

# National Disability Insurance Scheme (NDIS) – child and family system interface

Practice guidelines for Child FIRST, The Orange Door, Integrated Family Services, Child Protection and Out-of-Home Care

To receive this publication in an accessible format phone 9096 7834, using the National Relay Service 13 36 77 if required, or email [earlypathways@dhhs.vic.gov.au](mailto:earlypathways@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, September 2018.

Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

**ISBN** 9978-1-76069-710-5 (Word)

Available from the [department's providers website](https://providers.dhhs.vic.gov.au/ndis-resources-child-and-family-system-workforce) <<https://providers.dhhs.vic.gov.au/ndis-resources-child-and-family-system-workforce>>

# Contents

<b>Section 1: The child and family system and the NDIS – a new way of working with families with disability</b> .....	<b>7</b>
Introduction.....	7
About this good practice guide .....	7
Purpose and audience.....	8
Key terms .....	8
A new way of working.....	8
Role of the child and family system workforce.....	8
NDIS and child and family system joint responsibilities .....	9
The vulnerability–disability relationship .....	9
NDIS and child and family system collaboration.....	10
<b>Section 2: NDIS fundamentals</b> .....	<b>12</b>
NDIS – an introduction .....	12
Council of Australian Governments principles about the NDIS.....	12
The purpose of the NDIS.....	13
The NDIS as an insurance scheme .....	13
Access to the NDIS .....	14
People with disability who are NDIS ineligible .....	17
People with disability who do not currently access disability services .....	17
Accessing and navigating the NDIS on behalf of a client – nominees.....	17
Assessments to help support NDIS access requests .....	20
What happens if a person is ineligible for the NDIS or certain supports? .....	20
NDIS planning and assessment .....	20
Examples of reasonable and necessary supports .....	22
What will not be funded by the NDIS .....	23
What is included in a participant’s plan?.....	23
NDIS plan budgets .....	23
Capital funds are not flexible and cannot be moved between budget areas.....	24
Capacity building funds are not flexible and cannot be moved between budget areas. ....	24
NDIS plan management .....	24
Implementing NDIS plans.....	25
Local Area Coordination .....	25
Local Area Coordination – some issues .....	25
NDIS-funded support coordination .....	25
Types of support coordination .....	26
Information, linkages and capacity building .....	26
LACs and ILC .....	27
<b>Section 3: NDIS quality and safeguards</b> .....	<b>28</b>
NDIS quality and safeguarding framework .....	28

Implementing the quality and safeguarding framework .....	28
<b>Section 4: Child and family system practice.....</b>	<b>30</b>
How this guidance relates to existing policies and practice .....	30
The NDIS model and issues for vulnerable and complex families .....	30
Culturally appropriate responses .....	30
Identifying disability .....	31
The Common Disability Identifier .....	32
The NDIS planning and assessment tool .....	32
Family needs assessment and case planning .....	33
Collaborative practice .....	33
Assisting families with evidence of disability requirements .....	35
Helping families identify reasonable and necessary supports .....	35
The NDIS planning and assessment meeting – supporting families.....	36
Sample plans and carer statements .....	36
Choosing a support coordination provider – assisting families .....	37
Multiple plans in the one family .....	37
DHHS support coordination.....	37
Support coordination offered by the department .....	38
Support coordination .....	38
Specialist support coordination.....	38
<b>Choosing the department for support coordination .....</b>	<b>38</b>
Deciding on NDIS service providers.....	38
When NDIS plans fall short of disability needs – helping families with plan reviews .....	38
Scenarios that may lead to an inadequate or underfunded plan .....	39
Urgent plan reviews.....	40
Interfacing with other mainstream services and specialist services.....	40
Information sharing with the NDIS.....	40
Child Protection and information sharing with the NDIS .....	41
When is it appropriate for Child Protection and the NDIA to share information? .....	41
Signs of success in NDIS planning.....	42
<b>Section 5: Working with families with complex needs.....</b>	<b>43</b>
Getting support.....	43
NDIS transition teams.....	43
Principal Disability Practice Advisors.....	43
Intensive Support Team .....	44
NDIS Complex Support Needs Pathway .....	44
DHHS support coordination.....	44
NDIS and parental intellectual disability .....	45
NDIS access for parents with intellectual disability.....	45
NDIS plans for parents with intellectual disability .....	47
Parents with psychosocial disability .....	47

Young carers .....	48
Children and young people in care services.....	49
NDIS supports for young people leaving care services after 18 .....	49
DHHS as an NDIS service provider.....	49
<b>Section 6: The NDIS and children and young people with disability .....</b>	<b>50</b>
Children aged 0–6 years .....	50
Children aged over six years .....	51
Childhood disabilities.....	51
Global developmental delay and developmental delay .....	52
More information on childhood disability.....	53
<b>Section 7: Disability and NDIS-funded supports .....</b>	<b>54</b>
Sensory disorders .....	54
Congenital disorders .....	56
Intellectual disability .....	58
Cystic fibrosis .....	58
Spina bifida.....	59
Muscular dystrophies.....	60
Acquired disorders .....	61
Assistive technology .....	63
Respite care .....	63
A note about respite care .....	64
<b>Section 8: Roles and responsibilities of child and family system workforces – business as usual .....</b>	<b>65</b>
Child FIRST, The Orange Door and Integrated Family Services.....	65
Child Protection .....	65
Out-of-home care providers.....	66
<b>Section 9: Roles and responsibilities of NDIS and child and family system workforces – crisis and other circumstances.....</b>	<b>67</b>
About carer/family breakdown .....	67
Voluntary Child Care Agreements .....	68
Family violence.....	68
The Orange Door .....	69
More information and on working with clients experiencing family violence .....	69
Crisis situations and non-NDIS children and young people.....	69
Circumstance and sector responsibilities .....	69
<b>Section 10: Problem solving and troubleshooting .....</b>	<b>87</b>
A child is not deemed eligible for the NDIS .....	87
Urgent NDIS access required – urgent access requests.....	87
<b>Section 11: Frequently asked questions .....</b>	<b>90</b>
NDIS access and supports.....	90
NDIS roles and NDIS plans .....	96

<b>Glossary</b> .....	<b>101</b>
<b>Appendix 1: Further reading on disability</b> .....	<b>103</b>
<b>Appendix 2: Resources to share with parents</b> .....	<b>104</b>
<b>Appendix 3: Victorian NDIS rollout schedule</b> .....	<b>105</b>
Memorandum of understanding between the Office of the Public Advocate and Child Protection .....	107
<b>Appendix 5: Text-equivalent descriptions of graphics used in this document</b> .....	<b>113</b>
Figures .....	113

# Section 1: The child and family system and the NDIS – a new way of working with families with disability

## Introduction

Vulnerable children and families are at the centre of the work we do. We have the collective responsibility of ensuring the safety and wellbeing of children and promoting positive family functioning.

The National Disability Insurance Scheme (NDIS) presents an unprecedented opportunity for all those working to improve the lives of parents and children with disability to work together in a way that our systems did not enable in the past. For vulnerable families, with the additional challenges of disability, the NDIS provides an opportunity to integrate our services to deliver seamless family and disability services. This will require commitment, cooperation and collaboration from dedicated professionals working across the NDIS and the child, youth and families services systems. With approximately one third of all NDIS participants not previously receiving disability supports, the NDIS also represents an unprecedented opportunity for vulnerable families to capitalise on the additional investment in the system.

The rollout of the NDIS is occurring at a time of monumental reform to the way family and child supports are provided in Victoria. A new focus on early intervention, prevention and joining up services for vulnerable families aligns closely with the objectives of the NDIS to promote the social and economic participation of people with disability and to promote high-quality and innovative supports to allow them to exercise the choice and control they need to achieve their goals.

## About this good practice guide

This practice guide has been developed to assist practitioners in the Victorian child and family system to work collaboratively with the NDIS (NDIS planners, support coordinators, local area coordinators (LACs) and early childhood early intervention (ECEI) partners). The guide will support the best possible outcomes for vulnerable families with disability and contains information to support your work with families with disability and your interface with the NDIS.

The child and family system includes Child FIRST, The Orange Door, Integrated Family Services, Child Protection and out-of-home care services. This practice guide is one component of a package of resources to support the child and family system workforces that developed through the Commonwealth Sector Development Fund project, funded by the Commonwealth Department of Social Services.

E-learning modules are also available to assist with: understanding the NDIS structure and pathways; better understanding the impact of disability on vulnerable families; and assisting families with NDIS navigation. Access these modules from the [child and family services system workforces resources page on the department's providers website](https://providers.dhhs.vic.gov.au/ndis-resources-child-and-family-system-workforce) <<https://providers.dhhs.vic.gov.au/ndis-resources-child-and-family-system-workforce>>

Note that these guidelines have been prepared at a time of significant change. The NDIS is rolling out rapidly throughout Victoria. There are areas of policy that have yet to be fully tested and resolved with the National Disability Insurance Agency (NDIA). As positions on specific policy areas are determined, these guidelines will be updated to reflect any changes. For this reason it is recommended these guidelines are consulted regularly.

## Purpose and audience

The guidelines are intended to support practitioners working in Child FIRST, The Orange Door, Integrated Family Services, Out-of-Home Care and Child Protection to:

- understand the NDIS
- understand their roles and responsibilities in interfacing with the NDIS
- support eligible families to access the NDIS and achieve optimal NDIS plans
- support NDIS plans to support to improve family functioning and prevent carer breakdown and relinquishment.

This practice guide provides an overview of the NDIS model. Practitioners are encouraged to also complete the NDIS e-learning modules to gain a foundational level of knowledge of the scheme and its implications for the child and family system workforces. Additional e-learning modules will be added to assist with developing your understanding of disability and working collaboratively with the NDIS.

## Key terms

The term 'children' in this paper includes infants, children and young people. The term 'family' includes children, mothers, fathers, parents, siblings, kin, carers and care families. 'Birth family' refers to a child's family of origin and is inclusive of Aboriginal concepts of family.

The term 'child and family system' in this report is a network of services provided to children and families across three interconnected operating models: The Orange Door; child and family services (including care services); and Child Protection (including Aboriginal Children in Aboriginal Care).

'Family capability' refers to the ability and strengths of a family to provide a safe and nurturing environment where their children are supported to thrive, with meaningful connections to communities and cultures to strengthen resilience. 'Child development' is a core dimension for considering a child's best interests, covering areas of life where all children need opportunities, encouragement and support throughout their childhood to develop to their full potential. Refer to the glossary for a full list of terms.

## A new way of working

As the transition to the NDIS continues in Victoria, disability intake and referral services will transfer to the Commonwealth. This will require all child and family system practitioners to build capacity in working with families experiencing disability and, in particular, assisting families with NDIS participation.

Working within an NDIS environment means that child and family system practitioners will need to understand the NDIS operating model and have the necessary skills to support families with NDIS access, planning and navigation.

To support the child and family system workforce with NDIS transition, each DHHS division has a time-limited **Principal Disability Practice Advisor** who can provide secondary consultation regarding NDIS system navigation and case planning for clients and families where there are significant complexities arising as a result of the child's disability or related support needs. Advisors are available in cases of protective intervention or when working to preserve families or support children receiving a voluntary out of home response.

## Role of the child and family system workforce

The child and family system has expertise in supporting all families, including children and families with disability, through a service delivery approach that is child-centred and family-focused. This includes needs and risk assessment and supporting families to access specialist supports such as the NDIS.

The child and family system will play an important role in helping families access the NDIS by:

- referring families to the NDIS in cases where disability-related support needs are identified

- providing families with practical support to complete the NDIS access process
- assisting families to provide appropriate evidence of disability and to attend NDIS planning meetings
- helping to connect eligible children with disability to the NDIS
- supporting families to work with the NDIS to implement an NDIS plan.

## **NDIS and child and family system joint responsibilities**

Effective interaction between the NDIS and the child and family system is critical to ensuring children and young people smoothly transition into the NDIS and to achieving the best possible outcomes for families and children with disability or developmental delay.

The Council of Australian Governments (COAG) agreed to a set of principles that define funding and practice responsibilities between the NDIS and Victoria's child protection and family support services systems and guide the way the NDIS will work with these systems.

The following two principles describe how the NDIS and the child and family system should work together to support children with disability:

- The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted and supported by a no-wrong-door approach.
- The NDIS and the systems providing child protection and family support will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both child protection or family support and disability services, recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

## **The vulnerability–disability relationship**

People with disability have a right to access the same opportunities as everyone for a fulfilling and productive life; however, families with disability are often vulnerable to entrenched disadvantage. Disability can include reduced capacity to participate in paid employment and the community, causing financial insecurity and social isolation. Families with disability experience additional financial imposts associated with caring and meeting the needs of family members with disability. Those costs may include adjustments to the home or workplace, the purchase of care and additional costs associated with transport, pharmaceuticals and medical treatment.

Families with disability can also have multiple and complex needs. They can be highly vulnerable to experiencing the overlapping risk factors of vulnerability such as trauma, substance abuse, family violence and poor mental health.

Children with disability are at increased risk of exposure to all of the major categories of social determinants of poorer physical and mental health. They are more likely to live in vulnerable families, characterised by low socioeconomic position and poverty, and to be exposed to recurrent poverty.

They are also more likely to be exposed to a wide range of material and psychosocial hazards that are detrimental to their health including:

- inadequate nutrition
- poor housing conditions
- exposure to environmental toxins
- family instability.

The World Health Organization commissioned a systematic review and meta-analysis on violence and neglect against children with disability, including physical violence, sexual violence, emotional abuse and neglect. The review was to understand whether children with disability were more likely to experience abuse and neglect and, if so, which children, under what conditions and to what extent, were most at risk

of maltreatment. The review found that children with disability are at more than four times a higher risk of abuse and neglect than their non-disabled peers.<sup>1</sup>

They are also less likely to have access to the resources necessary to build resilience in the face of adversity.

People with disabilities can also be the subject of negative stereotypes that can impact on perceptions of their capability as parents. Removal of children from parents with disabilities occurs at a much higher rate than for parents without disabilities<sup>2</sup> and fear regarding the removal of their children can impact on a parent's preparedness to engage with support services.

Appendix 1 of this practice guide provides further reading about the relationships between disability and disadvantage.

## **NDIS and child and family system collaboration**

Working in partnership with the NDIS will require a high degree of cooperation and coordination. Creating a working partnership will require establishing effective professional relationships with NDIS planners, support coordinators, LACs and ECEI partners.

The NDIS provides an opportunity to identify vulnerable families that have had no prior family service system involvement and would benefit from early investment of family service supports and collaborative support responses. Similarly, for vulnerable families accessing family services, family caseworkers are well placed to identify disability needs that may be met through participating in the NDIS.

The first point of contact for a vulnerable family accessing the NDIS may be:

- the NDIA
- an existing disability service provider
- Child FIRST
- The Orange Door
- Integrated Family Services
- Child Protection
- an out-of-home care case manager
- an ECEI partner for children aged from birth to six years.

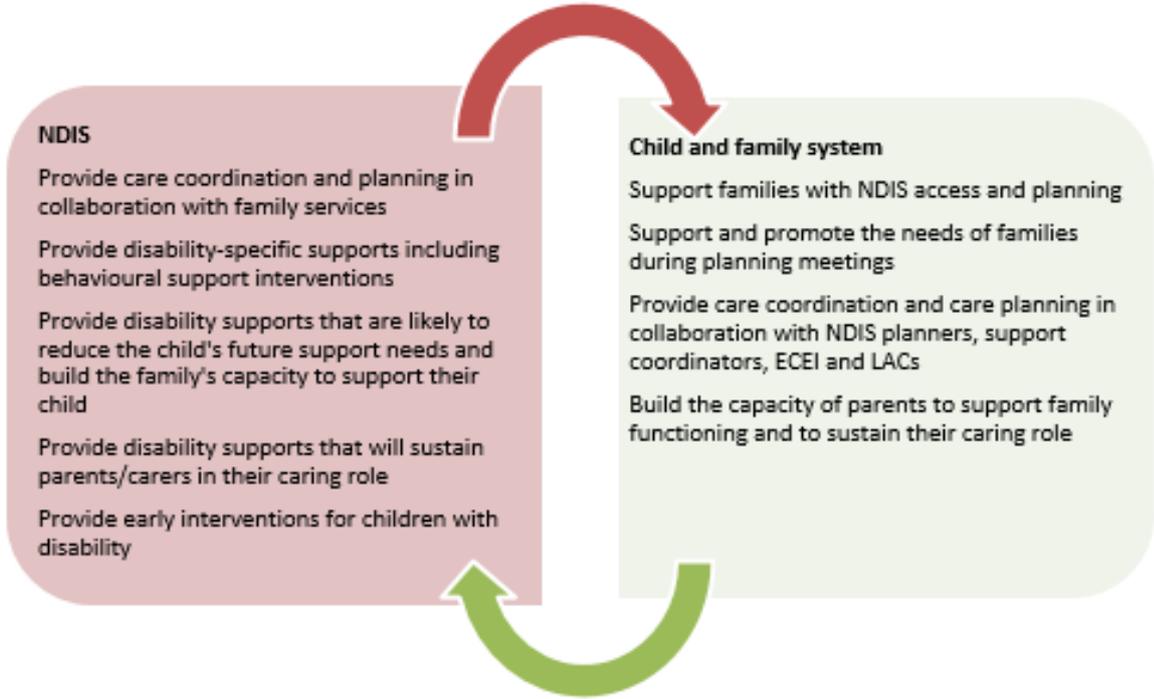
Whether a vulnerable family accesses the NDIS through the NDIS or ECEI pathway, or access is facilitated with the support of the child and family system, a partnership model will ensure an integrated response that provides both disability and family supports (see Figure 1).

---

<sup>1</sup> Jones L, Bellis MA, Wood S, Hughes K, McCoy E, Eckley L, et al. 2012, 'Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies', *Lancet*, 380(9845), 899–907.

<sup>2</sup> Barbara Carter, 'Rebuilding the Village: Supporting Families Where a Parent Has a Disability' (Report No 2, Office of the Public Advocate, September 2015)

Figure 1: A partnership approach between the NDIS and the child and family system



# Section 2: NDIS fundamentals

## NDIS – an introduction

The NDIS is designed to change the way that support and care are provided to people with permanent and significant disability (a disability that substantially reduces their functional capacity or psychosocial functioning). The NDIS is currently being rolled out across Australia. At full scheme, about 475,000 people with disability will receive individualised supports, at an estimated cost of \$22 billion in the first year of full operation.

The NDIS is based on the premise that individuals' support needs are different, and that scheme participants should be able to exercise choice and control over the services and supports they receive. The scheme differs from previous approaches in a number of ways:

- It is a national scheme and adopts a person-centred model of care and support.
- It is an insurance-based scheme – it takes a long-term view of the total cost of disability to improve participant outcomes and to meet the future costs of the scheme.
- Funding is determined by an assessment of individual needs (rather than a fixed budget).

The NDIS funds reasonable and necessary supports to help participants live as ordinary a life as possible. This includes care and support to build their skills and capabilities so they can engage in education, employment and community activities.

The NDIS also funds supports for people who meet early intervention criteria. This covers cases where early intervention can significantly improve an individual's outcomes and is cost-effective.

Individuals who are eligible for the scheme are assessed, and individualised support packages are developed and funded for them. The NDIA manages NDIS access, planning and payments.

Choice and control are the fundamental principles of the NDIS. The scheme aims to empower consumers with disability to use funds given to them to purchase services that reflect their lifestyle and aspirations.

This aligns with the first principle of the *United Nations Convention on the Rights of Persons with a Disability*, to which Australia became a signatory in 2008. It's hoped these changes will see the service sector reflect the interests of people with disability. This is the culmination of society's evolution towards respecting, protecting and ensuring the rights of people with disability.

## Council of Australian Governments principles about the NDIS

The following statements have been agreed by all Australian jurisdictions and the NDIA in relation to the operation of the NDIS, particularly as it relates to other service systems.

Note Statement 6, which clearly outlines the importance of coordination and integration of supports across service systems.

1. People with disability have the same right of access to services as all Australians, consistent with the goals of the *National disability strategy*, which aims to maximise the potential and participation of people with disability.
2. The NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's universal service obligation (for example, meeting the health, education, housing or safety needs of all Australians) or covered by reasonable adjustment (as required under the Commonwealth *Disability Discrimination Act* or similar legislation in jurisdictions).

3. Clear funding and delivery responsibilities should provide for the transparency and integrity of government appropriations consistent with their agreed policy goals.
4. There should be a nationally consistent approach to the supports funded by the NDIS and the basis on which the NDIS engages with other systems, noting that because there will be variation in non-NDIS supports funded within jurisdictions there will need to be flexibility and innovation in the way the NDIS funds and/or delivers these activities.
5. In determining the approach to the supports funded by the NDIS and other service systems, governments will have regard to efficiency, the existing statutory responsibilities and policy objectives of other service systems and operational implications.
6. The interaction of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no-wrong-door approach.

## The purpose of the NDIS

Previous reports and inquiries identified people with disability as experiencing a greater prevalence of social exclusion, poor-quality disability services and high unemployment. Such reports also found that Australia's system of disability support was inequitable, underfunded and fragmented.

In 2011 the Productivity Commission found the support system gave people with disability little choice and no certainty of access to appropriate supports. It recommended that since most families and individuals could not prepare for the risk and financial impact of disability in their family, a scheme similar to Medicare (based on insurance) should be implemented. COAG reached an agreement in 2012 to proceed with the launch of the NDIS. All jurisdictions agreed that the purpose of the NDIS is to support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.

The NDIS supports:

- Australians with a permanent disability, their families and carers by funding reasonable and necessary support for each person's unique needs
- the community, health and social services by ensuring people with disability are connected to the right services
- all Australians by providing a safety net for anyone who acquires a disability in the future.

The purpose of the NDIS is to:

- support the *independence and social and economic participation* of people with disability
- provide *reasonable and necessary supports*, including early intervention supports, for participants
- empower people with disability to exercise *choice and control* in the pursuit of their goals and the planning and delivery of their supports, including support to access coordinated community and funded supports
- facilitate the development of a *nationally consistent approach* that provides support to eligible Australians, ensuring that people with disability and their families get the support they need when they need it
- promote the provision of high-quality and innovative supports to people with disability.

## The NDIS as an insurance scheme

The NDIS is a social, no-fault insurance scheme, not welfare. It is underpinned by an insurance-based approach that supports economic and social participation, mobilises funding, estimates and manages resource allocation based on managing long-term costs across the life course of individuals, and shares the costs across the community.

The NDIS is based on four insurance principles:

- The NDIS takes a lifetime approach. This means that support is factored in over the life of an individual by investing in people with disability early to increase their independence and participation in the community and the workforce, resulting in greater outcomes later in life.
- The total funding base required by the NDIS is determined by an actuarial estimate of the reasonable and necessary support needs of the scheme's participants. It compares these estimates of utilisation with actual experience and outcomes.
- The NDIS will invest in research, encourage innovation and promote quality, continuous improvement, contemporary best practice and effectiveness in the provision of support to people with disability.
- The NDIS has the ability to act at the systemic level, as well as fund individual support needs. This is especially important for people with disability who are not participants.

## Access to the NDIS

Access to the NDIS refers to the process of a person with disability requesting to become an NDIS participant. Access is the first key step in a participant's planning pathway. The process ensures that access to the scheme is only granted to people with disability who meet the access requirements in the NDIS Act.

To access the NDIS, an individual must:

- have a permanent disability that substantially affects a person's functional ability to take part in everyday activities or to meet the early intervention requirements (outlined below)
- be aged less than 65 when they first access the scheme
- be an Australian citizen, live in Australia and hold a permanent visa or a protected Special Category Visa.<sup>3</sup>

People with disability can contact the NDIA online, via telephone or at a local NDIA office to initiate the process to become a participant. To do this, they will need to complete an access request form. A person may nominate a key contact to make the access request on their behalf. This person could be a family member, carer, friend or existing service provider.

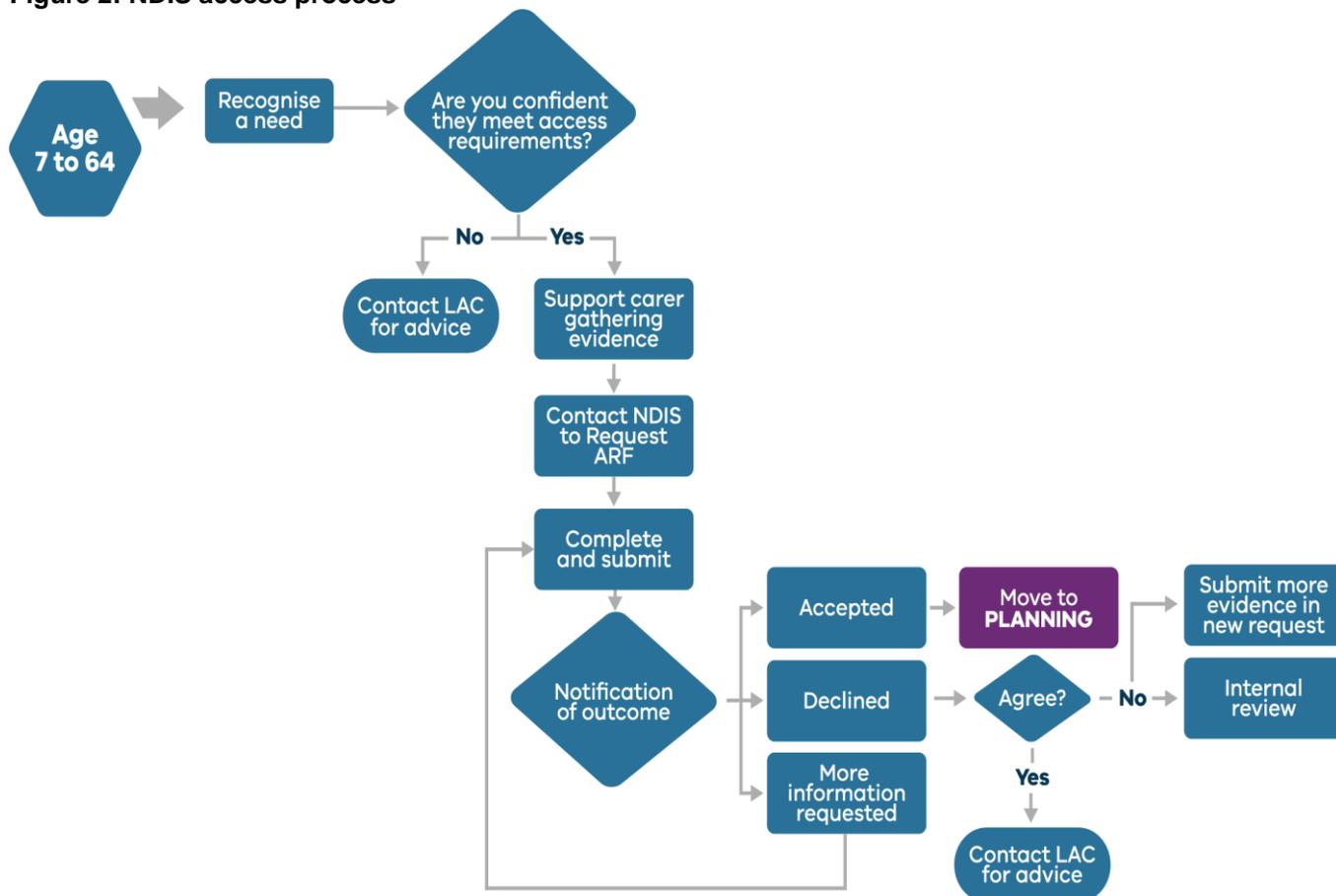
If a person is found eligible they become an NDIS 'participant'. While the intent of the NDIS is for all people with disability in Australia to have access to the supports they need, not every person with disability will become an NDIS participant and receive funded support.

---

<sup>3</sup> Children born in Australia take on the highest visa status of either parent and are not automatically conferred citizenship status. Current legislation states that if at least one parent is an Australian citizen or permanent resident then the child will automatically acquire Australian citizenship.

The following process indicates the access process for people aged 7 – 64. If NDIS access is declined and you feel that eligibility is unlikely to be met, the LAC can provide advice regarding access to mainstream supports.

**Figure 2: NDIS access process**



### NDIS access for people with disability who already receive disability support

People with disability who already access funded disability and mental health supports through defined programs, such as disability supported accommodation, an Individual Support Package, community and facility-based respite, behaviour intervention services or outreach support, will go through a streamlined process to access the NDIS. The NDIA will contact these people to arrange a planning meeting to start discussions on developing the first plan.

Clients accessing departmental support in NDIS-defined programs will automatically be eligible for the NDIS if they meet the age and residency requirements.

For people living in an accommodation service, the NDIA will work with accommodation services to transition all residents at the same time to the NDIS. However, this may not always happen.

People on the Victorian Disability Support Register with the most urgent need for supports are entering the NDIS ahead of the scheduled time their area is due to transition to the NDIS.

Clients of the following Victorian schemes will generally be considered to satisfy the NDIS disability requirements without further evidence being required:

- Individual Support Package
- Disability Support Register
- Futures for Young Adults
- supported accommodation

- residential institutions
- community respite
- facility-based respite
- therapy (complex therapy meeting guidelines under the *Disability Act 2006 (Vic)*)
- behaviour intervention services
- Flexible Support Packages
- outreach support
- independent living training
- case management (case management meeting guidelines under the Disability Act)
- Early Childhood Intervention Scheme (ECIS)
- ECIS waitlist
- mental health community support services (MHCSS) – Adult Residential Rehab Services
- MHCSS – Individualised Client Support Packages
- MHCSS – Supported Accommodation Services
- Program for Students with Disability – Vision Impairment
- Program for Students with Disability – Students enrolled in special schools for students with moderate to profound intellectual disability.

### **Access for people who are receiving disability services that are not a defined program**

Details of existing Victorian clients who are receiving supports from a ‘non-defined’ program have been provided to the NDIS. The NDIS will contact these people to determine eligibility and to begin the access process. This group of clients will be required to demonstrate that they meet the disability, age and residency access criteria.

Once a person with disability is accepted into the NDIS they can access funded supports specified in their individual plan.

### **How long does it take for NDIS access to be determined?**

To date, during transition, NDIS access is not always occurring according to a consistent or predictable timeline. The expected timeframe is as follows:

- The NDIA is required to make a decision or request further information from the person or their nominee within 21 days of receiving an access request (s. 20 of the NDIS Act).
- When further information is requested, the NDIA must give the person a minimum of 28 days to provide the information (s. 26 of the NDIS Act).
- An access decision must then be made within 14 days of the final piece of information being received by the NDIA. The NDIA can make more than one request for information when necessary.

Note: An access decision does not mean immediate commencement of NDIS supports. These will occur once the plan is developed and implemented.

### **Early Childhood Early Intervention (children aged 0–6 years)**

The ECEI approach is how the NDIA is working with early childhood providers to deliver early childhood intervention for children aged up to six years old.

The aim of ECEI is to ensure that parents or primary caregivers are able to provide young children who have developmental delay or another disability with experiences and opportunities that help them gain and use the functional skills they need to participate meaningfully in the key environments in their lives. The approach is to give children aged 0–6 quick access to support that’s tailored to their needs. For

some children this might be sessions with early intervention providers over the short or medium term or referral to community health services, playgroups or peer support groups.

If the child is assessed as having longer term support needs, they will be referred for an individualised NDIS support plan. This helps the child get access to appropriate supports over the long term.

Eligibility for the NDIS includes children aged 0–6 years with developmental delay that results in:

- substantially reduced functional capacity in one or more of the areas of self-care, receptive and expressive language, cognitive development or motor development
- the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration, and are individually planned and coordinated
- supports are most appropriately funded through the NDIS and not through another service system.

More information about ECEI is provided in Section 6 of this guide and can also be accessed via the [NDIS website](https://www.ndis.gov.au/ecei) <<https://www.ndis.gov.au/ecei>>.

## People with disability who are NDIS ineligible

Not all people with disability will be eligible for the NDIS. This includes:

- people over the age of 65
- people who are not an Australian resident, or holder of a permanent visa or protected Special Category Visa.

### People over 65

People who are over 65 years of age and who do not meet the eligibility requirements may be entitled to support under the Commonwealth Continuity of Support (CoS) program. This program will support people with disability who are:

- 65 years or older (or 50 years or older for Aboriginal and Torres Strait Islander people) at the time the NDIS begins implementation in their region
- assessed as being ineligible for the NDIS at the time the NDIS begins implementation in their region
- are a client of state- or territory-administered specialist disability services at the time the CoS program begins in their region.

The CoS program is an ongoing, grandfathering program that will ensure that more than 9,000 older people with disability accessing state/territory-based services only will continue to receive supports that are responsive to their needs and goals and benefit their families and carers. Once the NDIS completes its rollout, there will be no new entrants into the CoS program.

For more information on the Commonwealth CoS program, visit the Australian Government [Department of Health website](https://agedcare.health.gov.au/programs-services/commonwealth-continuity-of-support-programme) <<https://agedcare.health.gov.au/programs-services/commonwealth-continuity-of-support-programme>>.

## People with disability who do not currently access disability services

People who do not currently access disability services will need to be assessed for eligibility to access the NDIS. They will need to complete a more detailed assessment process to provide the NDIA with the information needed to determine eligibility. Specifically they will need to provide the NDIA with evidence of their disability from their doctor, specialist or any other health professional, such as a therapist, and with information about the supports they need.

## Accessing and navigating the NDIS on behalf of a client – nominees

The NDIS Act assumes that children and young people under the age of 18 are generally unable to make decisions for themselves and will be represented by their parent or an agency that holds parental

responsibility. This person is referred to as the child's representative and is responsible for making decisions in accordance with the child or young person's best interests.

For most families, parents will remain the nominee for their child. The NDIA accepts that it is not necessary to appoint a nominee where it is possible to support, and build the capacity of, participants to make their own decisions. Furthermore, the NDIS accepts informal arrangements for supporting participants, provided there is no conflict of interest and the best interests of the participant are being promoted.

## **Informal arrangements**

A family member, carer or other significant person (referred to as a 'supporter') can assist the participant by making a decision where there is no conflict of interest and where it does not jeopardise the wellbeing of the participant. This decision should be based on the participant's wishes and preferences. An advocate can promote the wishes and preferences of the participant to enable them to access services and support.

## **Nominees**

Where an NDIS participant is unable to manage their own plan, a nominee is a person (friend, carer, family member) who can manage the participant's funding for their NDIS supports and help make decisions on their behalf. Nominees have a duty to support the participant in making his or her own decisions wherever possible and to build the participant's capacity for decision making.

Where the applicant cannot complete the access request form, a nominee will need to do this on their behalf. There are two types of nominees: a correspondence nominee or a plan nominee, and one individual can perform both functions.

### **Correspondence nominee**

A correspondence nominee can undertake all activities that a participant would undertake except for:

- preparing, reviewing or replacing the participant's plan
- managing the funding for supports in the participant's plan.

### **Plan nominee**

A plan nominee can undertake all activities that a participant would undertake under the scheme including:

- preparing, reviewing or replacing the participant's plan
- managing the funding for supports in the participant's plan.

If you do decide to be the nominee for your client you will need to fill out an NDIA nominee form. Request a form from the NDIA by telephoning **1800 800 110**.

Alternatively if you feel the parent will need ongoing support with NDIS participation due to a significant cognitive disability you can contact the Office of the Public Advocate for advice on **1300 309 337**.

## **NDIS participation for children subject to Interim Accommodation Orders or Protection Orders – the role of Child Representatives**

All children who are NDIS participants must be represented by a parent or guardian. A child's representative for their NDIS plan will be the person who has, or the persons who jointly have parental responsibility for the child.

Where there is no Children's Court order in place, or where a child is subject to an Interim Accommodation Order (IAO), Family Preservation Order (FPO), or the permanency objective is reunification, in most circumstances the child's parent/s is the child's representative for their NDIS plan.

Being the child's representative involves:

- providing consent for the child or young person to become a participant in the NDIS
- acting as the contact point for the child or young person for the NDIS
- making decisions about the NDIA planning process, including who takes part in the development of the child's plan and ongoing plan reviews
- requesting an NDIA review when required
- participating in all NDIA planning meetings.

Child protection or other support services involved with the family such as Integrated Family Services will support the parent to access the NDIS and fulfil their responsibilities as the child representative as required. This may include:

- supporting the parent/s gather evidence about the child's disability, including funding assessments to obtain a diagnoses and/or understanding of how the child's disability impacts their functional capacity
- supporting parents to make an NDIS Access Request, including assisting parents to request NDIS support coordination or access LAC
- engaging with parents to help them understand the impact of their child's disability needs on their functional capacity, and what NDIS supports may be required to enable the child to achieve their goals
- working collaboratively with parent/s and the NDIS support coordinator or LAC to implement the child NDIS plan
- supporting the parent to request an NDIS plan review and/or participate in scheduled NDIS plan reviews.

Where the Secretary of DHHS (the Secretary) has parental responsibility for a child, DHHS child protection staff<sup>4</sup> will be the child's representative. In these circumstances, child protection must:

- provide the NDIA with a copy of the child's court order and clearly articulate in writing what change in parental responsibility has taken place
- where the Secretary of the department has exclusive parental responsibility, advise the NDIA the Secretary is now the Child's Representative for their NDIS plan, and the allocated child protection practitioner is authorised to act as a delegate of the Secretary
- where case management has been case contracted to an agency, notify the NDIA in writing and make arrangements for the agencies case contracting staff to become the Child Representative if appropriate
- advise the NDIA of any other persons involved in the child's life who has day to day decision making responsibilities for the child, for example, an out of home care case manager or foster carer and state whether this person is authorised to assist in the day to day implementation of the child's NDIA plan.

Where the Secretary of the department has parental responsibility for a child and believe the child may be eligible for NDIS supports, child protection are required to access the NDIS on behalf of the child. This may include:

- gathering evidence about the child's disability, including funding assessments to obtain a diagnoses of the child's disability
- working with the child's carer/s to understand the impact of the child's disability on their functional capacity, and what NDIS supports may be required to enable the child achieve their goals

---

<sup>4</sup> In accordance with Part 3 (3.1) of the *National Disability Insurance Scheme (Children) Rules 2013*, a child's representative need not be an individual, and could, for example, be a State or Territory government agency. As a delegate of the Secretary of the DHHS, child protection must notify the NDIA in writing when the Secretary of DHHS has parental responsibility for a child for a child with an NDIS plan, and request that DHHS becomes the Child's Representative.

<<https://www.legislation.gov.au/Details/F2013L01070>>

- making an NDIA request for the child and becoming the Child Representative
- working with the NDIA and other people involved in the child's life to develop the child's NDIS plan.

More information about Child Representatives can be found in [NDIS operational guidelines](https://www.ndis.gov.au/operational-guideline/child-representatives) <https://www.ndis.gov.au/operational-guideline/child-representatives>

## Assessments to help support NDIS access requests

For some disabilities, information about how the disability affects the person may not be needed. These disabilities are listed in [List A – Conditions which are likely to meet the disability requirements in section 24 of the NDIS Act](https://www.ndis.gov.au/operational-guideline/access/list-a) <https://www.ndis.gov.au/operational-guideline/access/list-a>.

The family's treating health professional can provide evidence by either:

- completing the NDIS supporting evidence form
- completing Part F of the access request form, or
- providing existing reports, assessments or letters that show the impact of the disability.

If additional consultation time with the treating health professional is required to prepare evidence of your client's disability, the health professional can claim this via Medicare.

In exceptional circumstances, where a person does not have any existing assessments, a staff member from the NDIA may complete a general standardised functional assessment (such as WHODAS or PEDI-CAT) with a person or their authorised representative.

In cases where assessments are required from health professionals not covered by Medicare and/or there is a gap payment that the family will not be able fund, flexible package funding should be considered to support the family to access assessments to support their NDIS access request.

## What happens if a person is ineligible for the NDIS or certain supports?

A person may be ineligible for the NDIS or not have some of the supports they previously received funded by the NDIS.

If this occurs because the person's supports are already and/or more appropriately funded by another system, the NDIS can link people to mainstream systems and assist other organisations to include people with disability.

If a person does not agree with the access decision or a planning decision, they may request an internal review from the NDIA.

If the internal review upholds the decision, the person can appeal the decision to the Commonwealth Government's Administrative Appeals Tribunal.

More details about requesting a review of an NDIS plan are in Section 4 of this guide.

## NDIS planning and assessment

### Once NDIS access is confirmed

Once a person has been told they are able to participate in the NDIS, the planning, assessment process will begin, and they will be allocated an NDIS planner. Developing the plan is the responsibility of the NDIS.

The planning process considers what the participant wants to achieve and the supports that are provided by other systems, including family, friends and community. The plan considers:

- what the participant wants to achieve – for example, in education, health and wellbeing, social participation and independence
- current living arrangements and who plays an important role in the participant's life
- what is working well in the participant's life and what they would like to change
- what supports the participant needs because of their disability.

The NDIS planner will submit the plan to the NDIA for approval. Once the plan is approved, the eligible person will begin to receive NDIS funding. People can choose the providers they want to work with and can start putting the plan into action.

## **'Reasonable and necessary' – what is covered by the NDIS**

The NDIS will fund **reasonable and necessary** supports that help a participant to reach their goals, objectives and aspirations, and to undertake activities to enable the participant's social and economic participation.

NDIS planners need to make a case for every support they include in a plan. Try to make it easier for them to justify the supports the family member needs, by using the right terminology and focusing on outcomes. This can result in better supports for the family. The [NDIS price guide](https://www.ndis.gov.au/providers/pricing-and-payment) <https://www.ndis.gov.au/providers/pricing-and-payment> is the best tool for learning the language of reasonable and necessary.

Reasonable and necessary supports are funded by the NDIS in a range of areas, which may include education, employment, social participation, independence, living arrangements and health and wellbeing.

A participant's reasonable and necessary supports take into account any:

- informal supports already available to the person (informal arrangements that are part of family life or natural connections with friends and community services)
- formal supports such as health and education.

According to the NDIA Act, reasonable and necessary supports for people with disability should:

- support people with disability to pursue their goals and maximise their independence
- support people with disability to live independently and to be included in the community as fully participating citizens
- develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.

One of the ways of thinking about whether a service or support is likely to be considered reasonable and necessary is to ask whether the person or family with disability would require that service or support if they did not have a disability. If the answer is yes, it is likely that the NDIA will not consider that to be a support or service required as a result of disability.

Section 34 of the NDIA Act establishes the criteria for what is considered reasonable and necessary and it is worth being familiar with this [section of the Act](https://www.legislation.gov.au/Details/C2016C00894) <https://www.legislation.gov.au/Details/C2016C00894>.

The NDIA also maintains a helpful [question and answer page](https://www.ndis.gov.au/qanda/at-and-types-of-support) <https://www.ndis.gov.au/qanda/at-and-types-of-support> regarding what will and will not be funded under the NDIS. The answers provide the rationale for the decision.

The criteria for whether a support or service will be considered reasonable and necessary are as follows.

### **1. The support will assist a participant to reach the goals and aspirations outlined in their participant statement.**

This criterion is just one of the reasons why the goals section in the participant's statement is so important. The goals set by participants help determine what supports you can provide them. Therefore,

it is crucial that we work with families to ensure their goals accurately reflect what they hope to achieve with the support of the NDIS.

## **2. The support will facilitate the participant's social and economic participation.**

Facilitating increased social and economic participation is one of the underlying principles behind the NDIS. It is intended that all supports will work towards this goal. Increased economic participation does not mean that a person has to be working towards employment if this is not their specified goal, but it could mean they would like the support to be able go shopping and spend their money as they choose.

## **3. The support represents value for money, relative to the benefits achieved and the cost of alternative supports.**

Value for money might include making a more expensive, short-term investment that will save money in the long run. However, when cheaper options are available and are likely to achieve the same benefits, such as with group supports, a participant may be required to explore these alternatives.

## **4. The support is considered good practice and is likely to benefit the participant.**

The NDIS will not fund supports if there is no evidence to suggest it will work. The exception to this rule would be if a support has had a proven benefit for that participant. In 2015 the Administrative Appeals Tribunal allowed a participant to receive chiropractic treatment under the NDIS because that individual provided documented evidence that they had benefited from it. Nevertheless, another participant, who cannot prove a measurable benefit, might be unable to access this support.

## **5. The support takes into account what is reasonable for parents, carers, informal networks and the community to provide.**

When a child is two years old, it is reasonable to expect their parents or carer to bath them. When that same child is 40, it might start to become strenuous for their ageing parents. The NDIS, therefore, will often provide more funding for daily living when a child gets older. This allows children with disability to start gaining independence from their parents at the same age as their peers.

## **6. The support is most appropriately funded through the NDIS.**

The NDIS will not fund anything that it believes is more appropriately funded through other systems. The government departments with responsibility for Health, Education, Transport, Justice and all others still have to provide services to people with disability. Moreover, the NDIS will not fund the diagnosis and treatment of conditions that cause disability. Hospitalisations, medications, medical equipment and short-term rehabilitation are all considered the responsibility of the health system.

## **Examples of reasonable and necessary supports**

Examples of reasonable and necessary supports include but are not limited to:

- daily personal activities
- transport to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports including behaviour support and behaviour intervention services
- allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy
- help with household tasks to allow the participant to maintain their home environment
- help from skilled personnel in aids or equipment assessment, setup and training
- home modification design and construction
- mobility equipment

- vehicle modifications.

## What will not be funded by the NDIS

Any supports that:

- are unrelated to the participant's disability
- duplicate other supports provided under alternative funding
- are related in any way to income replacement.

Examples of supports that are not considered reasonable and necessary include those that:

- are part of day-to-day living expenses incurred by the general public and not related to disability support needs (such as rent, groceries, household bills)
- duplicate other supports already funded by a different mechanism such as the health or education system
- are the responsibility of other service systems
- are day-to-day living costs that are not related to a participant's support needs
- are likely to cause harm to a participant or pose a risk to others.

## What is included in a participant's plan?

A participant's plan includes:

- a statement of goals and aspirations prepared by the participant that specifies:
  - the goals, objectives and aspirations of the participant and
  - the environmental and personal context of the participant's living, including the participant's:
    - living arrangements
    - informal community supports and other community supports and
    - social and economic participation
- a statement of the participant's supports, prepared with the participant and approved by the NDIA, that specifies:
  - the general supports (if any)
  - the reasonable and necessary supports (if any) that will be funded under the NDIS
- the date, or the circumstances, the NDIA will review the plan
- the management of the funding for supports under the plan
- the management of other aspects of the plan.

## NDIS plan budgets

The budget for each NDIS plan is broken into three support categories: core, capital and capacity building – remember the three C's that comprise an NDIS plan.

### 1. Core

A core support enables a participant to complete activities of daily living and enables them to work towards their goals and meet their objectives. The core budget is flexible across the four subcategories: assistance with daily living, except where a budget is allocated to Supported Independent Living, (which is always agency-managed); transport; consumables; and assistance with social and community participation. A participant may choose how to spend their core support funding but cannot reallocate core support funding to other support purposes (capital or capacity building supports).

Examples of core supports are:

- support with personal care needs

- assistance to carry out household tasks
- assistance to access the community
- continence aids.

## 2. Capital

Capital is an investment, such as for assistive technologies (equipment, home or vehicle modifications) or for Specialist Disability Accommodation. Participant budgets for this support purpose are restricted to specific items identified in the participant's plan. Most items require quotes, which mean that providers must negotiate a price with a participant in accordance with the specifications usually developed by an assessing therapist. The funding for supports will, as needed, include assessment, delivery, setup, adjustment and maintenance costs.

Examples of capital supports are:

- mobility equipment
- home modifications
- vehicle modifications
- assistive technology.

Capital funds are not flexible and cannot be moved between budget areas.

## 3. Capacity building

Capacity building supports enables a participant to build their independence and skills. Participant budgets are allocated at a support category level and must be used to achieve the goals set out in the participant's plan. These supports include Support Coordination, Improved Living Arrangements, Increased Social and Community Participation, Finding and Keeping a Job, Improved Relationships, Improved Health and Wellbeing, Improved Learning, Improved Life Choices and Improved Daily Living Skills.

Examples of capacity building supports are:

- therapist assessments
- learning how to do day-to-day tasks
- learning new skills that relate to goals
- finding and keeping a job.

Capacity building funds are not flexible and cannot be moved between budget areas.

## NDIS plan management

During the planning meeting, participants will need to indicate how they intend on managing their NDIS funding package. Plan management is one of the four options NDIS participants have to manage their NDIS funds. This decision making can be challenging for vulnerable families who may not be fully across the choices and have had little experience in exercising this type of choice over their disability supports in the past.

1. Agency-managed: The NDIA holds the funds and pays providers through the NDIS Portal. This is the most common option (68 per cent of participants).
2. Self-managed: NDIS participants/nominees receive invoices directly (in arrears) and then are responsible for ensuring timely payment. They can either pay the invoice first and then claim reimbursement via the NDIS Portal or claim the invoice amount from the NDIA on the portal and then pay after receiving the funds.

3. Plan-managed: A financial intermediary (an accountant or bookkeeper) manages the plan. Providers invoice the plan manager.
4. A combination of the above.

For vulnerable families, the NDIA will usually recommend agency-managed plans. This can spare the family the tasks of processing claims and invoices and tracking plan budgets and ensure all providers have met quality and safety standards.

## Implementing NDIS plans

Once a participant has been approved for NDIS participation and has met with the NDIA to develop their plan, the next steps are to implement the plan.

Without implementation, the plan and its funded supports are meaningless. Many vulnerable families will need support to implement their plans because identifying and securing disability providers in the new market can be challenging. When you attend a planning meeting with a parent always request that funding for support coordination be included in the plan. This does not mean that the NDIA will always agree to support coordination in a plan; however, it will often not be funded where it is not requested. Where support coordination is not funded, LACs are to assist with plan implementation.

The NDIA will fund where 'reasonable and necessary' supports to help parents implement NDIS plans for children. For example, this may include training to implement a behaviour management plan or to assist with communication skills implementation in the child.

## Local Area Coordination

Local Area Coordination is designed to support all people with disability, regardless of NDIS eligibility, to explore and build an ordinary life within their communities. It can also include assistance with the NDIS planning process and effective implementation. The NDIA partners with local providers to provide Local Area Coordination. Where support coordination is not funded for a participant, they may engage with an agency delivering Local Area Coordination for support.

LACs are available to:

- provide assistance to NDIS participants to connect to and build informal and natural supports
- provide assistance to NDIS participants with the planning process and effective implementation
- work with non-NDIS participants
- work with community, providers and mainstream services to build inclusion and awareness of the needs of people with disability.

## Local Area Coordination – some issues

Approximately 80 per cent of NDIS participants will have their plans prepared by a LAC. Due to the large number of people coming through the NDIS, LACs are required to gathering information from participants in the planning meetings and pass this information onto the NDIA so that a plan can be created. LACs do not work for the NDIA, which has outsourced these roles to funded organisations such as the Brotherhood of St Laurence.

LACs are experiencing heavy caseloads and may not be able to provide the level of support vulnerable clients require. During the transition period you may need to assist a family without funded support coordination to access disability providers and implement their plans.

## NDIS-funded support coordination

Support coordination is a funded support to help participants implement their plan. Support coordination should be requested for vulnerable children and families with complex needs associated with their disability. The NDIA intends for approximately 20–30 per cent of NDIS participants to receive funding for

support coordination. The level of support coordination provided depends on individual need, and many vulnerable families will be allocated support coordination. For children under the age of six years the NDIS coordination role will be carried out by the ECEI partner key worker.

Support coordination can include:

- initial assistance with linking participants to the right providers to meet their needs
- assistance to source providers
- coordination of a range of supports, both funded and mainstream, and building on informal supports
- negotiate services and prices, develop service agreements and create service bookings
- support the participant to be able to use the 'myplace' NDIS participant portal
- liaise with any plan manager to establish the appropriate claim categories
- assistance to develop participant resilience in their own network and community.

## Types of support coordination

There are three levels of support coordination, and these vary to reflect a person's needs and level of support required.

### 1. Support connection

This is time-limited assistance to strengthen a participant's ability to connect with informal, mainstream and funded supports, and to increase their capacity to maintain support relationships, resolve service delivery issues and participate independently in NDIA processes.

### 2. Coordination of supports

This is assistance to strengthen a participant's abilities to connect to and coordinate informal, mainstream and funded supports. This includes resolving points of crisis, developing capacity and resilience in a participant's network and coordinating supports from a range of sources.

### 3. Specialist support coordination

This is support coordination within a specialist framework necessitated by specific high-level risks in the participant's situation. This support is time-limited and focuses on addressing barriers and reducing complexity in the support environment while assisting the participant to connect with supports and build capacity and resilience. It may also involve developing an intervention plan for disability support workers to put in place. Specialist support coordination can be funded in conjunction with Coordination of supports.

Very complex families may require specialist support coordination in their NDIS plan to ensure the plan can be effectively implemented. Specialist Support Coordination is specific to addressing the challenges of implementing the NDIS plan.

Refer also to Section 4 which provides information of DHHS provided support coordination.

## Information, linkages and capacity building

The NDIS has two parts:

- plans for eligible people with disability
- information, linkages and capacity building.

Information, linkages and capacity building (ILC) services are also provided under the NDIS. ILC services provide information about and referrals to community and mainstream services (including health, education, employment, transport, justice and housing). These services are available to the 4.3 million people with disability in Australia regardless of whether they are eligible for NDIS participation.

The focus of ILC is community inclusion – making sure people with disability are better connected into their communities and making communities becomes more accessible and inclusive of people with disability.

ILC doesn't provide funding to individuals. It provides grants to organisations to carry out activities in the community. The NDIA will provide grants to organisations to carry out activities. Organisations will have to show how those activities are making a difference to the lives of people with disability. The funding will be based on outcomes they achieve. This means organisations will need to develop skills and knowledge in understanding and measuring outcomes.

ILC is being rolled out on a jurisdictional basis and will begin in Victoria from 1 July 2019.

## **LACs and ILC**

The NDIA considers that Local Area Coordination is central to the success of ILC. Because the role of LACs includes providing assistance to non-NDIS-eligible people to connect to mainstream services and community activities, it is intended that LACs will work with these services and activities to make them more accessible and inclusive.

More information on [ILC services](https://www.ndis.gov.au/communities/ilc-home) <<https://www.ndis.gov.au/communities/ilc-home>> can be accessed from the NDIS website.

# Section 3: NDIS quality and safeguards

## NDIS quality and safeguarding framework

The *NDIS quality and safeguarding framework* is designed to ensure high-quality supports and safe environments for all NDIS participants. As the NDIS represents a new market-based system where participants will choose their providers rather than providers being contracted by government agencies or community service organisations, many current quality and safeguarding measures will no longer apply. The *NDIS quality and safety framework* is also intended to support nationally consistent standards and replace previous state-based standards.

Until full scheme rollout both DHHS and the NDIA remain responsible for quality and safeguarding arrangements.

The following principles underline the framework:

- **Human rights:** Measures within the framework are designed to uphold and respect the human rights of people with disability.
- **Choice and control:** Developmental measures within the framework are designed to empower and support people with disability to make informed decisions about providers and supports.
- **National consistency:** The framework is designed to ensure that people with disability have the same protection, regardless of where they live in Australia.
- **Proportionality:** The regulatory requirements for workers and providers are tiered to ensure regulation is proportionate to the level of risk associated with the type of support offered and the needs of the participants supported.
- **Presumption of capacity:** The framework, like the NDIS, starts from the presumption that all people with disability have the capacity to make decisions and exercise choice and control.
- **Minimisation of red tape:** The framework streamlines requirements so the system is easier for people with disability to navigate and red tape is reduced for providers.
- **Efficiency and effectiveness:** The framework is designed to support the development of an efficient and effective NDIS market.

The framework consists of measures targeted at individuals, the workforce and providers within developmental, preventative and corrective domains.

**Developmental** measures help to strengthen the capability of people with disability, disability workers and suppliers of supports under the NDIS.

The **preventative** and **corrective** measures help to ensure appropriate responses to issues that arise, as well as identifying opportunities to prevent them in future, either through a regulatory response or through education and capacity building.

More information about [safeguards](https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework) <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework> is available online.

## Implementing the quality and safeguarding framework

The Commonwealth will be responsible for the following new national functions:

- provider registration including quality assurance
- a complaints handling system
- serious incident notification
- restrictive practice oversight
- investigation and enforcement.

Worker screening will be collaboratively implemented with the states and territories. State and territory worker screening units will be responsible for worker screening checks in their own jurisdictions. The Commonwealth will be responsible for working with all governments to develop national policy and standards to be implemented.

The framework also encompasses functions such as:

- advocacy services that will be funded outside of the NDIS through government-funded programs such as the National Disability Advocacy Program
- systems for detecting fraud and related issues associated with the responsibility for paying providers and verifying that supports have been delivered, which will remain the responsibility of the NDIA
- complaints about the NDIA, or NDIA-funded LACs, which will be addressed through existing measures
- universal complaints and redress mechanisms – including fair trading and professional and industry bodies, which will continue to be available to participants
- anti-discrimination and human rights legislation overseen by the Disability Discrimination and Human Rights Commissioners, which will provide additional avenues for raising a complaint.

# Section 4: Child and family system practice

## How this guidance relates to existing policies and practice

The transition to the NDIS does not affect the existing legislative and policy and practice frameworks that govern the operation of the Victorian child and family system. This guidance:

- should be read within the context of relevant legislation and organisational policies relating to vulnerable children, young people and their families
- is intended to complement existing professional standards and risk management frameworks.

## The NDIS model and issues for vulnerable and complex families

The design of the NDIS relies on many people applying for support and making informed choices about how to receive it. Many vulnerable and complex families will need support to work out how to use and navigate the scheme.

Cohorts at risk of missing out are those that who are already marginalised in multiple ways, including due to socioeconomic disadvantage.

People with complex support needs are also at risk of NDIS exclusion. They may have a variety of needs from a life that could include mental illness, drug and alcohol use, poverty, poor education, criminal justice contact and cultural and language barriers. Or they may have particular circumstances, such as living in rural areas, that do not reconcile with the market-based structure of the NDIS. Considerable work is being undertaken by the NDIA to encourage markets in regional and rural areas and it is expected that the range of providers will grow significantly as the scheme matures.

Parents with intellectual disability may have difficulty exercising the 'choice and control' that is fundamental to the NDIS model. They may experience challenges in fully understanding the NDIS system and administrative arrangements. More information on supporting parents with intellectual disability with NDIS participation is provided in Section 3 of these guidelines.

For many vulnerable families the concept of what a 'good life' could look like for them and exercising 'choice' and 'control' – both foundational principles of the NDIS – will be unfamiliar and potentially challenging. Supporting families to apply these newly acquired rights will be critical to achieving the best possible outcomes for families and children with disability.

**Section 5** of this guide provides more information about the support and advice that can be obtained from the department's Principal Disability Practice Advisors and DHHS NDIS transition teams when working with complex families with disability.

## Culturally appropriate responses

Disability is viewed differently across cultures. In some cultures disability can be a source of shame or embarrassment to varying degrees, while in others, people with disability are valued and embraced. Some cultures don't have a term for disability and might instead describe a set of behaviours or an area of concern.

Culturally diverse and Aboriginal communities are also at risk of having lower levels of engagement with the NDIS. Longstanding disadvantage and additional barriers have contributed to decades of low levels of access and participation in mainstream and specialist disability services for Aboriginal people and people from culturally diverse backgrounds with disability. The NDIS is investing significant effort in building a culturally competent scheme to improve engagement with these communities and increase understanding among potential participants, their families and diverse communities, about the NDIS, how to access the scheme and how to take advantage of the opportunities to participate in it.

Aboriginal and Torres Strait Islander people experience significantly higher rates of disability than the non-Aboriginal and Torres Strait Islander population, with one in four Aboriginal and Torres Strait Islander people living with disability.<sup>5</sup> Their disability is also more likely to have a severe impact on their life and they may face additional challenges to accessing disability planning and support services. Disability is a complex issue in many communities and needs to be approached with cultural awareness and sensitivity.

Some Aboriginal and Torres Strait Islander people are reluctant to adopt an additional label of disadvantage by identifying as a person with disability. The [Victorian Aboriginal Community Controlled Health Organisation](http://www.vaccho.org.au/) <<http://www.vaccho.org.au/>> can support child and family organisations to become culturally competent when working with Aboriginal and Torres Strait Islander people and families with disability.

Many reports and studies have noted the lower utilisation rate of disability services by people with disability from culturally diverse backgrounds. Reasons for low utilisation rates include reluctance by some groups to recognise disability and/or accept formal services, a lack of awareness and understanding of the services available, language barriers, poor cultural relevance and a lack of availability of services in rural and remote areas.

The NDIA is working to redress the proportionally lower take up of the NDIS among some culturally diverse communities, which has been identified in part to the lack of self-advocacy skills among many culturally diverse carers and people with disability.

[Action Disability within Ethnic Communities \(ADEC\)](http://www.adec.org.au/) <<http://www.adec.org.au/>> is an NDIS-registered interpreting service and is funded to provide support participants from culturally diverse backgrounds that require assistance with the NDIS.

The Brotherhood of St Laurence has created an [Aboriginal participation team](https://ndis.bsl.org.au/aboriginal-participation/Aboriginal%20Participation) <<https://ndis.bsl.org.au/aboriginal-participation/Aboriginal Participation>> team to support the participation of Aboriginal and Torres Strait Islander people with NDIS participation. The team provides services to Aboriginal and Torres Strait Islander communities of North East Melbourne, Hume Moreland and Bayside Peninsula.

## Identifying disability

You do not need to be an expert in disability to support families with disability. What is needed is an understanding that not all disability is visible or obvious, and disability and vulnerability are often connected. When working with a family with disability (or that potentially may have disability) it is important to be respectful and use sensitive enquiry. Not all families may disclose disability in initial conversations. Practitioners should:

- use a person-centred approach – be respectful and pay careful attention to what is being disclosed
- use discretion in having a conversation – some questions may be more appropriate to start with than others; you can return to missing information as the conversation progresses and trust is built
- be aware that disability can be experienced by the child, multiple children, the parents/carer or all
- use judgement in the type of questions and information that are most relevant – think about the disability and only refer to appropriate supports that are NDIS-funded
- use judgement in identifying the level of support needed – listen to the tone and urgency of responses, and acknowledge any distress or difficulty they have in responding
- give the carer a verbal summary of your understanding of their needs, and make sure you haven't missed anything important.

The e-learning module on understanding disability can assist with furthering your understanding of disability, the impact of disability on vulnerable families and how to work with families with disability. The

---

<sup>5</sup> Australian Bureau of Statistics (ABS), Aboriginal and Torres Strait Islander People with a Disability, 2015, analysis based on *Surveys of Disability, Ageing and Carers, 2009, 2012 and 2015*. Catalogue no.4430.0.

module is available the department's providers website <https://providers.dhhs.vic.gov.au/ndis-resources-child-and-family-system-workforce>

## The Common Disability Identifier

The Australian Institute of Health and Welfare has produced a standard identifier or flag to help mainstream organisations identify clients with disability. It consists of a series of questions about everyday activities and a person's capacity to undertake them without assistance. The definition of disability in the identifier is consistent with the International Classification of Functioning, Disability and Health.

The questions used to flag disability are provided in a [manual](https://www.aihw.gov.au/getmedia/2cda5b59-bbac-45f2-aea8-954ae12306b2/dat-6-standardised-disability-flag-data-collection-guide.pdf.aspx) <<https://www.aihw.gov.au/getmedia/2cda5b59-bbac-45f2-aea8-954ae12306b2/dat-6-standardised-disability-flag-data-collection-guide.pdf.aspx>> created to support the use of the standardised disability identifier.

Consider incorporating these questions into assessment practice to flag disability and potential eligibility for NDIS participation.

## The NDIS planning and assessment tool

The NDIS uses a planning and assessment tool designed to identify disability need. The tool is a computer-based recording tool designed to record individual's capacity across 13 domains consistent with the World Health Organization's international classification of functioning. Using the tool before the family attends a planning meeting can help with assessing both disability and parenting need and be useful in identifying the supports that should be requested at the planning meeting.

There are two versions of the planning and assessment tool. One has been developed to use with adults (aged 18 years or older) and one for children (aged 0–17 years). The tool evaluates the area and nature of support needs across the 13 domains.

The Assessment Tool is designed to be used flexibly by the planner or LAC. The sections are intended to be completed in an order which best suits the participant and the progress of the conversation.

The tool covers any difficulties experienced by the person and the impact of their disability in the domains of:

- learning and applying knowledge
- general tasks and demands
- communication
- mobility
- self-care and special health care needs
- domestic life
- interpersonal interactions and relationships
- community, social and civic life
- education and training
- employment (paid or voluntary work) (pre-employment for adolescents)
- support needs for sustaining informal care
- assistive technology, equipment and home modifications
- individual empowerment and vulnerability.

## Family needs assessment and case planning

The rollout of the NDIS is occurring at a time of significant reform in the Victorian child and family system. These reforms will see a far greater focus on opportunities for early intervention and service connectivity than has occurred in the past. The reforms will seek to address the siloed nature of family needs assessment and case planning that has traditionally operated across multiple service systems that a family may be involved with.

For families with disability, the reforms will provide stronger mechanisms to develop integrated and coordinated service responses. A key principle of the reforms is to intervene earlier and build a family-centred system that collaborates to create clear pathways for vulnerable families to access services and to link them with an appropriate service response. Child and family services will be the primary platform to engage and maintain relationships with vulnerable children and families, even where there is Child Protection involvement.

Within the context of the NDIS, this means that, wherever possible for family with disability, needs assessment and case planning should be undertaken jointly and locally involving the relevant NDIS professional, whether this a LAC or support coordinator. For families that require support to access the NDIS, this means undertaking a family needs assessment that is cognisant of their disability needs and understanding what can be likely be accessed under the NDIS. It means understanding how NDIS services and support can contribute to building parenting capacity and supporting child development to prevent escalation of disability need or risk to the child.

