



Education
and Training

STUDENT SUPPORT SERVICES HANDBOOK

NOVEMBER 2018



Version History

Version	Date	Authorised	Update details
#1 October 2017	16/10/2017	SSS Project Control Board	<ul style="list-style-type: none"> Initial Version
#2 March 2018	22/01/2018	SSS Project Control Board	<ul style="list-style-type: none"> Referrals: inclusion of an optional "Student Information Form" Section added: Statewide Services Section added: Working in Schools Accessibility compliant versioning
#3 September 2018	31/8/2018	SHWW Project Control Board Co-Chairs	<ul style="list-style-type: none"> SSS Key contacts and Team Leaders links added Figure 6 updated Clarified SSS referral process added and figure 8 replaced with revised referral process New guidance on OOHC students added New user support options for SOCS added
#4 November 2018	12/11/2018	SHWW Project Control Board Co-Chairs	<ul style="list-style-type: none"> Updated guidance on OOHC students to match Department policy.

Melbourne Nov-18

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INTRODUCTION

This document is a handbook that describes an operating model for Student Support Services (SSS) following its alignment with DET Areas.

Regional Services Group will update and expand this living document as the integration of SSS with Areas develops.

STUDENT SUPPORT SERVICES ALIGNMENT TO AREAS

SSS do vital work in supporting students' health and wellbeing – particularly our most vulnerable students – and SSS are critical to building an excellent education system that reduces the impact of disadvantage.

As part of its commitment to making Victoria the Education State, the Government has implemented a new regional operating model, '[Learning Places](#)' in March 2016, which created 17 Areas within the Department's four regions.

The realignment of more than 600 SSS into Area teams has greatly enhanced the ability of Areas to provide multi-disciplinary support and create an integrated services platform.

Key changes to the SSS Operating Model

SSS maintains its core function and focus. SSS is the first responders to critical incidents, and highly regarded in its ability to manage complex cases and provide guidance on intervention, however there are some significant changes to the SSS operating model.

Key changes to the SSS operating model include:

- SSS as part of an Area team, Region and wider DET
- SSS provide services as part of organised multi-disciplinary teams with health and wellbeing professionals, and other DET specialist services
- SSS workforce is governed differently, and two new roles support the new governance structure – Implementation Managers, responsible for a SSS Area team, and Team Leaders, responsible for managing a smaller local SSS teams within an Area (see Working as SSS)
- SSS work to Area plans and priorities (see Working in Areas)
- SSS work to four statewide priorities (see Working in Areas)
- SSS work within Portfolios (see Portfolio section).

Opportunities for SSS under the New Operating Model

- SSS place-based expertise will be captured and used within the broader Area team
- greater capacity to work with a group of staff committed to a geographic area to identify opportunities and challenges for different cohorts
- building close working local relationships with community organisations and other services to develop innovative approaches to meet demand
- Portfolios will embed the shift from individual intervention to primary prevention, enabling a focus on evidence-based longer-term solutions
- SSS can harness existing DET professional expertise in an organised team.

STRUCTURE OF THIS DOCUMENT

This document describes the SSS operating model, reflecting the alignment of SSS with Areas. It is structured into three major sections:

1. **WORKING TOGETHER:** This section provides an overview of how SSS work: towards the Education State, in Area teams, as SSS and in portfolios. It is intended to summarise and describe the SSS interim operating model.
2. **SSS SERVICE DELIVERY:** This section collates existing material about how SSS provide services.
3. **SSS REFERENCE GUIDE:** This section provides an alphabetised listing of areas of policy or guidance for SSS to follow.

Status as a Living Document

This document will develop and be added to over time, in particular:

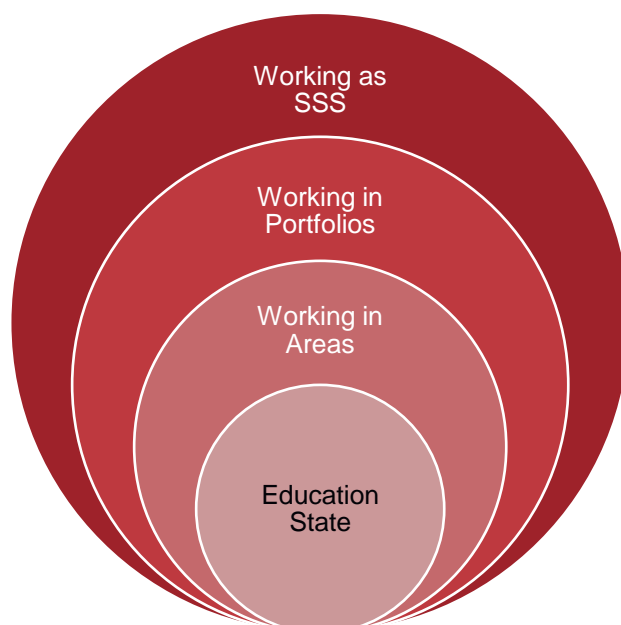
- as more practical examples of how SSS can work effectively in Areas become available;
- as a consequence of policy / strategy and other reform work.

HOW WE WORK TOGETHER

This section provides an overview of how SSS work as part of the broader DET system. It begins by providing an overview of the contribution that SSS make towards Education State. It then describes how SSS work: in Area teams, as a SSS workforce and in portfolios.

A diagrammatic section of this section is shown in the Figure below.

FIGURE 1: HOW WE WORK TOGETHER



WORKING TOWARDS THE EDUCATION STATE

Health, Wellbeing and Education State

Student health, wellbeing and engagement are not only important in their own right, but also have a positive impact on learning outcomes, and as such underpin several of the [Education State](#) Initiatives. Education State target areas that directly relate to SSS and school-based health and wellbeing workforces include:

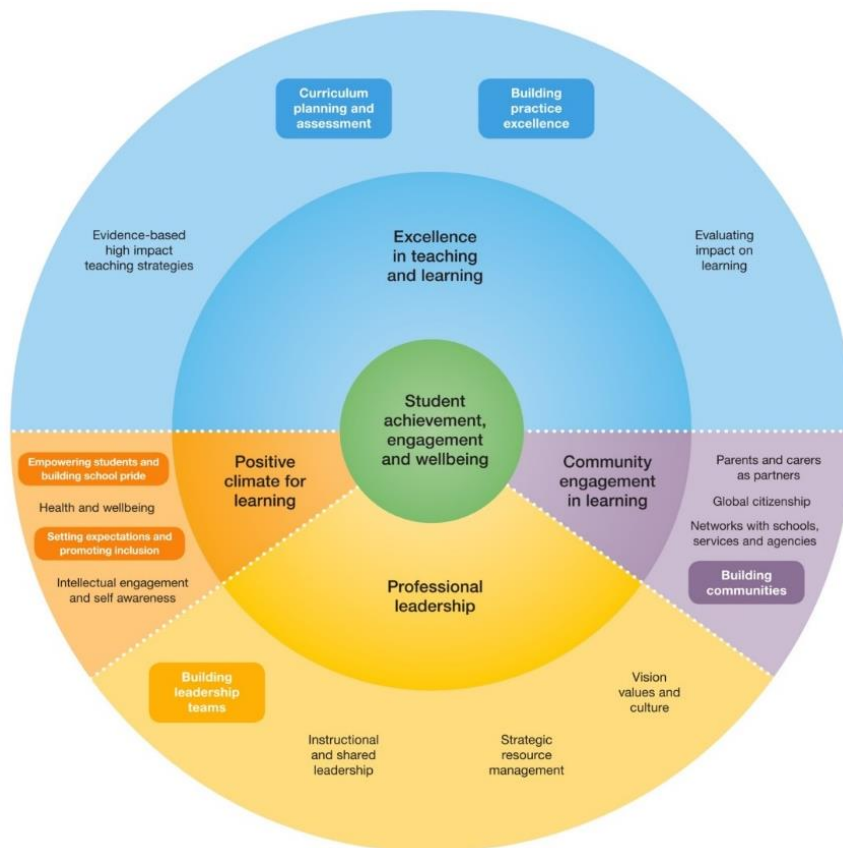
- increasing student safety and wellbeing
- ensuring that additional resources and expertise are available to students who need them most
- a stronger focus on identification and early intervention to address issues of disengagement before they become exacerbated and/or entrenched, with a preference for school as the first choice of education setting
- increasing flexibility to address the varying barriers to engagement, with a focus on case management and empowering young people to build on their interests and skills
- building the capability of educators and other professionals to adopt evidence based and innovative solutions to address disengagement.

Framework for Improving Student Outcomes

The [Framework for Improving Student Outcomes](#) (FISO) is a key education state initiative and provides a common language for school improvement across the Victorian government school system. It is structured around four state-wide priorities that are proven to have a strong bearing on the effectiveness of school:

- excellence in teaching and learning
- professional leadership
- positive climate for learning
- community engagement in learning

FIGURE 2: FISO IMPROVEMENT MODEL



The new regional operating model is designed to support and drive the implementation of FISO, particularly via collaborative exchange between schools and Area teams, to deliver better student outcomes at the local level. SSS have an important role to play in supporting schools to achieve these priorities by building the capability of teachers and school leaders and providing support to students.

WORKING IN AREA TEAMS

This section describes how SSS work as part of Area teams.

There is a balance between statewide consistency in SSS practice and flexibility to allow Areas to take a 'place based' approach, sensitive to their local needs, which is the defining feature of DET's regional operating model, Learning Places.

A consistent approach to service delivery across the state will be maintained through:

- retaining statewide priorities of critical incidents, acute issues / complex cases, prevention and capability issues and short to medium term intervention.
- use of statewide guidelines including the state-wide professional practice guidelines for the Department's health and wellbeing workforces
- the statewide SSS Implementation Manager reference group, supported by professional practice leaders to establish specific SSS guidelines and procedures to be used by all Areas
- aligning services with the Framework for Improving Student Outcomes

- standardised approaches to intake for all Areas
- implementing the Professional Supervision Framework
- use of Student Online Case System (SOCS).

But the operating model for SSS also provides for flexibility for Areas. For example: Areas may choose to make further specifications about roles and responsibilities, or agree further guidance about how SSS should prioritise services.

There are three distinctive features that apply to work within Areas and support SSS participating in a place based approach. They are:

- working within multi-disciplinary teams
- working to Area plans and SSS statewide priorities
- applying Portfolios to regular SSS practice (see Portfolio section).

SSS and Multi-disciplinary Teams

A key feature of the new regional operating model is the establishment of multi-disciplinary teams and approaches, which provide schools, students and their families with more local access to a range of experts. Multi-disciplinary teams are a range of specialists and experts who operate out of each Area.

An example of staff who work in the teams is featured in the diagram below, please note this diagram is not exhaustive.

FIGURE 3: EXAMPLE MULTI-DISCIPLINARY TEAMS



Multi-Disciplinary Teams in Practice

SSS Team Leaders and the Area Leadership Team (including SSS Implementation Managers and SEILs) are, together, responsible for identifying strategic opportunities for collaboration between SSS and multi-disciplinary teams.

The Area based multi-disciplinary teams including SSS will:

- support the delivery of quality universal services for all students, with extra effort directed to ensuring education, health and wellbeing services are accessible to, and inclusive of, the most vulnerable and disadvantaged
- target the delivery of individual support services to those who require specialised expertise, assessment and intervention in order to overcome barriers to learning
- develop the capability of schools to design health, learning, development and wellbeing strategies that focus on improving education, health and wellbeing outcomes
- collaborate with multidisciplinary professional practice teams and build partnerships with community services to meet the needs of schools and students and their health, wellbeing and learning goals
- respond to critical incidents involving students, staff and school communities.

Opportunities for SSS to work within multi-disciplinary teams include:

- on cases where additional expertise could be used e.g. specialist support on disability, EAL, Koorie support
- in the referral process or during an intervention phase e.g. recovery or early intervention
- as participants working on the same Portfolio
- in making connections with community organisations or other Government contacts e.g. DHHS
- forming a support network response to vulnerable students and their families
- harnessing expertise and advice from other senior wellbeing and engagement officers.

A series of case studies below demonstrate what multi-disciplinary teams look like in practice.

Case Studies

The link below references a number of case studies that are DET examples from a selection of Areas. However, in determining roles for multi-disciplinary teams, staff will need to carefully consider the value each member can provide to achieve a balance between having the right number of resources, but not overcomplicating the process. They should ensure:

- only relevant professional disciplines are involved
- appropriate number of staff
- duplication of effort is minimised
- escalation to managers only as needed.

[Case studies of multi-disciplinary work.](#)

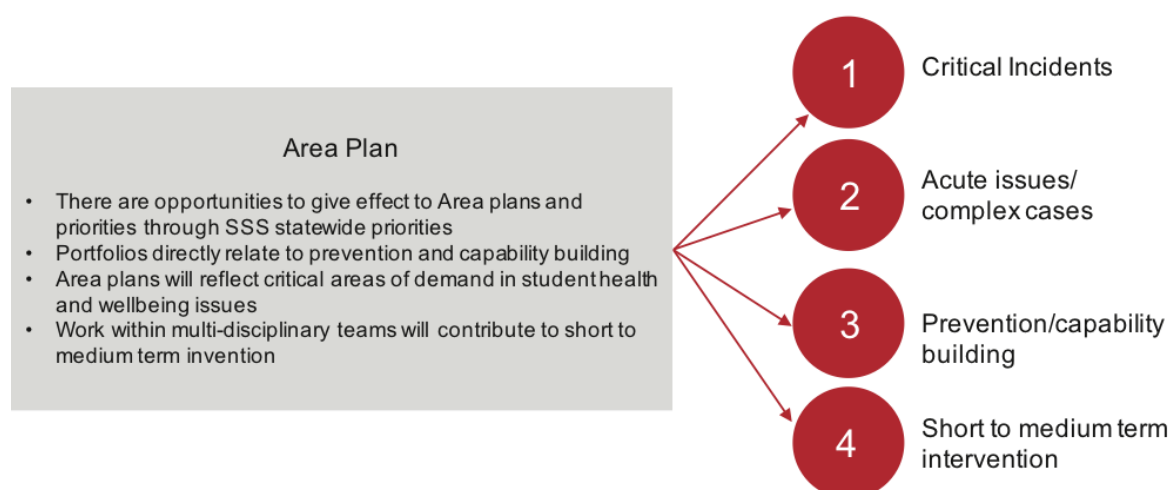
SSS STATEWIDE SERVICE PRIORITIES

A statewide approach to SSS priorities is critical to ensuring consistency across service delivery and priorities. Across Victoria, as a workforce, SSS have the following four statewide service priorities:

#	Priority	Description
1	Critical incidents	<ul style="list-style-type: none"> Emergency management, imminent risk of serious injury students or staff, acute emotional trauma Response to school and/or Area emergency management plan Youth suicide (Headspace to be involved)
2	Acute issues/ complex cases	<ul style="list-style-type: none"> Support schools with immediate strategies as a result of a new or changing student presentation (e.g. escalating behavioural issue, a changed disability, mental health or medical presentation, Child Protection matters etc.) or a time sensitive decision Support to schools with Out-of-Home Care Educational Needs Analysis Support to schools with complex cases relating to emotional trauma, extreme challenging behaviour or serious mental health issues Support for teachers to support student engagement and learning outcomes
3	Prevention/ capability building	<ul style="list-style-type: none"> Professional Learning for teachers, e.g. Language development, Learning Difficulties, Behaviour Management Group programs, e.g. Social/Emotional/Behavioural Student engagement/Attendance support to schools School Wide Positive Behaviour Support
4	Short to medium term intervention	<ul style="list-style-type: none"> Support schools to develop reasonable adjustments for students over time as part of ongoing student support planning Learning difficulties – Assessments/Reports/Strategies Speech Pathology Intervention Wellbeing issues

SSS will have opportunities in Area teams to give effect to Area plans through the statewide service priorities.

FIGURE 4: SSS STATEWIDE SERVICE PRIORITIES



These priorities reflect specific SSS capability and the contribution they are expected to make. They are unchanged by SSS participation in Areas. For example, regardless of whether it is stated in an Area Plan, SSS still have a clear obligation to respond to critical incidents.

However, in the course of delivering on these priorities, individual SSS staff and their managers inevitably make decisions about prioritisation and emphasis. This thinking should be framed by Area plans.

For example:

- when considering what kind of capability building / prevention activity is most appropriate for their local context
- Portfolios that respond to needs identified in Area plans
- best use of data and evidence to support SSS effort

Area plans are determined by Area Executive Directors and leadership in response to local Area needs as well as the Regional Performance Review which measures and monitors performance. SSS have an opportunity to contribute to Area plans through the participation of the Implementation Manager in Area leadership and as members of Area teams.

Resource management

The transition to Areas directly creates opportunities to use resources in different ways that may improve SSS service delivery and/or delivery of Area plans. For example:

- resources can be reallocated in an Area to meet current and emerging needs between schools
- Areas may invest in specialist resources that could not be justified with a smaller grouping of schools to serve, but do make sense at an Area level. Specialist resources may improve service delivery in a particular area
- changing the mix of employed / externally contracted resources
- there may be some central / fixed costs that were duplicated across the former Networks, but can be shared differently in an Area. This sharing may free up resources to be spent on other aspects of service delivery.

Management of SSS budgets is the responsibility of SSS Implementation Managers under the direction of the Area Executive Director. It is at the discretion of Area Executives, in consultation with Area leadership, which of the opportunities described above it makes sense to pursue in each Area.

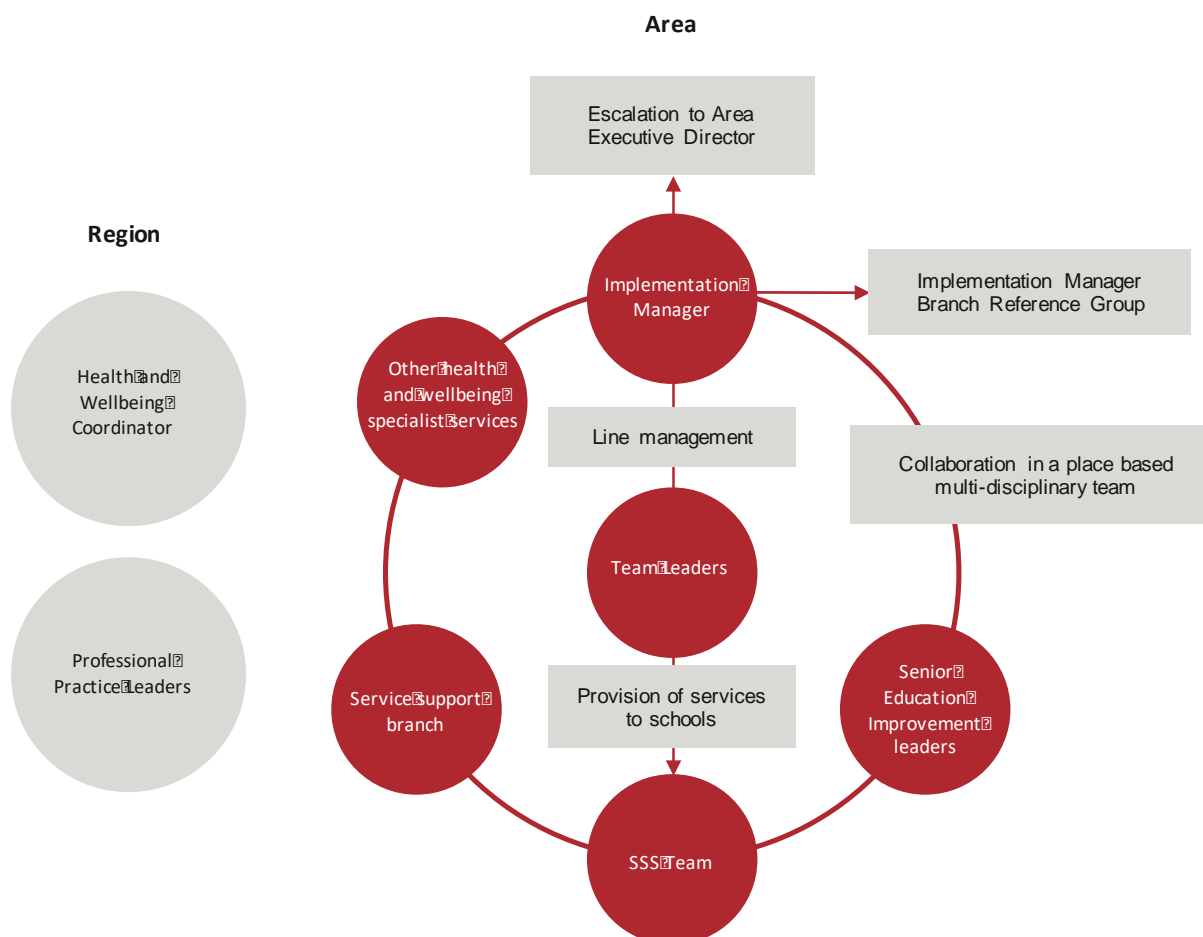
WORKING AS SSS

This section describes the division of roles and responsibilities within SSS teams and Area Executive Directors, as they relate to SSS.

Roles and Responsibilities Overview

The below diagram outlines SSS roles within the Area team and reporting lines.

FIGURE 5: OVERVIEW OF SSS AREA ROLES



Descriptions of the division of roles and responsibilities are detailed in the tables below. There may be some variation at Area discretion, or different styles of SSS local teams based on need.

Area Executive Directors

The SSS local teams will be accountable to Area Executive Directors.

Management	<ul style="list-style-type: none"> • Report high risk critical incidents or complex cases to the Regional Director • Determine and review Portfolios against Area plans • Endorse recruitment decisions • Authorise professional development • Authorise mitigation of conflicts of interest where required.
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Implementation Manager

Implementation Managers lead SSS teams in Areas. They are the conduit between SSS local teams and Area/ Regional management.

Management	<ul style="list-style-type: none"> • Line management of Team Leaders and oversight of local SSS team employees • Define staff roles and performance expectations (with reference to appropriate Professional Practice guidelines and in consultation with other members of the Area Leadership team) • Conduct performance planning and evaluation of Team Leaders • Meet regularly with Team Leaders as an Area team and as individuals • Approve leave requests or delegate to Team Leaders • Make plans for professional supervision as per the Professional Supervision Framework • Approve staff expenses e.g. mileage, phone • Oversee SSS budget with regional finance manager • Identify management requirements for SSS teams, including considering size of team and responsibilities, including considering number of Team Leaders • Identify staff development needs and provide professional development opportunities, considering team capability needs • Member of Area Leadership Team • Oversee contracts related to service provision.
Reporting	<ul style="list-style-type: none"> • Report to Area Executive Director (AED) on medium-high risk complex cases • Escalate complaints to AED • Escalate staff performance concerns to AED.
Recruitment	<ul style="list-style-type: none"> • Oversee staff recruitment including identifying and signing off on need for new staff and appointment in consultation with Team Leader.
Agenda setting	<ul style="list-style-type: none"> • Participate in Implementation Management Reference Group meetings to ensure statewide consistency with regional service delivery • Determine Portfolios in conjunction with Team Leaders: their focus, time limit and initial allocation of staff and roles (in consultation with AED, Team Leaders and others as appropriate).
Service delivery	<ul style="list-style-type: none"> • Provide guidance to Team Leaders on critical incidents, emergencies and complex cases as required • Oversee and establish community links • Serve as an escalation point for concerns that Principals have about SSS services or their Key Contact/ Team Leader • Support SSS local team to deliver on FISO and Education State targets • Communicate/ discuss relevant information with Area Leadership, PPLs, Team Leaders or SSS teams.

