# Personal Considerations

## Conversation Tool | Child

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| Child’s Name | icare reference number | Date |
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| Parent/Guardian’s name | Case Manager | Case Manager contact details |
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| |  |  |  | | --- | --- | --- | |  | **Child:** | What new things have you learnt? How do you think you are going with….? (example relevant to the child, e.g. sleeping in a new room/changes to schooling). | |  | **Parent:** | How do you think your child is adapting to their different circumstances? | | | | |
| Child’s comments (if appropriate): | | | |
| Parent/Guardian comments: | | | |
| Planning facilitator comments: | | | |
| |  |  |  | | --- | --- | --- | |  | **Child:** | Do you get upset (or cranky)? What makes you upset? What happens when you get upset? | |  | **Parent:** | How would you describe your child’s behaviour generally? Is this different to their behaviour before the injury? (For a child with a brain injury, the planning facilitator may choose to use an appropriate behaviour scale). | | | | |
| Child’s comments (if appropriate): | | | |
| Parent/Guardian comments: | | | |
| Planning facilitator comments: | | | |
| |  |  |  | | --- | --- | --- | |  | **Child:** | Have you tried anything new recently? How did it go? | |  | **Parent:** | Do you find that your child is keen to try new activities or try doing things in a different way? | | | | |
| Child’s comments (if appropriate): | | | |
| Parent/Guardian comments: | | | |
| Planning facilitator comments: | | | |
| |  |  |  | | --- | --- | --- | |  | **Child:** | What activities have you got planned for the rest of the week? Is there anything you are looking forward to? | |  | **Parent:** | Do you think your child looks forward to the next day? Is your child engaging in activities that they enjoy? | | | | |
| Child’s comments (if appropriate): | | | |
| Parent/Guardian comments: | | | |
| Planning facilitator comments: | | | |
| |  |  |  | | --- | --- | --- | |  | **Child (as age-appropriate)/Parent:** | Would your family benefit from any support in adjusting to the changes? What might that support look like? | | | | |
| Child’s comments (if appropriate): | | | |
| Parent/Guardian comments: | | | |
| Planning facilitator comments: | | | |

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| A range of support programs are available for children and their families – a list of these programs can be found [here](https://www.icare.nsw.gov.au/injured-or-ill-people/motor-accident-injuries/families-and-carers). |

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|  | Lifetime Care  GPO Box 4052, Sydney, NSW 2001  **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |  | Workers Care  GPO Box 4052, Sydney, NSW 2001  **General Phone Enquiries: 1300 738 586**  Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |