustic Targets to maintain: Based on input from Dr. Murray Hodgson, an internationally recognized acoustical engineer who has specialized in classroom acoustics, we established the target of background noise of 25 (NC) in classrooms, meeting rooms, and therapy rooms when unoccupied. We achieved 17 (NC) in the large conference room, and 25 in all of the therapy rooms and classrooms with the exception of the large classroom which tested at 27 (NC).

1. Prior to considering changing the function of rooms in the centre, we need to take into consideration that all therapy and educational spaces were located on the wings of the building furthest from the traffic noise.
2. Prior to considering any renovations, the BCFHRS needs to be aware that acoustic tile panels were placed on the ceilings and a third of the way down the walls to absorb sound. In addition, cork bulletin boards were placed on specific wall sections of classrooms and therapy rooms. All areas of the building, with the exception of the bathrooms and kitchen, were covered with carpet and underlay padding. If BCFHRS staff, parents, or board recommend the removal of carpet because of concerns about allergies or for the purpose of the ease of cleaning, they must take into consideration the negative impact that hard flooring would have on acoustics.
3. Any consideration of renovations to the heating/ventilation/cooling system must take into consideration that HVAC systems can be a significant source of noise. When the centre was built the mechanical engineers selected to use extra-large ducts, lined with absorptive material, for use with the heating/ventilation/cooling system. Any change to this requires approval from an acoustical engineer.

4. Low-noise kitchen appliances, including a low-noise refrigerator and dishwasher were selected. Noise must be considered one of the highest priorities of features when items such as these are replaced.
5. Do not put holes in any walls without first contacting an acoustical engineer to ensure the action will not have an impact on acoustics.
6. Whenever there is a concern or question about maintaining acoustics, a qualified acoustical engineer must be consulted. Acoustics is an area that other construction professionals, architects, and trades people know very little about-even if they claim to know.
7. The soil that is built up along the bottom of the fence in the backyard and into the front yard must be maintained in order to maintain the acoustical barrier.
8. We were unable to achieve optimal acoustics in the backyard. For this reason, when planning events BCFHRS must take into consideration the listening needs of any hard of hearing board or staff members when planning an event to take place in the backyard.