Team Leader

Refer to [this link](#) for the list of all Team leaders for each Victorian government school.

Team Leaders manage local SSS teams. They are the conduit between SSS local teams and the Implementation Manager.

Management	<ul style="list-style-type: none"> • Lead and manage local SSS team including performance planning and evaluation • Meet with their teams regularly for discussion at a local level • Allocate team resources based on needs and Area Priorities • Advise and direct team members in their work and coordination of responses to schools • Manage and coordinate team wide approach to caseload management, e.g. actively manage caseloads of SSS or delegate authority to SSS to manage their own caseloads in a predetermined way • Manage contracts related to service provision e.g. occasionally contracted resources • Oversee staff car use • Arrange/oversee professional development • Regular catch ups and engagements with staff • Appoint Key Contacts to nominated school/s, and any other emergency Key Contacts. • Determine what number and discipline of Key Contacts is appropriate (e.g. may set a policy of certain discipline(s) for primary and secondary schools). • Maintain a close relationship with local SEILs to support effective integration into Area team.
Recruitment	<ul style="list-style-type: none"> • Anticipate recruitment based on team needs and discuss with Implementation Manager • Manage and participate in recruitment processes i.e. selection panels, shortlisting of candidates • Recommend candidates for appointment to Implementation Manager.
Reporting	<ul style="list-style-type: none"> • Report to Implementation Manager on progress and team performance, including opportunities for staff development and complaints.
Service delivery	<ul style="list-style-type: none"> • Identify, develop and coordinate strategies with SSS team to support students and schools, including through developing approaches with the Area multi-disciplinary teams and SEILs • Seek opportunities to work with the Area multi-disciplinary teams • Oversee and coordinate responses to critical incidents and emergencies in collaboration with Implementation Manager • Manage a small caseload as agreed upon with their Implementation Manager, e.g. complex cases or cases where they have particular expertise or a small number to retain currency • Provide professional guidance and advice to SSS team, management and school leaders • Ensure team is contributing appropriately to SOCS • Engage and negotiate with community service organisations, DHHS, hospital specialist programs and other professionals regarding the support needs for students and schools • Maintain relationship with Principals and Assistant Principals.

SSS Local Team

Each SSS local team comprises a mix of allied health specialists, including psychologists, social workers and speech pathologists.

Service delivery	<ul style="list-style-type: none">• Coordinate and deliver support to schools for individual students e.g. through referrals, PSD assessments, specialist advice• Identify and develop strategies to build capability of principals and teachers• Provide professional advice to principals and teachers where needed• Develop and broker relationships with community service organisations, DHHS, hospitals, specialist programs and other local professionals regarding student needs• Contribute to and work to Area plans and SSS priorities.
Reporting	<ul style="list-style-type: none">• Advise Team Leader of complex cases• Advise Team Leader of school complaints.

SSS Key Contact

Service delivery	<p>In addition to SSS team roles and responsibilities:</p> <ul style="list-style-type: none">• The Key Contact is the liaison between their SSS team and schools.• Identify areas for potential prevention, early intervention and capability building• Schools form a relationship with their Key Contact, and use them as the first point of reference in relation to any communication e.g. critical incidents (if relevant), potential cases etc.• Refer to this link for the list of key contacts for each Victorian government school
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Professional Practice Leaders

PPLs are part of the Early Childhood and School Support Division in each region and are the conduit between policy makers in Central DET, and Area service delivery teams.

Agenda setting	<ul style="list-style-type: none">• Participate in SSS Implementation Management Reference Group meetings to offer advice and support on professional practice and SSS guidelines.
Capability building/advisory	<ul style="list-style-type: none">• Provide policy advice to SSS local teams• Advise on best practice to SSS local teams on complex cases• Advise on best practice to SSS local teams through Portfolios.

SSS Principal Advisory Group

Advisory	<p>Each region and/or Area will establish an advisory group to ensure principals have an opportunity to provide feedback and inform service delivery needs.</p> <ul style="list-style-type: none">• Regions are free to determine whether they establish one advisory group for the region or one for each Area.• Regions are free to determine the composition of the group.• The advisory groups will provide an opportunity for principals to:<ul style="list-style-type: none">○ give feedback and make recommendations on SSS services delivery○ identify program risk and develop risk management strategies○ ensure program alignment with DET strategic objectives.
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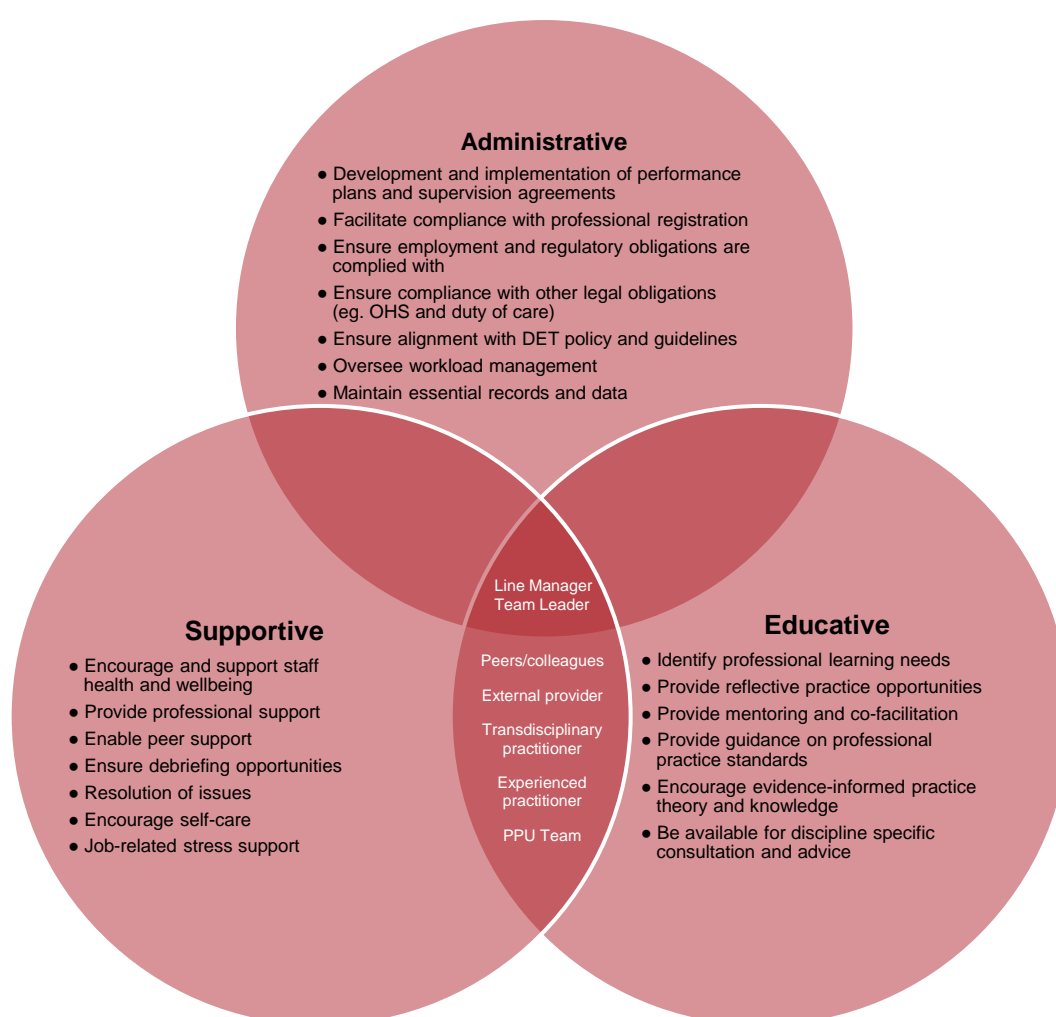
PROFESSIONAL SUPERVISION

Supervision is central to achieving safe, high quality service and a satisfied workforce. The Department's Professional Supervision Framework (the Framework) for health and wellbeing professionals is integral to improving outcomes for all children, young people, families and communities, while also promoting and enhancing a high performing and supportive culture for workforces.

The framework is a tool for developing a professional environment that influences and recognises good practice and provides an opportunity to celebrate successes. Implementation Managers and Team Leaders will ensure that SSS employees are able to access supervision appropriate to their role and professional discipline in accordance with the Department's [Professional Supervision Framework](#).

There are three key supervisory functions: Administrative, Supportive and Educative, as outlined below.

FIGURE 6: An overview of the functions, roles and responsibilities of the DET supervision framework



There are a range of possible approaches, for example:

- **external supervision:** Where direct reports e.g. Team Leaders / Implementation Managers do not have the same professional qualification as their supervisee, staff will have access to an additional supervisor with matched expertise. The supervisor and supervisee will set regular one-on-one meetings.

- **internal supervision:** Where direct reports e.g. Team Leaders/ Implementation Managers have the same professional qualifications as their supervisees, they will act as a professional supervisor in a separate capacity to their administrative supervisory responsibilities.
- **group or peer supervision:** Time set aside for SSS staff to convene and debrief on issues and difficult client cases, to problem solve and reflect on practice, share knowledge, advice and strategies.

In determining professional supervision requirements, Team Leaders will consider the following:

- size and complexity of caseload
- staff members level of training or experience
- professional requirements as outlined by relevant professional regulatory bodies e.g. Australian Health Practitioner Regulation Agency.

WORKING IN PORTFOLIOS

This section describes the concept and application of Portfolios in Area teams, and how SSS will work within them.

Concept of Portfolios

Portfolios are a mechanism to develop and strengthen capabilities across the school system in response to particular Area-based needs. They are professional groupings of SSS and other staff that gather together to address a specific need. Portfolios build expertise to address specific issues e.g. inclusion, sexual behaviours, trauma etc. with an emphasis on place, such as sub-geographies within an Area, a cluster of closely located schools, or particular cohorts among schools. They are organised differently to other professional groupings.

They are different to other/ existing professional groupings because they are:

- focused on achieving specific outcomes based on evidence
- issue based
- intended to change practice based on evidence (rather than to support ongoing 'business as usual' operations).

Portfolios will focus on the third SSS statewide priority, Capability Building and Prevention. Portfolios are also an opportunity for SSS to work collaboratively with multi-disciplinary teams and other experts outside of SSS.

Portfolios and Place Based Approaches

Portfolios reflect the focus on place-based approaches in Areas. This means they allow Area staff, including SSS, to target capability building towards issues directly related to a growing demand or need relevant to specific place/s.

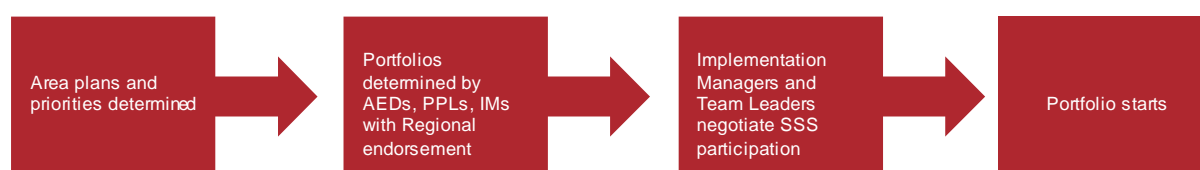
For example, data may reveal an increase in low attendance rates for Year 8 and 9 students in a particular DET Area. Addressing this could become an Area priority, and in turn, a Portfolio. The Portfolio will comprise relevant SSS staff, and other experts from outside SSS.

SSS are already recognised for their existing knowledge in place-based approaches, and will be able to apply this expertise to Portfolios.

Portfolios are an opportunity to:

- develop and focus SSS resources in a way that reinforces Area plans
- invest in evidence based long-term solutions for student health and wellbeing
- harness and integrate multi-disciplinary team expertise into SSS practice.

Determining Portfolios



The identification of Portfolios and allocation of staff to them, is a decision taken at an Area level with Regional input. This ensures that Portfolios match Area plans, and are consistent with Regional and workforce planning.

Specifically, new Portfolios will be determined by SSS Implementation Managers, Area Executive Directors, and regional Health and Wellbeing Coordinators with input from Professional Practice Leaders and SSS staff.

Portfolios will be determined based on:

- Area plans
- data about need and demand in their Area e.g. IRIS data, SOCS referral data, SSS data collection from teams
- FISO
- areas of staff strength and weakness relative to demand.

SSS Implementation Managers, Area Executive Directors and Health and Wellbeing Coordinators will also determine:

- Portfolio topic against Area priority
- what the objectives of Portfolios are (to be provided in a terms of reference / planning document)
- membership of the Portfolio, including staff numbers, composition etc.
- who will occupy a coordinator or convener role within the Portfolio
- whether SSS staff have the skills to achieve objectives
- what expertise is therefore needed in each Portfolio
- what professional learning SSS staff may need to participate in a portfolio
- how long Portfolios will run for, if applicable
- how many Portfolios there are.

Portfolio Functions

- develop resources that other staff can use
- research and advise schools on best practice
- pilot and test new capability building strategies/ resources
- evaluate how well the Area is dealing with responsibilities and identify what could be done differently
- provide leadership to community organisations and communities of practice
- develop needs based action plans with timeframes to help change or reduce issue

- facilitate information sessions for schools or other health and wellbeing staff/multi-disciplinary teams
- engage leading experts to facilitate information sessions or seminars
- brainstorm innovative new strategies to manage issues
- from time to time Portfolios may also provide advice on individual cases.

When Portfolios gather evidence or develop new material, they will become centrally available for wider access and distribution.

For the avoidance of doubt, Portfolios are not:

- A body to which individual cases should be formally 'referred'.
- A professional grouping for a particular discipline.

Portfolio Structure

Portfolios operate as groupings of expertise on a particular theme or issue that aligns with Area plans and priorities. If this option is chosen, Portfolios will:

- be made up of staff acknowledged as experts in their specific area (through qualifications, credentials or career experience)
- focus on building capability in specific schools or areas and/or the SSS workforce as needed
- be a 'go to' group for other SSS staff and multi-disciplinary teams who need to seek advice on referrals or complex cases
- continue to build on and harness the Portfolio's expertise within an unspecified timeframe.
- be not dissimilar to teams that are currently assembled within SSS that deal with specific critical incidents, based on staff with particular capability in this area
- accountability to AED and Regional HWC.

Time limited project teams will also be a feature of Area teams based upon need/ Area discretion.

Portfolio Composition

Participation in Portfolios will be subject to negotiation with the Team Leader and Implementation Manager, and will be strongly encouraged. In determining participants, they will consider:

- purpose and objective of Portfolio and expertise that's required as a result (for example, whether SSS with a particular professional background are more appropriate, or whether participation is interest driven)
- incorporating resources from outside of SSS as a way to deepen engagement through multi-disciplinary teams, e.g. LOOKOUT for a Portfolio related to Out-of-Home Care.
- incorporating school based resources, in particular interested principals
- allocation of different role descriptions for different SSS staff e.g. coordinators and supports
- other commitments and obligations of the SSS teams that they manage

Where multiple areas or regions share priorities or areas of interest, Portfolios could be convened that include staff from multiple areas or regions to make Portfolios Area or Regional based.

It is likely all SSS team members will be called upon to participate in Portfolios from time to time.

OVERVIEW OF SSS SERVICE DELIVERY

This section describes SSS student wellbeing planning frameworks and service delivery. It is built on existing material about service delivery that has been updated to reflect the SSS operating model and alignment of SSS with Area teams. This section will be updated and developed as more examples of how service delivery can be improved through the new model become available.

STUDENT WELLBEING PLANNING FRAMEWORKS

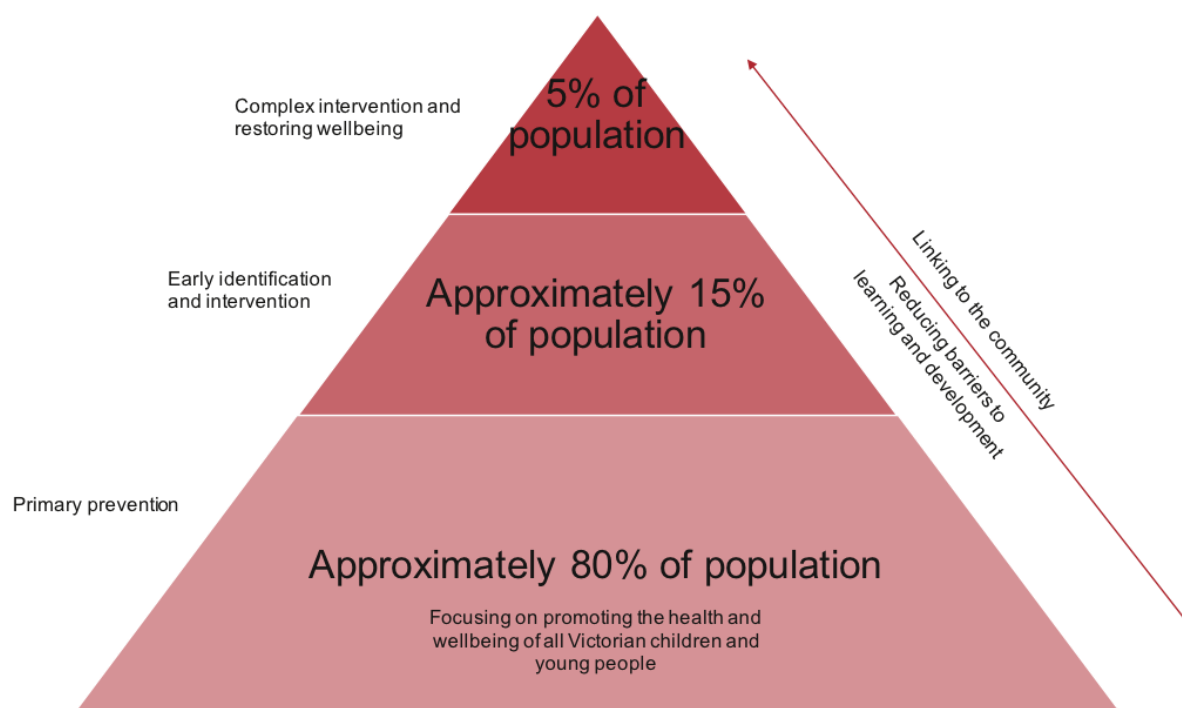
Schools and SSS provide a continuum of strategies and services from universal student engagement and wellbeing prevention activities through to needs based support to meet the individual education and wellbeing needs of children and young people. It is the role of schools to plan and implement whole-school prevention activities and to develop early intervention and intervention strategies to identify and support those students requiring additional assistance.

A focus on primary prevention and early intervention maximises all students' access to teaching and learning, and helps them develop as healthy, secure and resilient people. Collaboration with schools on primary prevention and early intervention activities is an important function of SSS.

However, SSS work has a greater focus on provision of needs based support for children and young people with additional needs or at high risk of disengagement from education. SSS need to be well placed to:

- build the capability of teachers to deal with issues commonly exhibited by vulnerable students
- provide effective guidance, advice and support to principals to manage and deliver wellbeing strategies
- balance the delivery of assessments, interventions and building capability to manage complex cases.

FIGURE 7: THE CONTINUUM OF INTERVENTION FOR HEALTH AND WELLBEING



The 'continuum of intervention for health and wellbeing' is a model to help DET services see the multiple opportunities for addressing health and wellbeing at the population and individual level. This model can support collaborative planning, help identify the core business of other services, identify gaps and duplication between services and support decision making about how best to use available

resources. The spread of services across the levels can be tailored locally and regionally to match the health and wellbeing needs of the community and existing activity.

DET services work in and across the continuum. These levels of intervention are represented in the figure above. This model is useful for strategically planning service provision of health and wellbeing programs, including SSS. In the education context:

Primary prevention or universal prevention strategies apply to whole-school communities or large groups such as a whole year level or class. These strategies promote positive student health and wellbeing and seek to prevent the emergence of problems.

Early identification and intervention strategies target students who are at risk of poor learning outcomes, disengagement from education, and health and wellbeing problems. These more intensive strategies may be implemented with groups of students who have been identified at risk, in order to prevent escalation of concerns or problems.

Complex intervention and restoring wellbeing strategies seek to address concerns and prevent them recurring or becoming entrenched in the long-term. These strategies are implemented with individual students when specific concerns have already been identified and intervention is required.

For more information, see: [Principles for Health and Wellbeing – Underpinning effective professional practice across DET services.](#)

CRITICAL INCIDENT SUPPORT

This section is subject to an upcoming review lead by Emergency Management Division. An important part of the role of SSS Psychologists and Social Workers is to help school communities manage critical incidents and emergencies and to facilitate the psychosocial recovery of those impacted and their return to wellbeing and functioning. This may involve advising school leadership on recovery and response strategies for staff, student and parents/carers, providing triage of those impacted and their level of need, and providing universal, needs based and individual levels of intervention.

It is useful for a SSS psychologist or social worker to be part of the school incident management team and to assist in the development of the school emergency management plan, which includes the critical incident response and recovery planning.

A SSS Critical Incident Team Leader should be identified in each area with a team of SSS who are interested in responding to such incidents and who have the skills and capabilities. Although responding to Critical Incidents is part of the SSS job description, it is best advised that this be an opt in role.

The SSS Critical Incident Team Leader should be an experienced psychologist or social worker with strong leadership skills, and who understands and knows the organisational and psychosocial recovery interventions that support schools in mitigating adverse outcomes when a critical incident or emergency occurs. The Leader should coordinate the psychosocial support, work with school leadership to implement a recovery intervention in the short, medium and long term. The Leader should also monitor the wellbeing of their team in providing critical incident support.

SSS Critical Incident Team Members should know and understand the professional evidence informed psychosocial recovery strategies for assisting a school community when an incident or emergency occurs. They should be able to provide support and intervention at the universal and needs based levels. They should be able to demonstrate appropriate self-care skills and be prepared to access supervision and peer support in relation to this work as indicated.

NEEDS BASED SERVICE PROVISION

Needs based service provision ensures that all children, young people and schools have access to support while also taking into account the higher rates of need and disadvantage in some schools and areas. Targeting services to students and schools requiring additional support is critical to this process.

This section describes how SSS services are accessed; past referral practices that are not consistent with the process below should be updated.

Accessing SSS support

Through Learning Places, schools and [SSS Key Contact Officers](#) collaborate to identify student needs and consider support options.

The objective of these discussions is to make an informed assessment of the support that can be provided by the Area-based multi-disciplinary team to meet the needs of the school and its students.

This approach will ensure SSS are able to provide support to teachers and school leaders to address cohort or school wide issues and assist in high priority cases in line with SSS priorities in this [SSS Handbook](#).

To clarify the referral process and implement a consistent referral approach that supports schools and their local SSS team to work together a simplified referral process diagram has been developed.

The SSS referral process aligns with this [SSS Handbook](#) and contains just three key steps:

- **Pre-referral** – Schools and SSS collaborate to identify what supports the school has in place and what additional services might assist the school
- **Referral** – If support from SSS is needed, schools complete the relevant sections of the Student Information Form and obtain consent. These are uploaded to the Student Online Case System (SOCS) via the SOCS Case request form.
- **Service delivery** – The SSS team will allocate the request and work with the school to establish objectives and to provide the service.

The SSS referral process identifies children and young people with the greatest need, and matches student/school needs with the expertise of SSS team members.

Meetings between the SSS Key Contact and School Contact

Each school will be allocated a SSS team member who will act as the first point of contact regarding potential referrals, consultations or student wellbeing issues that may require intervention. This person will be referred to as the SSS Key Contact.

Each school is required to nominate a person who will have primary responsibility for liaison with SSS staff and also for following the referral processes outlined below. This person would normally be the Student Wellbeing Coordinator, Directly Employed Allied Health Professional, Primary Wellbeing Officer or a member of the Principal Class. This person will be referred to in this document as the School Contact.

A meeting or telephone consultation process between the [SSS Key Contact](#) and the School Contact (and school wellbeing team where appropriate) needs to be established for each school. Meetings should be fortnightly or by negotiation several times per term. Urgent matters can be dealt with by arrangement. Critical Incidents need to be dealt with in the usual manner by contacting Emergency Management on 9589 6266.

[See this link for the current list of SSS Key Contacts.](#)

FIGURE 8: SSS REFERRAL PROCESS

STUDENT SUPPORT SERVICES (SSS) REFERRAL PROCESS

There are a range of resources and supports available to support the health and wellbeing of students. Schools should use the following process to engage with Student Support Services (SSS).

PRE-REFERRAL PROCESS

SCHOOL

- ☐ check Student Online Case System (SOCS) for previous referrals related to the student
- ☐ review previous recommendations or school based actions
- ☐ create a 'school case' on SOCS to document school actions if desired.

SCHOOL AND SSS

SSS Key Contact and school work together to:

- ☐ discuss concerns and plans made to date – e.g. Individual Learning Plans (ILPs) or Behaviour Support Plans (BSPs)
- ☐ identify strategies to provide immediate support the student
- ☐ identify whether referral is appropriate and the types of service required (including referral to SSS, visiting teacher or another DET/external service e.g. mental health)
- ☐ identify sections of the Student Information Form relevant to the student.

REFERRAL TO SSS

SCHOOL

- ☐ complete only the relevant sections of the Student Information Form (see SSS handbook for examples of use of the form)
- ☐ obtain informed consent from the student's parent or guardian
- ☐ submit referral and consent on SOCS.

SSS

- ☐ hold SSS team intake meeting
- ☐ advise school of the intake outcome, assigned SSS and service delivery timeline.

Cases are prioritised against SSS statewide priorities, Area plans and discussion with schools. If the intake decision is that a service other than SSS is more appropriate, this will be discussed without delay with the school and advice on referral processes given.

SERVICE DELIVERY

SSS AND SCHOOL

- ☐ establish aims for the service delivery and support to student
- ☐ provision and regular review of service with all stakeholders
- ☐ decide when aims are met and communicate with all stakeholders that service is concluding.

KEY LINKS:

- [SSS Key Contacts](#)
- [SSS Handbook](#)



Pre-Referral

The pre-referral process provides an opportunity for schools to conduct an informal assessment of identified students who require additional assistance, are at risk of disengagement, or experiencing difficulties with learning or wellbeing. Schools should follow a pre-referral process before making a referral to SSS. The pre-referral process is an opportunity for consultation and will not necessarily lead to a referral to SSS, depending on the nature of the issues referred and the effectiveness of pre-referral support. This pre-referral process may include consultation or referral to appropriate community agencies better placed to address the student or family concerns. The SSS Student Information Form found at the end of the document is a useful resource and is optional to complete when considering a referral to Student Support Services.

Pre-referral phase activities for the school to undertake include:

- identification of students or groups of students who require additional assistance and the type of support they require
- collection of information on student's engagement and learning progress or difficulties
- review of relevant information available to the school which might help to clarify issues affecting student learning or wellbeing, such as specialist reports
- development of individual learning plans for students outlining a range of actions and classroom and school-based strategies to address concerns
- evaluation of the effectiveness of individual learning plan actions and strategies
- identification of broader advice, expertise or services that may be required, such as consultation, professional learning, early intervention programs or group work with students
- identification of appropriate whole school approaches, programs or interventions that provide universal service provision
- consultation or referral to appropriate or specialised community agencies and programs
- consultation with SSS key contact/team regarding potential referral
- referral to appropriate services such as SSS if required.

The pre-referral process ensures that referrals are prioritised in the most effective way to optimise support and encourage positive learning and engagement outcomes. This allows for a more focused approach to referral and helps to consolidate or clarify the nature of the issues identified. Not all matters identified for potential referral to SSS will relate to an individual student. Referrals may also be made for groups of students, families or for professional development or advice for teaching and support staff. For these matters, schools should discuss options for possible referral with their SSS Key Contact.

Referral to SSS

Following the pre-referral process and consultation with the SSS Key Contact, schools may commence a referral to SSS.

In undertaking a referral to SSS, the school will:

- identify the type of service being requested, that is, individual student assessment/intervention or other services such as consultation, professional learning, involvement in early intervention programs or group work, and clarify whether allied health or visiting teacher support is required
- complete the student support services referral form
- obtain informed consent where the referral is for direct work with an individual student or group of students

- provide privacy and informed consent information forms.

When initially consulting with the student support services, the school may be asked to provide background information or documentation regarding pre-referral analysis, planning, and processes undertaken to date. This will inform the referral process and help to strengthen collaboration between teaching and support staff and SSS.

Consent for Student Support Services

Generally, if a school activity is not covered by implied parental consent, specific consent from a parent/guardian is required. This applies to services provided by SSS staff.

Schools must ensure informed consent is obtained for student support services before the student referral is initiated.

Consent must be provided by a parent/guardian/carer. In some circumstances, a student may consent on their own behalf, if they are deemed to be a 'mature-minor' for the purpose of making that decision.

The Student Support Services Consent Form is [here](#).

Mature-Minor Principle

In some circumstances, a student may ask to make schooling decisions on their own behalf, without the involvement of their parents. In those circumstances, a principal (or their nominee) may assess whether the student is a 'mature minor' for the purpose of making a particular decision.

A principal (or nominee) must make this assessment by applying the Department's Decision making for Mature Minors policy.

The student must be able to give their informed consent to receiving the SSS service, including being able to understand what the service involves, what it is for, why it is needed and why it applies to them. They must also be aware of the potential consequences of not engaging with the service, and any other options available (if relevant).

If a student is determined to be a mature minor for the purpose of receiving the SSS service, the student can self-refer and sign their own consent form. SSS can then see the student and make their own judgement as to whether the student is a mature minor that can give informed consent for the service. If this conflicts with the principal's view, then this should be raised first with the principal and then with SSS line manager (eg. Team Leader or Implementation Manager).

As described in the policy, there is no specific age when a young person may be deemed sufficiently mature and capable of making his or her own decision.

For more information, see: [Decision Making by Mature Minors](#).

Intake

SSS intake is led by the Team Leader and involves consideration of the referral request and assessment about the services to be provided.

The intake process is as follows:

- referral form received by Team Leader
- Team Leader and SSS team reviews referral and verifies provision of informed consent
- referral assigned by Team Leader to appropriate SSS staff member/s.

If the referral is determined by the Team Leader and SSS team as inappropriate, or another, more appropriate program or service may be better placed to deliver the support required; this will be discussed with the school as a matter of priority. It is the role of the Team Leader and SSS team to provide advice to the school about other appropriate services or programs and to provide information about access and referral processes as required.

Service Delivery

Following the intake process, the Team Leader and SSS team will:

- establish aims for the service intervention
- advise the designated school contact person of the intake outcome and confirm the service intervention aims and strategies
- arrange and provide agreed delivery of services
- develop an individual support plan where appropriate
- report progress and outcomes to school, family and student
- review service delivery to ensure outcomes have been achieved
- communicate the conclusion of services to school, family and student.

Once a referral is assigned to SSS team member(s), the school will be advised of the details, along with the anticipated timeline for service delivery. Broadly, services can include:

- providing advice and intervention relating to student learning, wellbeing and engagement
- providing diagnostic and/or assessment services
- building the capability of others, including teachers, support staff, parents, guardians and carers
- providing therapy, counselling and/or intervention with individual students or groups of students
- contributing to the development of school-wide student wellbeing and engagement policies, processes and programs
- providing direct teaching and learning of students and consultancy support (visiting teachers)
- assisting with recovery support following critical incidents or distressing events
- working collaboratively with other programs and services to meet the needs of students and schools
- contributing to Area and school improvement priorities.

SSS staff may deliver services in a variety of ways depending on the method most appropriate to the referral and particular circumstances. These may include:

- consulting with staff or parents
- providing professional learning (for example a presentation or workshop to teachers or parents)
- working with a group or individual student
- coaching or advising teachers and other school staff.

Personalised learning and support planning

Victorian government schools should undertake personalised learning and support planning for students who have specific needs and where adjustments are required to ensure the student can access and engage in their educational program. This may include children and young people who:

- have a disability

- are in Out-of-Home Care
- are at risk of disengaging or who have disengaged from education and learning
- have experienced harm, are at risk of harm, or have caused harm to others
- identify as Aboriginal or Torres Strait Islander
- are in Years 10–12 supported through the Managed Individual Pathways initiative

A range of Department programs, frameworks, guidelines and policies specify requirements and/or recommendations for individual student support planning, including:

- [Program for Students with Disabilities](#)
- [Student Support Group Guidelines](#)
- [Out-of-Home Care Education Commitment](#)
- [Marrung Aboriginal Education Plan](#)
- [Team Around the Learner](#)
- [Procedures and Resources for the Reduction and Elimination of Restraint and Seclusion in Victorian Government Schools](#)

The Department also recognises that better outcomes are achieved when the key people within a student's life are included and engaged with planning, supporting and implementing the educational program. The following steps should be considered as part of the personalised learning and support planning process:

- Identifying the student's strengths and needs
- Determining the adjustments that need to be made
- Planning and implementing personalised learning and support
- Recording achievement
- Monitoring and evaluation

Documents developed as part of the planning and monitoring process for individual students may include one or more of the following:

- [Individual Learning Plan / Individual Education Plan](#)
- [Personalised Learning and Support Plan](#)
- [Behaviour Support Plan](#)
- Student Planning Matrix & Student Snapshot
- A Planned Response to Challenging Behaviour
- [Educational Needs Analysis](#).

Service Review

It is important that teams regularly review the impacts of services in order to make informed decisions about whether to continue, change or end the current program.

The service review involves:

- assessing progress against the service intervention aims. Depending on individual circumstances it may be useful to gauge overall progress in the school through discussion

with the relevant stakeholders (e.g. teachers, guardians, school wellbeing staff) subject to the applicable privacy provisions

- determining any changes to service activities and/or confirm that services have achieved their anticipated aims and therefore closing the case
- communicating the decision regarding service modification and service closure to key stakeholders.

SSS REFERENCE GUIDE

This section is designed as a reference guide that collates existing guidelines and policy about SSS. It is organised alphabetically.

DISABILITY DISCRIMINATION ACT

The Disability Standards for Education (2005) clarify and make more explicit the obligations on schools and the rights of students under the DDA. The Standards cover the following areas:

- enrolment
- participation
- curriculum development
- Student Support Services
- harassment and victimisation.

All education providers and schools are required to comply with the Standards introduced by the Federal Government in August 2005.

The Standards are intended to give students with disabilities the same rights as other students. The Standards are based on the position that all students, including students with disabilities, should be treated with dignity and enjoy the benefits of education and training in an educationally supportive environment that values and encourages participation by all students. To achieve this, the effect of the Standards is to give students and prospective students with disabilities the right to education and training opportunities on the same basis as students without disabilities. This includes the right to comparable access, services and facilities, and the right to participate in education and training unimpeded by discrimination, including on the basis of stereotyped beliefs about the abilities and choices of students with disabilities.

The Standards apply to all students with disabilities – whether or not the student is eligible under the Program for Students with Disabilities. The Department of Education and Early Childhood Development provides a range of resources, specialist knowledge and programs and procedures to schools to support the delivery of a high quality programs for all students, including students who are having difficulty learning. These resources may be provided in the Student Resource Package, through other support services such as by psychologists, speech pathologists, social workers, and visiting teachers, or through specific early identification and intervention programs.

The Standards inform and guide schools in providing high quality education to all students with disabilities.

See [DET's disability standards for education](#) for further information and the latest version of the standards.

DUTY OF CARE/REPORTING CHILD ABUSE

Student Support Services should be directed to, and acquaint themselves with the following sections of the School Policy and Advisory Guide when dealing with issues of duty of care, including prevention and reporting of suspected child abuse and neglect, as well as responding to allegations of student sexual assault or problem sexual behaviour:

- [Student Safety – Duty of Care](#)
- [Student Safety – Child Protection](#)
- [Student Safety – Responding to Student Sexual Assault](#)

Schools and Student Support Services must take all measures that are reasonable in the circumstances to protect a student under their care from risks of injury that the staff member should reasonably have foreseen. Schools must have in place systems to adequately supervise students in order to meet their duty of care obligations. According to the Children, Youth and Families Act (2005), psychologists, speech pathologists and social workers are not mandated professionals and are not legally required to make a mandatory report to the Department of Health and Human Services (DHHS) Child Protection if they have formed a reasonable belief that a child is in need of protection. However, Student Support Services have an ethical and moral obligation to make a report to DHHS Child Protection if they have formed a reasonable belief that a child is in need of protection or a criminal offence may have been perpetrated.

SSS with a teaching registration are mandated to report if they have formed a reasonable belief that a child is in need of protection to DHHS Child Protection if they are employed as a teacher under the Education and Training Reform Act 2006 or registered to teach by the Victorian Institute of Teaching.

Non-mandated staff should speak with the school principal if they believe on reasonable grounds that a child is in need of protection. Any person who believes on reasonable ground that a child is in need of protection can make a report to [DHHS Child Protection](#).

EMERGENCY MANAGEMENT

SSS will provide a response to critical incidents and emergencies as defined by the Emergency Management Division in consultation with regions and areas. Regions and areas may establish dedicated critical incident teams from across the region to respond to critical incidents or emergencies.

Schools are required to immediately notify the Security Services Unit of any incident the impacts on the safety or wellbeing of staff, students or visitors on 03 9589 6266 (24 hour service).

FILE MANAGEMENT FOR SSS

NOTE: A review is underway in relation to information management for SSS – this content is drawn from the SSS Guidelines 2012 and will be updated in consultation with SSS teams in 2018.

Student Support Services files are known as Department Confidential Student (DCS) files. This makes a clear distinction between student files that a school might ordinarily keep about each student enrolled at the school and those that are established as a result of intervention by a designated Student Support Services staff member.

DCS files can contain information that is of a highly confidential nature, including family details, records of interventions, and reports from student support services staff working with the student and/or family. Principals must ensure the confidentiality of such files through proper storage and access procedures.

Management of DCS student files

The Student Support Services Team Leader is responsible for ensuring that the confidentiality of student support services DCS files is maintained and for determining access by qualified student support services staff. Each DCS file may comprise of a number of folders, which may contain information, supplied student support services staff as a result of their work with the student.

Definitions

- *Department Confidential Student (DCS) file:* The student support services file which is held by the team and contains student referral information, records of services provided and relevant student health and wellbeing information provided as part of service delivery.
- *Active file:* A file for a student who is currently being assisted by a qualified student support services.
- *Inactive file:* A file for a student not currently being assisted by a qualified student support services staff member, but still attending school and who may require further service. It

should be noted that there is no distinction between an active and an inactive file with regard to how a DCS file is managed and handled. *Qualified Student Support Services:* A member of the student support services team who holds recognised qualifications relevant to the position. This may include:

- psychologist
- social worker
- speech pathologist
- other team member with qualifications relevant to the student support services position
- contracted or outsourced professional delivering student support services functions.

Confidentiality and unauthorised access

It is important that all reasonable precautions are undertaken to maintain the confidentiality of the information in DCS files.

A student support services staff member entrusted with the safekeeping of a DCS file has a duty to respect the confidence of the student and family to whom the file relates. Inappropriate disclosure of confidential information has the potential to cause harm to individual students and their family and may constitute a breach of privacy legislation given the sensitive nature of the confidential information contained in the DCS file.

File storage, security and confidentiality

To ensure confidentiality, **only qualified student support services staff are authorised to access DCS files.**

DCS files located in an office must be secured against unauthorised access, vandalism, arson and theft. The student support services staff member, in conjunction with the Student Support Services Team Leader and the manager or principal of the base location, should make suitable security arrangements.

A lockable metal filing cabinet is the minimum standard of storage required and it must be locked at all times. Fireproof cabinets are recommended. DCS filing cabinets should be considered a resource of the team and as such should be located in common space, not in personal workspace. It is the responsibility of each school to provide lockable metal filing cabinets in a secure location to enable SSS to appropriately store files.

Only appropriately qualified Student Support Services may open filing cabinets and access DCS files, e.g. only psychologists can access psychology files.

All transfers of DCS files must be conducted by an appropriately qualified SSS using the File Transfer and Acknowledgement Form. Files must only be transferred by registered mail or by hand, SSS to SSS. Any queries regarding opening DCS filing cabinets or DCS file transfers should be directed to the SSS Team Leader.

Establishment and registration of new DCS files

SSS teams are required to establish and maintain a manual or computerised index data system for each file established for each student referred. The Team Leader is responsible for ensuring this system is developed and maintained by staff within the team.

The file index system should include details about:

- the location of the file and whether it has been transferred or removed in the short term
- who has responsibility for the file while it is on transfer
- due date for the return of the file.

SSS staff must ensure that each DCS file has the minimum identifying data displayed prominently on the file, the file reference number uniquely identifying the student file, and a 'D' (disposal) year in the top right hand corner. This will facilitate access for disposal.

Access to DCS files

The SSS Team Leader must ensure that access to DCS files and any folders contained within such files is restricted to qualified SSS staff. Particular professional streams may have additional confidentiality restrictions, for example, psychologists are registered by an external statutory body and have professional obligations to meet. Documents relating to support services provided within the psychology professional stream located in a DCS file must be clearly marked as confidential, protected with a temporary seal (e.g. a separate envelope) and accessed only by qualified psychologists.

Maintenance of files

The SSS Team Leader has ultimate responsibility for the registration, ongoing maintenance and final destruction or archiving of Student Support Services DCS files.

Qualified SSS staff members will provide summary case notes and confidential reports for inclusion in the DCS file. All documents must be fastened securely to ensure loose papers in files are not mislaid or lost.

Tracking of DCS files

A file tracking system enables the movement of DCS files to be recorded while ensuring file security and confidentiality. If a file needs to be removed from the filing cabinet, an insert card should be included identifying the qualified student support services staff member who has removed the file and the date of its removal.

Transfer of files

A file tracking system is also essential to know where and with whom a file is located for the purposes of:

- freedom of Information requests
- Ombudsman inquiries
- legal issues or queries
- student transfers and referrals.

Only qualified SSS staff are authorised to request and transfer files.

When a DCS file has been transferred to a central division of the Department for any of the reasons outlined above, it is the SSS Team Leader's responsibility to ensure the safe and secure transfer of the file, and be aware of the location of the file in the event that the file is unexpectedly required elsewhere.

There may be some instances when a DCS file is required by the Freedom of Information Manager. There is only one authorised officer for DET under the *Freedom of Information Act 1982*. Freedom of Information requests addressed to the SSS Team Leader or the SSS staff member must be referred immediately to the Manager, Freedom of Information, Department of Education and Training.

The FOI, Privacy, Ombudsman Unit and/or Legal Services Branch will liaise with the SSS office and arrange for the retrieval and temporary transfer of DCS files to the appropriate central unit of the Department.

All files are required to be transferred by either certified or registered mail, courier or hand-to-hand delivery. The transfer of a file must be registered if a file is delivered by hand. This procedure also applies when files are returned to the office from the central office.

It is the responsibility of the FOI, Privacy, Ombudsman Unit and Legal Services Branch units to follow up files due for return as a result of external enquires. If an extension of time is required, the responsible managers in these areas will advise the school of any delays in the return of a file. The central division/unit must register and take responsibility for the movement of the file while under their control.

Transfer of information in DCS files is likely to occur on a limited basis due to student transfers.

The DCS file may need to be transferred to another student support services office if a student transfers to a school covered by a different team. Information will only be provided where the following conditions are met:

- the principal of the student's new school or their authorised representative in the school has generated a student referral to the office requesting a specific service.
- the office covering the new school has agreed to provide student support services to the transferred student.
- appropriate guardian consent for the service has been obtained. (The requirement to obtain guardian consent may not apply in cases where there is a foreseeable risk of harm to the student, other students, or staff. For more information, see: [School Policy and Advisory Guide](#))
- information to be transferred to the new student support services team is relevant to the services to be provided.
- a permanent file marker indicating details of the file number, file destination and date of transfer is retained within the DCS file system of the relinquishing office.

Each movement/transfer of a DCS file is to be recorded on the file register that is maintained by each student support services team.

All transfers of DCS files must be conducted by an appropriately qualified SSS using the File Transfer and Acknowledgement Form.

Archival and disposal procedures

All DCS files will remain in the student support services office until they can be destroyed or archived.

Out-of-date DCS files must be disposed of either by pulping or shredding. DCS files must not be disposed of inappropriately, for example in open, unsecured containers such as rubbish bins or dump masters.

The SSS Team Leader should contact the Archivist, Executive Coordination Unit, DET, to seek specific advice and information on the management of the destruction or archival requirements of DCS files. To see the *School Policy and Advisory Guide*, Archives and Records Management for detailed information about the length of time files must be kept before disposal, [click here](#).

Protocols for situations where students have two wellbeing files, one held by the school and the other by DET

Some schools directly employ allied health professionals in addition to services they receive from DET employed SSS staff. In this instance often two files are kept, one held by the school employed professional, the other by the SSS. It is in the best interests of the student if appropriate wellbeing staff from the school and SSS staff are aware of the existence of the two files and are also allowed to share information, after the appropriate consent has been obtained. This practice would also stop any possible duplication of work.

In situations where a student has two files, one held at the school and managed by a school employed allied health professional **and** a second created by the visiting SSS, a note about the existence of the second file needs to be made in both files. A comment also needs to be made on the school's SSS file audit.

PRIVACY AND INFORMATION-SHARING

Sharing Student Information

SSS team members should share information about a student with other SSS team members and school staff who 'need to know' that information to enable the school to:

- **educate** the student (including to plan for individual needs or address barriers to learning)
- **support** the student's social and emotional wellbeing and health
- fulfil legal obligations, including to:
 - take reasonable steps to reduce the risk of **reasonably foreseeable harm** to the student, other students, staff or visitors (duty of care)
 - make **reasonable adjustments** for a student's disability (anti-discrimination law)
 - provide **a safe and secure workplace** (occupational health and safety law).

SSS Consent Form and sharing student information

The SSS Consent Form notifies students/families that SSS team members will share information is shared with school or regional staff, SSS team members and others at the school to support the student's education and fulfil duty of care.

This means SSS team members do not need to seek further consent to share information with other staff for the purposes of enabling the school to educate or support the student's social and emotional wellbeing and health (or fulfil legal obligations).

In limited circumstances, information can be shared beyond the Department without prior consent. For example where Child Protection Act mandates a disclosure, where a DHHS case manager is acting as temporary guardian under the Children Youth and Families Act or where disclosure is required to mitigate health and safety risk to the child or others.

However, wherever possible, to help foster a relationship of openness and trust with students and their families, SSS team members should discuss with the student or their parents/guardians/carers (as the case may be) how sharing their information will help with the student's education and proceed with their understanding and agreement.

Sharing Information: Duty of Care

A school's duty of care to students means that school staff need to know about any reasonably foreseeable **risk of harm to anyone** because of the student's behaviour, disability, family circumstances or any other relevant circumstances related to the student.

For example, if there is a reasonably foreseeable risk to **anyone** because the student:

- displays violent behaviours
- is a victim or perpetrator of bullying or has expressed suicidal ideation
- is the victim of child abuse
- has problems with alcohol or drugs
- has a history of alleged family violence, homelessness or poverty
- is the victim or perpetrator of sexual assault or displays concerning sexualised behaviours

then SSS team members should share this with other staff members that need to know because they work with, or supervise, the student. This includes other SSS team members, school staff, the principal (or other member of the school leadership team).

SSS team members should share enough relevant information that is necessary to fulfil their own duty of care, to enable the other staff members to fulfil their duty of care too. This will include:

- any information that the school requires in order to conduct a risk assessment to address behaviour that may pose a risk to the student, other students and staff
- any information that the school may need in order to develop individual management/support plans.

Importantly, when there is a reasonably foreseeable risk of harm, SSS team members should act on that information and share the information with other staff who 'need to know', even if the student or parent asks that information not be shared.

Sharing Information: Anti-Discrimination Law

A school's obligation to **provide reasonable adjustments for students with disabilities** (regardless of whether they are eligible under the Program for Students with Disabilities) means that relevant information about a student's disability and their needs should be shared with all staff who work with or supervise that student.

This is required to enable the school to make properly informed decisions about what adjustments are reasonable, and then to implement those adjustments.

This means that SSS team members should share relevant information with all staff who work with or supervise that student, to enable them to:

- understand the student's disability and how it affects their learning and social or emotional wellbeing
- implement reasonable adjustments at school, including understanding all recommendations made by the student's treating practitioners.

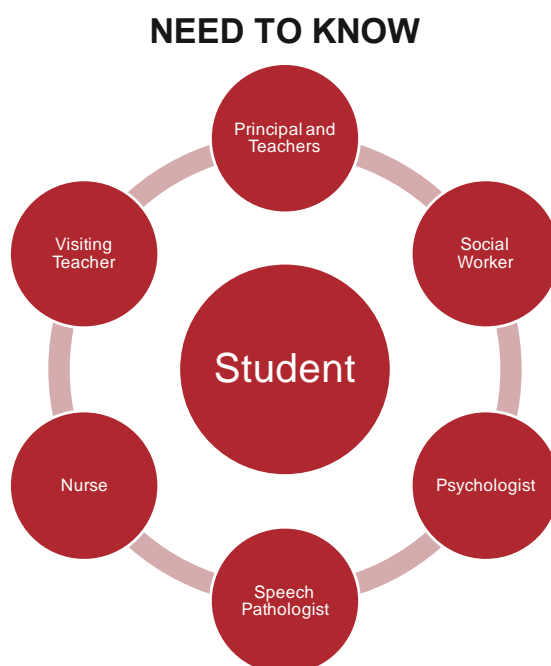
The relevant information about a student's disability that should be provided includes:

- the disability/condition
- the ways that the disability/condition affects that student
- any medication or medical treatment that may affect the student
- all health practitioner recommendations (about addressing barriers to learning or social development that student may face at school).
- any adjustments that have been, are being, or that will be implemented for that student
- any other information that the school may require to develop individual management/support plans for that student

Sharing information according to the 'need to know' framework is consistent with obligations under Victorian privacy law, including the *Health Records Act 2001* and the *Privacy and Data Protection Act 2014*.

For more information, refer to the DET School's Privacy Policy and FAQ for staff at this [link](#).

FIGURE 9: PRIVACY 'NEED TO KNOW' MODEL



PROFESSIONAL PRACTICE GUIDELINES

The [Professional Practice Guidelines](#) operationalise the Department's Principles for Health and Wellbeing. They have been written for health, wellbeing and education professionals working in early childhood settings and schools, including SSS. The guidelines enhance the learning, health, development and wellbeing outcomes of the child, learner and family by promoting consistency in service delivery, ensure quality practices and endorse accountability and role clarity.

The guidelines focus on the best interests of the child and young person by:

- strengthening relationships with child, learner young person, family, educational setting, stakeholders and community
- working in partnership with families, agencies and other government organisations
- improving access and accountability, and investing in the effective use of existing resources.

The guidelines enable professional knowledge and capabilities of staff to be explicitly articulated to internal and external stakeholders. They aim to raise the visibility of services available to support the child, learner and family within the Department.

The guidelines also encourage greater collaboration across all staff supporting the child, learner and family in early childhood settings and schools.

The guidelines would:

- be implemented within the Department to support the management of service delivery
- guide the quality of service provision
- be used as a base for staff competency and development
- strengthen service delivery
- support professional practice
- be a resource for line managers to develop best practice policies and procedures in service delivery.

STATEWIDE EDUCATION FACILITIES

Due to unique nature of Statewide Educational Facilities (for example Distance Education Centre Victoria), the referral and case management process varies slightly to the process identified above.

Key alterations to the referral process are outlined below.

Roles and responsibilities

The SSS Key Contact for Statewide Education Facilities will vary depending on the location of the student requiring support.

The SSS Key Contact will be a SSS Team Leader from the team with responsibility for managing referrals to that student's nearest school. Area SSS teams will manage a list to support Statewide Education Facilities identify the correct SSS Key Contact.

Referrals

All other aspects of the referral process will remain broadly in line with the process above with a specific focus tailored toward local intervention pathways and supports for the student.

Some Statewide Education Facilities do not yet have access to SOCS for referral and case management. In instances the SSS Key Contact will work with the school to manage the process manually and create SOCS records when available.

STUDENTS IN OUT-OF-HOME CARE

Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home. Out-of-home care most commonly refers to statutory out-of-home care, where a child or young person cannot live with their family home and a legal order is in place to support the arrangement.

'Statutory out-of-home care' includes foster care, kinship care, permanent care and residential care. In Victoria, the Department of Health and Human Services (DHHS) has oversight of these arrangements.

Out-of-home care also includes 'informal out-of-home care' arrangements. Informal out-of-home care refers to an arrangement in which a child is living with someone other than their parent or legal guardian.

Schools, child protection practitioners and case workers (including Student Support Services) are required to meet their obligations under the [Out-of-Home care Education Commitment: a Partnering Agreement](#).

For every student in statutory out-of-home care, the Department requires schools to:

- appoint a [learning mentor](#)
- assign a [student support group](#)
- develop an [individual education plan](#)
- undertake an Educational Needs Analysis
- nominate a [designated teacher](#) (regardless of whether they currently have any students in Out-of-Home Care or not).

Every child and young person who has been living in Out-of-Home Care for at least three months (consecutively or for a period that adds up to three months) requires an Educational Needs Analysis (ENA). If a member of the student support group (SSG) has concerns regarding the student's presentation and rate of progression the process should begin immediately.

See the DET website for guidance on how to conduct an [Educational Needs Analysis](#).

WORKING IN SCHOOLS

SSS team members work in a variety of locations in the course of their work including Area offices and in schools. In all instances in schools, SSS team members are most effective when provided with accommodation and equipment that is appropriate to the variety of tasks they perform for a diverse client base.

It is recommended that schools consider the spaces available for SSS team members when they are performing SSS duties on school sites.

Key considerations include:

- the often private and confidential nature of services provided, which require a secure, acoustically separate, and appropriate place to convene meetings with parents, students support groups and related professionals
- the need for a quiet place where assessments and interventions can be conducted, with a minimum amount of distraction
- suitable office and meeting space for collegiate meetings of health and wellbeing teams to conduct case discussions, and consult with community services as required
- access to information technology, Departmental computer networks (eduStar), the internet and telephony
- lockable filing cabinets for the storage of DCS files
- furniture suitable for both adults and children
- the access requirements of students, parents and staff, which may include disability access
- office equipment that is ergonomic and suitable to complete administrative tasks.

Accommodation and space within schools must also comply with occupational health and safety requirements and departmental policies.

STUDENT ONLINE CASE SYSTEM (SOCS)

OVERVIEW

The Student Online Case System (SOCS) assists schools and Student Support Services (SSS) (including visiting teachers) to support students by providing a data management system for all SSS cases, assessments and interventions.

SOCS promotes accountability and role clarity, assists with workload management, facilitates more effective interventions through comprehensive student information, and reduces duplication through accurate record keeping.

The system includes the following features:

- online case preparation, assignment and management processes
- service allocation and case management
- standardised service reporting
- service review involving teams and schools.

What is SOCS?

SOCS is an online application that provides:

- a tool for managing individual SSS cases, from request and case preparation to service activity and case closure
- information and data to support Areas in developing SSS service priorities, assessing resource needs; monitoring service delivery; and assessing service outcomes.

Benefits of SOCS

SOCS supports the work of schools by providing:

- improved case management and service delivery
- student case management information
- information to support service allocation for the school and Area
- data to support statewide requests for resources.

Who should use SOCS?

All schools and Areas are required to use SOCS to request services from SSS and Visiting Teachers.

- **Schools** can use the case request from in SOCS to request SSS services.
- **SSS Team Leaders** can use the case assignment and monitoring functions to plan and coordinate service delivery in accordance with SSS priorities, and monitor the management of cases.
- **SSS teams** can use the case noting functionality of SOCS to manage the SSS cases assigned to them, and report on case outcomes.
- **Area Leadership Teams** can use SOCS data to assess demand for SSS services; develop work plans; set and monitor service milestones and outcomes; assess the overall performance of SSS; and develop future resource requirements.

All SSS cases should be documented in SOCS. The STAR system used by Areas and regions should not be used to manage case work. However, links to SOCS cases (e.g. by providing a case number) could be documented in STAR to denote that a SSS case exists.

