

ADULT ATTENDANCE POLICY

ISSUE DATE: October 2025

PURPOSE

The MedHealth NDIS Services Division is committed to creating an environment and culture where the safety, wellbeing, and rights of children and young people are upheld. We embed strategies to ensure a culture of child safety and provide a safe environment for the children and young people we support. We are committed to preventing harm, risk of harm and child abuse. We identify risks early and remove or reduce these risks.

We have zero tolerance for harm to children and young people. Any risk of harm, incidents of child abuse, allegations of child abuse or safety concerns will be treated seriously, and consistently in line with our robust policies and procedures.

This policy establishes the requirement for an adult attendee to be present during all appointments with a participant under the age of 18 years that is conducted by our organisation. This policy aims to enhance child safety and embed family-centred practice.

SCOPE

This policy outlines the staff responsibilities, and adult attendee requirements for services delivered to a child or young person by MedHealth NDIS Services Division. The policy applies to employees, contractors, volunteers and students providing services directly to children. The policy applies to services delivered at any location including MedHealth offices, in the home, community, schools and online.

DEFINITIONS

Capitalised terms used in this policy have the following meanings:

Term	Definition
Adult Attendee	<p>Any person who is:</p> <ul style="list-style-type: none">• a parent, care giver, kinship carer, legal guardian, delegated officer of a child services government body, or other authorised adult e.g. teacher;• over the age of 18; and• known to the child personally.

Child	Participants who are under the age of 18 years. In this policy references to child/ren also include a young person/people. Child/ren and young person are used to acknowledge some important differences between children and young people, such as their requirements, their needs, and their capacity for self-determination.
Clinician	Allied health professional/s and others delivering services directly to participants, including key workers, behaviour support practitioners and employment advisors.
Duty of care	A duty of care towards a child is a legal and moral obligation to take reasonable steps to protect them from harm and ensure their safety, well-being, and development. This responsibility applies to anyone in a position of care or control over a child, including parents, educators, and caregivers who have authority to perform this role/duty.
Line-of-sight	The unobstructed visual access an Adult Attendee has to the child and the therapy environment. This is applicable to physical and online environments. Where an Adult Attendee is observing through Line-of-sight, the physical environment must allow visual access to the entire physical environment.
Premises	The physical location in which the session is being delivered and includes all areas under the same continuous roofline and within the same space (for example, the clinic, home, or community facility). It does not include separate tenancies or public areas such as cafés or foyers, even if they are located within the same building.

POLICY

Requirements

In all sessions involving a participant who is a child, an Adult Attendee must be physically present in the session or maintain line-of-sight of the session.

Family-centred practice recognises the vital role of families and caregivers in a child's development. Having an adult attendee observing or participating in therapy sessions is intended to enhance therapy outcomes, and support therapeutic practices undertaken in the home, leading to improved clinical and functional goals for the child. ¹ Adult Attendees are encouraged to reinforce therapeutic strategies outside of sessions to enhance the child's progress.

The requirement for an Adult Attendee applies to all environments - physical, digital, or otherwise - and includes clinic settings and external environments such as schools, early learning centres and in the home and community.

Clinicians of the MedHealth NDIS Services Division will not perform any duties directly with a child without an Adult Attendee present and are required to cancel and reschedule any appointments where an Adult Attendee is not present. A short-notice cancellation will be charged (including any applicable travel) if less than 48 hours' notice is provided that an Adult Attendee will not be present for a session. The appointment is to be rescheduled to a time when an Adult Attendee is able to be present.

NOMINATION

- A child's parent or legal guardian may nominate another adult to act as the Adult Attendee. The nomination must be notified to MedHealth in writing prior to the relevant session. A staff member of MedHealth cannot act as the Adult Attendee.
- In school or early childhood settings, teachers or authorised staff may act as the Adult Attendee, provided they are on-site and able to maintain Line-of-sight during the session. If the school cannot allocate an Adult Attendee to attend an individual session, the session must be held in a mutual learning space with staff present who can be delegated to observe the child.

CONDUCT

- Adult Attendees must refrain from disrupting therapeutic activities; however, they may offer comments if asked or if necessary to support the child's safety or the child's participation in the activity.
- This policy also applies to physical and online environments.

DUTY OF CARE AND SAFEGUARDING RESPONSIBILITIES OF THE ADULT ATTENDEE

- Adult Attendees must ensure they are aware of and responsive to the child's health, medical needs or physical support needs during the session or as directed by the Clinician. This includes but is not limited to management of allergies and anaphylaxis risk, medical episodes, behaviours of concern, absconding risks, or assistance with personal needs including toileting.
- The Adult Attendee plays a key role in safeguarding by monitoring the session for any concerns, supporting the child's engagement, and reinforcing positive therapy outcomes.

PRESENCE REQUIREMENTS OF ADULT ATTENDEE

Location of services	Requirements
Clinic:	The Adult Attendee must not leave the Premises.
	For sessions where it is deemed appropriate by the Clinician for the Adult Attendee to be in the session room, an Adult Attendee must either be present in the session room or must remain in a location where they have Line-of-sight into the session room.

	For sessions where it is deemed not appropriate by the Clinician for the Adult Attendee to be in the session room, the Adult Attendee must remain nearby in a location that provides line-of-sight into the room, or the ability to maintain line-of-sight as needed, and be able to respond promptly if required.
	Sessions should be conducted in a clinic room that has transparent glass on an internal wall or door, so that the Adult Attendee is able to clearly see into the room. Should a clinic room with transparency not be available, the session can be conducted in a clinic room with no observation windows, however the door must be kept ajar to allow for Line-of-sight.
	If the Adult Attendee chooses not to be present in the clinic room, or is asked by the child not to be present in the clinic room, they must remain in the waiting room or another location which enables them to have Line-of-sight to the clinic room where the session is being conducted. There must always be the ability for the Adult Attendee to see inside the room where the child is receiving therapy.
	Where the child is likely to be distracted by the presence of the Adult Attendee, the Adult Attendee must attempt to be out of sight but retain Line-of-sight through the use of observation windows or transparent door.
	The Adult Attendee must always be available to discuss any key updates with the Clinician at the start and at the conclusion of the session.
	The Adult Attendee must not leave the home at which the Clinician is conducting a session with the child.
Home:	For sessions where it is deemed appropriate by the Clinician for the Adult Attendee to be in the room where therapy is occurring, the Adult Attendee must either be present in the room or remain in a location where they have Line-of-sight into the room.
	For sessions where it is deemed not appropriate by the Clinician for the Adult Attendee to be in the room where therapy is occurring, the Adult Attendee must remain in a location that provides line-of-sight into the room, or the ability to maintain line-of-sight as needed, and be able to respond promptly if required.
	There must always be the ability for the adult attendee to see inside the room where the child is receiving therapy. If there are no internal windows, the door must remain open.
	Where the child is likely to be distracted by the presence of the adult attendee, the adult attendee must attempt to be out of sight while still maintaining the ability to observe and respond promptly.
	The Adult Attendee must always be available to discuss any key updates with the clinician at the start and at the conclusion of the session.
Telehealth:	The Adult Attendee must remain at the location with the child for the duration of the session.

	For sessions where it is deemed appropriate by the Clinician, the Adult Attendee must be visible and engaged in the telehealth session alongside the child.
	For sessions where it is deemed not appropriate by the Clinician for the Adult Attendee to be directly visible on camera, the Adult Attendee must remain within the same location as the child, maintaining Line-of-sight, and be available to respond promptly if required.
	There must always be the ability for the adult attendee to view the screen and the space where the child is receiving teletherapy.
	If the child is likely to be distracted by the presence of the Adult Attendee, the Adult Attendee may remain out of camera view but must stay nearby and accessible.
	The Adult Attendee must always be available to discuss any key updates with the Clinician at the start and conclusion of the session.
Parks or other community settings:	The Adult Attendee must remain at the location with the child for the duration of the session.
	For sessions where it is deemed appropriate by the Clinician for the Adult Attendee to remain with the child during the session, they must stay with the child at all times, or maintain Line-of-sight, and close enough to respond promptly if required.
	For sessions where it is deemed not appropriate by the Clinician for the Adult Attendee to remain directly with the child, the Adult Attendee must remain nearby, within Line-of-sight, and close enough to respond promptly if required.
	Where the child is likely to be distracted by the presence of the Adult Attendee, the Adult Attendee must remain close enough to respond promptly if required and maintain clear Line-of-sight.
	The Adult Attendee is responsible for transporting the child to and from the setting.
	The Clinician must not transport any person in their vehicle, whether privately owned, novated lease, rental, employer-issued vehicle or other.
	The Adult Attendee must always be available to discuss any key updates with the Clinician at the start and at the conclusion of the session.
Groups:	The Adult Attendee must not leave the Premises.
	The Adult Attendee of each participant in the group must remain on the Premises for the duration of the session.
School or early childhood centres (Kindergartens, childcare centres):	The role of Adult Attendee may be taken on by teachers and other adults who are employed by the school or early childhood centre (if their role allows for authorised duty of care responsibilities in education settings).
	If a school does not have the capacity or availability to designate an Adult Attendee for the session, the session must be conducted in a mutual

learning space (i.e. a library) where there are staff present and who actively observe the session.

In these situations, there must be a staff member who is authorised to be delegated as the Adult Attendee who is able to maintain Line-of-sight.

For example, a dedicated teacher is not able to be assigned to the therapy session, however there is space available in the schools library, or in the yard of a Kindergarten. In these circumstances, an education staff member must be able to maintain Line-of-sight to the therapy being conducted.

Therapy must occur where Adult Attendees that are adult teachers or education staff are present or can observe as required through mutual learning spaces, windows, or open or ajar doors.

OTHER CONSIDERATIONS

There may be circumstances where, in the interests of a child's privacy or their wellbeing, or for therapeutic purposes, it is inappropriate for an Adult Attendee to hear a therapy session. In these circumstances, to ensure the safety of all parties, the Adult Attendee must have the ability to see into the session to mitigate potential risks. Examples of such situations include psychological therapy or counselling. The Adult Attendee must be able to see into the room but must not hear the discussions. This may be facilitated through an observation window or a similar arrangement that allows visual oversight while maintaining confidentiality.

If the child has been attending therapy independently prior to the enactment of this policy in October 2025 – they may request to continue to do so via the Risk Governance and Compliance Team. Each request will be assessed based on each individual's risk factors, and if approved, a parent release will be issued. Under no other circumstances do exclusions to this policy apply.

ESCALATIONS

If an Adult Attendee is unable to be nominated or present during ongoing sessions, and a suitable therapy time cannot be found, the clinician must escalate the matter to their Business Partner. The Business Partner must notify the Risk, Governance and Compliance team of the matter by emailing NDIScompliance@medhealth.com.au

EXTERNAL RESOURCES

1. Reimagine Australia. Best Practice in Early Childhood Intervention National Guidelines (Early Childhood Developmental Supports) 2nd Edition [Internet]. 2ND ed. Reimagine Australia; 2024. Available from: <https://childkind.org.au/wp-content/uploads/2024/10/National-Guidelines-for-Best-Practice-in-Early-Childhood-Intervention-2nd-Edition.pdf>