

Funding and Service Agreement¹

District-based Speech Therapy Team for Integrated Programme in Kindergarten-cum-Child Care Centre

I Service Definition

Introduction

1. District-based Speech Therapy Team (DSTT) provides speech therapy service to needy children with mild disabilities enrolled in Integrated Programmes (IPs) in Kindergarten-cum-Child Care Centres (KG-cum-CCCs) within a specified cluster. It also offers consultation and demonstration to parents/principle carers/relevant staff members of the KG-cum-CCCs on training programme and treatment of individual child as well as to equip them the knowledge and skills in facilitating the speech and language development of these children.

Purpose and objectives

2. DSTT provides direct training, consultation and educational programmes to help children with mild disabilities to overcome obstacles in their speech and language development and to maintain or even strengthen their residual communication and speech ability so that their chances of returning to the mainstream will be increased.

Nature of service

3. The Service is delivered by the following means with focus on communication, speech and language development. DSTT should provide on-site service to the service users as far as possible, with intensive training available at the bases(s) of DSTT for cases in need.

- (a) Periodic clinical visits to the KG-cum-CCCs by speech therapists
- (b) Intensive training programmes in the form of individual and group
- (c) Periodic reviews by speech therapists to monitor progress
- (d) Consultation to parents/principle carers/relevant staff members of KG-cumCCCs

¹ This Funding and Service Agreement is a sample document for reference only.

(e) Education programmes for parents/principle carers/relevant staff members of KG-cum-CCCs

(f) Loan service of relevant resource and training materials to parents and staff.

Target group

4. Children with mild disabilities aged from 2 to under 6, who are service users of IP, and their parents/guardians/family members as well as relevant staff members of the KG-cum-CCCs.

II Performance Standards

5. The service operator should meet the following performance standards :

Outputs

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	No. of clinical visits to each KG-cum-CCC in the cluster in a year (Note 1)	12
2	No. of individual training hours provided per child in a year (Note 2)	18
3	Rate of achieving review of the progress of the children's language/speech development in a period of 6 months (Note 3)	100%
4	No. of consultation hours provided for parents/principle carers/relevant staff members of the KG-cum-CCCs per child in a year (Note 4)	12
5	No. of educational programmes provided to parents/principle carers/relevant staff members in a year (Note 5)	4

(Notes and Definitions are attached at Annex of this Agreement.)

Essential service requirement

6. The service operator is required to comply with the essential service requirement as follows:

- Qualified Speech Therapist is the essential staff of the service
- Compliance with the administrative guidelines/operation manual issued by the Social Welfare Department (SWD)

Quality

7. The service operator will meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operators

8. The SWD will undertake the duties set out in the General Obligations of SWD to service operators.

IV Basis of Subvention

9. The basis of subvention is set out in the offer and notification letters issued by SWD to the agency.

Funding

10. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the service operator for a time-defined period. This lump sum has taken into account personal emoluments applicable to the operation of the project.

11. In receiving the LSG, the service operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual and the LSG Circulars in force on the use of subventions. The LSG will be subject to adjustments including salary adjustment in line with civil service pay adjustment. The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

Payment arrangement, Internal control and Financial reporting requirements

12. Upon your acceptance of the Funding and Service Agreement (FSA), payment of the LSG subventions will be made on monthly basis.

13. The service operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control system and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

14. The service operator shall submit annual financial report (APR) and statements audited by a certified public accountant registered under the Professional Accountants Ordinance (Cap 50) in accordance with the requirements as stipulated in the latest LSG Manual and LSG Circulars in force. The AFR should be prepared on cash basis and non-cash items like depreciation, staff leave accrual etc should not be included in the AFR. Special or major capital expenditure items should only be included in the AFR if they had been thoroughly discussed in management board, well justified and documented.

V. Validity Period

15. This FSA is valid for a time-defined period. Should the service operator be in breach of any terms of condition of the Agreement and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate this Agreement by giving 30 days' notice in writing to the service operator.

16. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the service operator and the service operator will be required to achieve new requirements in accordance with the specified implementation schedule.

17. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and performance of the service operator. SWD reserves the right to reallocate the project.

VI. Other References

18. Apart from this FSA, the service operator should also comply with the requirements/commitments set out in the respective Service Specification, and the service operator's proposals and supplementary information, if any. Where these documents are conflict, this FSA shall prevail. The service operator's compliance to all these documents will be closely monitored by SWD.

Notes and Definitions

1. **Clinical Visits** refer to visits conducted to KG-cum-CCCs purely for clinical services. One clinical visit is equivalent to a half-day service where “half-day” refers to a continuous duration of at least 3 hours. Clinical visit lasting for less than 3 hours but more than 1.5 hours may be regarded as 0.5 visit but it should not be cumulative.
2. **Individual Training Hours** refer to training conducted by the Speech Therapist to children with disabilities on individual basis purely for clinical training in the areas of communication, speech and language development. Preparatory and traveling hours of speech therapist should not be counted.
3. **Periodic Review** aims at evaluating the progress of the service users against baseline functioning in the area of communication, speech and language in a specified time frame and frequency.
4. **Consultations** refer to the offer of advice and demonstration given to the parents/principle carers/relevant staff members of the KG-cum-CCCs regarding planning and implementation of individual or group speech therapy treatment programmes for children receiving IPs in KG-cum-CCCs.
5. **Educational Programmes** refer to the transfer of knowledge and skills to parents/principle carers/relevant staff members of the KG-cum-CCCs in a format which should be open to parents of the same IP unit or whose children attending IPs in KG-cum-CCCs within the same cluster are suffering from similar disability, e.g. autistic children