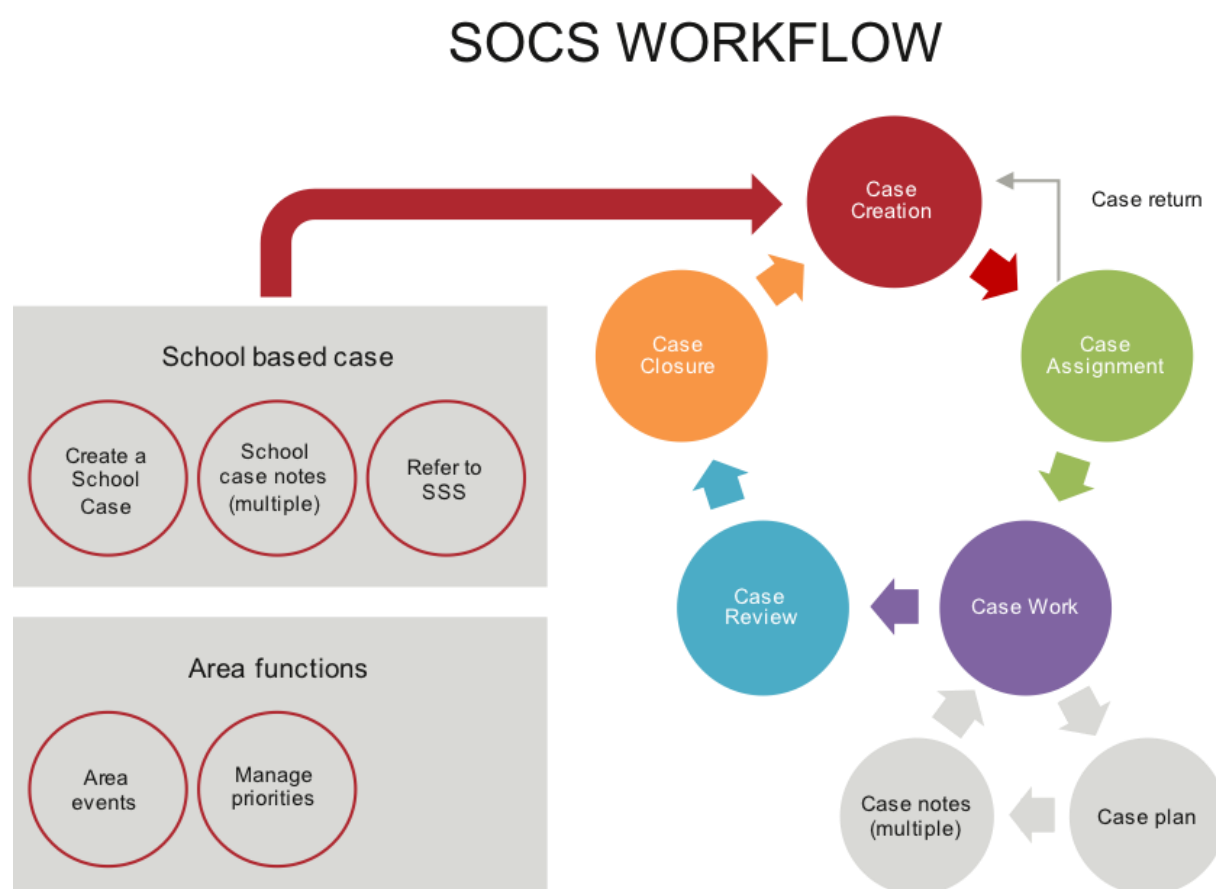
Consent

All cases referred to SSS via SOCS require explicit consent from a parent or guardian. [Consent forms and a SSS consent flowchart](#) are available at on the DET website:

SOCS Workflow

At its most basic level, SOCS uses a five-step workflow to manage cases:

FIGURE 10: SOCS WORKFLOW



A brief description of each step is as follows:

Case creation	<ul style="list-style-type: none"> Cases are created by schools using the case preparation form. There are two types of Cases that can be created and managed in SOCS: <ul style="list-style-type: none"> Individual Student Cases – targeting issues or improvements for an individual student Program Cases – targeting issues or improvements for a group of students or teachers. The case preparation form provides key information about the presenting issues, interventions to date, and services requested. Schools must obtain consent and upload consent forms and can optionally upload any other supporting documentation (e.g. student information form etc.). Schools can also create school based cases to document local interventions before referring to SSS.
Case assignment	<ul style="list-style-type: none"> SSS Team Leaders assign cases to SSS team members using manual, automatic or batch case assignment; assign case priorities and set review dates. Each case has one Case Leader, but multiple team members can be assigned to the case as required.
Case work	<ul style="list-style-type: none"> SSS Team members undertake case work and document case plans and case notes for each service type.
Case review	<ul style="list-style-type: none"> Once casework is complete, the case moves to review during which time no case work is undertaken, but the impact of interventions may be monitored. If additional work is required, the case can return to casework.
Case closure	<ul style="list-style-type: none"> The case is closed when it is agreed that SSS service delivery is complete. If additional work is then required, a new case must be submitted.

Key SOCS features associated with each step in the workflow are:

FIGURE 11: KEY SOCS FEATURES



Case notes in SOCS

Services Areas are used to document a detailed case plan for a case following consultation with the school. SSS team members can work in one or more Service Areas depending on the needs of the case. The six Service Areas are:

- Speech/Language
- Attendance/Behaviour
- Social/Emotional
- Hearing/Vision
- Disability/Health
- Learning/Development.

Service information is not available for school based users to either view or edit information.

In SOCS, documenting information about cases is done in two ways:

- A [Case Plan](#) for each Service Area. The [Case Plan](#) has three parts:
 - Service Details – provides information about who is assigned to the service and the next planned review date (if there is one).
 - Identified Issues – provides information about the identified issues relevant to the service and allows the worker to identify any tests undertaken to date.
 - Service Strategies – provides information about the aims and strategies that the worker will use to address the identified issues.
- [Case Notes](#) to document each interaction, as required. Case notes are the same for all service types. Case Notes also comprise three parts:
 - Case note details
 - Assessments
 - Notes.

Information Security

As a system that provides direct access to some parts of a student level record, SOCS has high levels of security built into its design including:

- **Three step authentication:** A SOCS user must be i) logged on to the DET network, ii) provided with specific access to SOCS as a registered user, iii) be a member of the global address book. Users who do not meet these requirements cannot access the system
- **Quarantined workflow** – sections of the SOCS workflow are quarantined based on user role and permissions.
 - Schools can only access school based case notes and case creation information
 - SSS team members can only access case to which they are assigned.
 - SSS team leaders can monitor all cases in their team.
 - Schools cannot view or access case plans or case notes created by SSS.

Shared file management¹

SOCS provides a mechanism for shared electronic case files for SSS multidisciplinary teams. Information in SOCS is part of and complements, **but does not replace**, the Departmental Confidential Student (DCS) file.

The [DET Professional Practice Guidelines](#) establish principles for holistic approaches to service delivery. Collaboration between services and multidisciplinary professional practice is pursued to meet the needs of children, learners and families and their health, wellbeing and learning goals.

Professionals holistically approach service delivery² by:

- ensuring service provision is collaborative, coordinated and integrated across disciplines to enhance outcomes for the child, young person learner and family
- clearly articulating their role, responsibility and delivering on service priorities
- utilising the specialised skills, knowledge and expertise of each profession
- providing timely, planned and professional service from point of contact to closure
- clearly and concisely delivering documentation of assessment and intervention that is in a timely and easily understandable format.

These principles and those established by professional bodies require that SSS working in multidisciplinary teams develop a shared view of the aims and objectives of the work at all levels. Team members need to respect the professional standing and views of other allied health professionals while being clear with other professional colleagues what can be expected of them in collaborative work.

When establishing arrangements for multidisciplinary teamwork, how teams work together should be made clear. There should be agreement about information sharing, and confidentiality and its limits.

SSS teams are required to work with shared files and SOCS provides a mechanism to do this. As a result, team members need to be aware of their ethical responsibilities with regard to the following:

1. **Access to information** – When SSS team members contribute to multidisciplinary team records in SOCS it is advisable that entries are brief, factual and focused on relevant information (e.g., presenting issue, diagnosis, risk issues, intervention plan, dates of service). Notes should refrain from recording sensitive personal information in a shared file (e.g., family confidences, third party details or matters not relevant to current treatment).
2. **Informing the client** – The child or young person should be informed that a brief record will be kept in a multidisciplinary file and is therefore accessible by other members of a team. This is covered in the SSS consent form under the heading “*Using personal and health information*”.
3. **Two file system** – The implementation of a two-tier file system can overcome some of the ethical challenges for SSS working in a multidisciplinary team. While general information should be stored in SOCS per point 1 above, SSS team members should record essential sensitive and personal client information in a separate physical or electronic record system that must be secured.

Consent must be sought from parents or guardians and/or students (when able to give informed consent) to share information and is usually limited to information that is not highly sensitive in nature. Sharing information is covered in the SSS consent form under the heading “*Using personal and health information*”.

¹ This guidance is based on section 5.6 of *The framework for effective delivery of school psychology services: a practice guide for psychologists and school leaders*, APS, September 2016 available on the [APS Website](#)

² DET Professional Practice Guidelines For Health, Wellbeing and Education Professionals, March 2016

Sensitive information relevant to the support of a child may be discussed between multidisciplinary team members through case conferencing to support the development of interventions and supports.

The judgement as to what to share with professionals from other health disciplines in the team or with school personnel involved with a child or young person needs to take into consideration the goals and purpose of the team engagement. Only information relevant to the goals needs to be shared. For example, copies of psycho-educational assessment reports, educational recommendations, learning support plans, behaviour support plans, and some referral letters may be included in SOCS for shared access.

User support

If you need additional support using SOCS:

- Browse or search the [SOCS User Manual](#).
- Review the [SOCS Instructional Videos](#) on FUSE
- Call the SOCS helpdesk on **1800 614 810**.
- Email the SOCS helpdesk at help.helpdesk@edumail.vic.gov.au.
- Attend online training. Details about upcoming training sessions are available from the SOCS helpdesk.

SOCS Change Advisory Group

Do you have any idea or suggestion to improve SOCS? If so, contact a member of the [SOCS Change Advisory Group](#) to put your idea forward.

STUDENT SUPPORT SERVICES RESOURCES

POLICY DOCUMENTS

Education State

Information about Education State is available at:

<http://www.education.vic.gov.au/about/educationstate/Pages/default.aspx>

Framework for Improving Student Outcomes

Information about the Framework for Improving Student Outcomes is available at:

<http://www.education.vic.gov.au/school/teachers/management/improvement/Pages/FISO.aspx>

DET Principles for Health and Wellbeing

The DET Principles for Health and Wellbeing is available at:

<https://www.education.vic.gov.au/Documents/about/departments/principlesforhealth.pdf>

DET Professional Practice Guidelines

The DET Professional Practice Guidelines is available at:

<https://edugate.eduweb.vic.gov.au/edrms/collaboration/PPL/Project/Professional%20Practice%20Guidelines/Professional%20Practice%20Guidelines%20March%202016%20Final.pdf>

DET Supervision Framework

The DET Supervision Framework is available at:

<https://edugate.eduweb.vic.gov.au/Services/HR/Documents/Professional%20Supervision%20Framework%20Updated%20Feb222018.pdf>

Students in Out-of-Home Care

DET Policy on students in out of home care is available at:

<https://www.education.vic.gov.au/school/teachers/health/Pages/oohc.aspx>

SOCS USER MANUAL

A detailed SOCS user manual on how to use SOCS is available at:

<https://edugate.eduweb.vic.gov.au/collaboration/SOCS/default.aspx>

SSS FORMS

Student Support Services Consent Form

This form must be completed and signed by parent/guardian as part of the referral process.

The form is available at: <http://www.education.vic.gov.au/school/teachers/health/Pages/sss.aspx>

Student Support Services Student Information Form

This form is an optional support for the pre-referral and referral process. Only the relevant sections of the form should be completed.

<http://www.education.vic.gov.au/Documents/school/principals/spag/safety/SSSstudentinformationform.docx>

Professional Associations and Regulatory Bodies

- [Australian Association of Social Workers](#)
- [Australian Health Practitioner Regulation Agency](#)
- [Australian Psychological Society](#)
- [Speech Pathology Australia](#)