The child and family system currently uses multiple assessment frameworks and tools that are used for different purposes and across the system including the 'best interests case practice model', stand-alone tools used by individual agencies, the family violence common risk assessment framework (CRAF), kinship carer assessments and Looking After Children for children in care services. To respond to the fragmentation that having multiple assessment and planning tools in place can cause, the department is developing an integrated practice approach, including an integrated approach to assessment and planning of child need and risk, that will underpin shared decision making across the child and family system. This will advance the appropriateness, quality and safety of support through a more systematic application of evidence about practice and models of care that improves outcomes for vulnerable children and families.

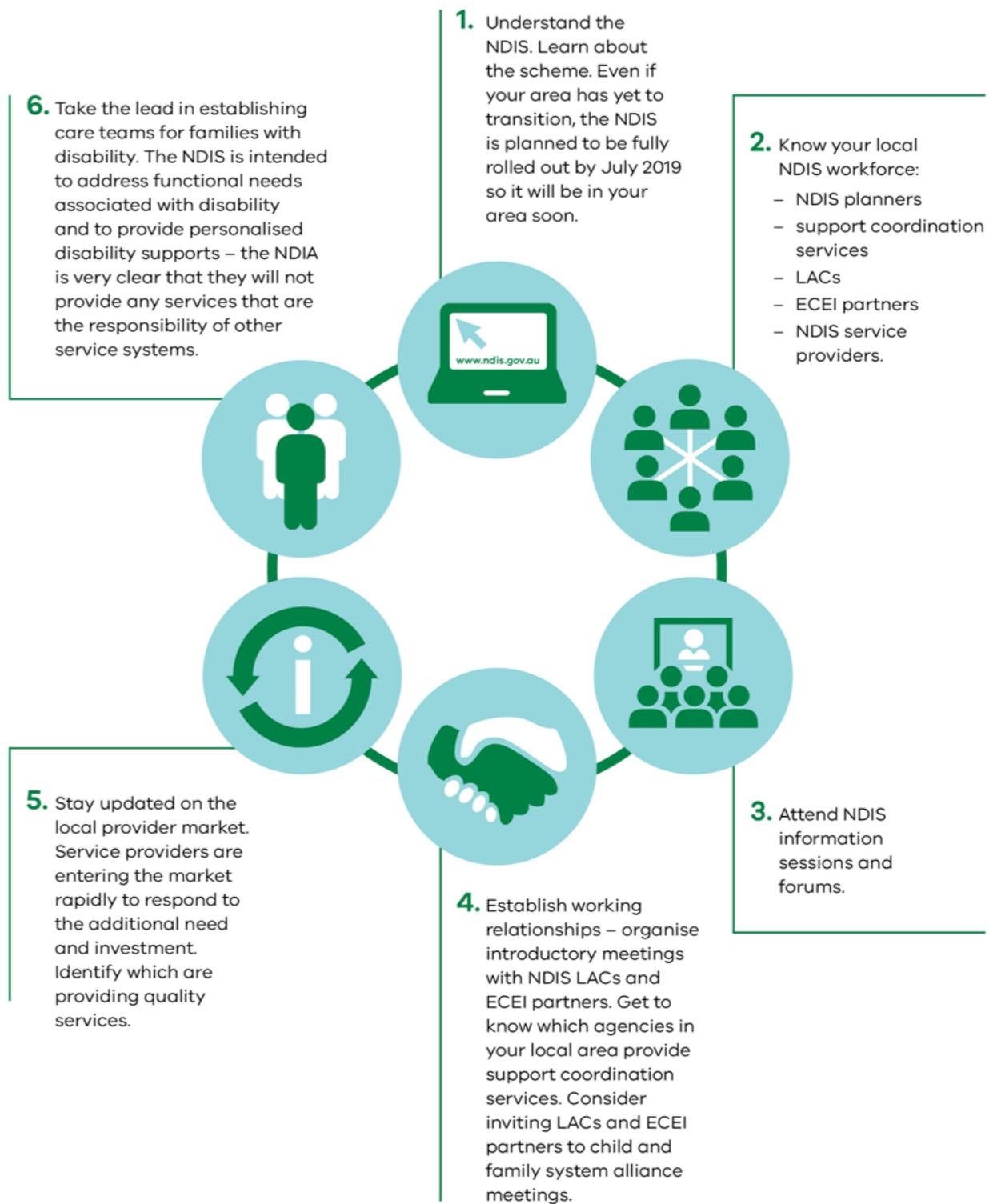
## Collaborative practice

The child and family system and the NDIS have shared responsibility in their respective roles for delivering and funding services to vulnerable families. Outcomes for children and families improve when services work in partnership to deliver services that are integrated and coordinated.

Working in partnership with NDIS planners, support coordinators, LACs and ECEI partners will require cooperation and coordination. It will require establishing professional working relationships with NDIS practitioners to ensure that child and family system and disability services are integrated to achieve the best outcomes for children and families.

Respectful, timely and transparent communication drives productive relationships. Appreciate that just as the child and family system experiences demand pressures, so too does the NDIS, which is rolling according to a very challenging schedule. Planners, LACs and NDIS providers are under significant pressure to develop and implement plans.

**Figure 3: A best practice approach to achieving collaborative practice and service integration**



## Assisting families with evidence of disability requirements

Unless in a defined program (refer Section 2 page 10-11) the NDIS access request form requires evidence of the applicant's disability from their treating doctor or specialist. This is required in Part F of the form. The same information can be provided by attaching existing medical or specialist assessments or reports if the family has these. It may be possible that reports or assessments are held by the family's treating doctor or specialist and copies can be requested. Encourage the parent to consider what reports or assessments may already exist and how these can be accessed. Using existing information will prevent the need for further medical appointments or assessments.

If the family has existing reports or assessments it is important that these provide the same information that is required in Part 5 of the form.

The NDIS access request form also requires evidence of the functional impact of the disability. This is the impact of the disability on the applicant's mobility, communication, social interaction, learning, self-care and/or ability to self-manage. This information can be provided via existing letters or reports from health professionals such as a:

- general practitioner
- paediatrician
- psychiatrist
- orthopaedic surgeon
- occupational therapist
- psychologist
- physiotherapist
- neurologist.

See the [NDIS website](https://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability.html) <<https://www.ndis.gov.au/people-with-disability/access-requirements/completing-your-access-request-form/evidence-of-disability.html>> for more information about providing evidence of disability.

Often the information that provides evidence of the disability will also provide evidence of the functional impact of the disability. If not, this section must be completed by a health or education professional.

However, many families with disability will not be required to provide evidence of the functional impact of the disability. The NDIA has identified an extensive list (List A) of disabilities that result in permanent impairment and substantially reduced functional capacity. If the person has a disability on this list then further information about the impact of the disability is not required. A [list of these conditions](https://www.ndis.gov.au/operational-guideline/access/list-a) <<https://www.ndis.gov.au/operational-guideline/access/list-a>> is available online.

If the person's diagnosis is not on this list, evidence of the impact of the condition on the person's life, including any impact on mobility, communication, social interaction, learning, self-care and self-management, will be required. This information can be provided via existing letters or reports from health professionals as listed above.

For parents and carers applying for NDIS, particularly where access is sought due to psychosocial disability, this will mean focusing on the disabling aspects of their condition. As a practitioner more experienced in taking a strength-based approach when working with families, this will require you to adapt your approach to thinking about 'worst days' for that family in terms of the impact of their disability.

## Helping families identify reasonable and necessary supports

Identifying the range of supports the NDIS funds to meet disability needs can be challenging for some families. Understanding what is in and out of scope of NDIS funding and being able to suggest disability supports to help families meet their goals is essential.

Section 7 of this guide provides examples of the type of supports that are funded according to disability type. This guide can be used to guide your conversations with families regarding the NDIS-funded supports that could be requested to assist families to achieve best possible outcomes for children or parents with disability.

The Independent Advisory Council<sup>6</sup> to the NDIS has provided a helpful guide on reasonable and necessary supports across the lifespan. [The Guide](https://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan) <<https://www.ndis.gov.au/about-us/governance/IAC/iac-reasonable-necessary-lifespan>> describes the key features of reasonable and necessary supports for infants, pre-schoolers, primary and secondary aged children, adolescents, young adults, adults aged 26-55 and older adults. The Guide provides advice on what is reasonable and for people with disability and their families to enable them to pursue their goals and maximise their independence.

## The NDIS planning and assessment meeting – supporting families

The most important part of developing a participant's plan is the planning and assessment meeting with the NDIA. The planning and assessment meeting involves the NDIA discussing the participant's statement of goals and aspirations.

The purpose of the planning and assessment meeting is to explore the participant's support needs and to identify specific supports that would assist the participant to achieve their goals, objectives and aspirations.

The planning and assessment meeting will take place in person at an NDIA office or in the home or other agreed venue.

It is strongly encouraged that practitioners support families with identifying disability needs prior to attending a planning and assessment meeting. Good pre-planning before attending the meeting can make a significant difference to the outcome of the NDIS plan.

People with disability or their carers are entitled to invite people who are important in their life to help or support them during their NDIS planning meeting, including family, friends, carers or other. The purpose of this discussion is to develop a personal, goal-oriented plan.

Child and family system practitioners are entitled to support families at planning and assessment meetings with the NDIA and are strongly encouraged to prioritise this assistance to families. If the department has parental responsibility for the child, the Child Protection practitioner will be the child's representative and should be present at all planning meetings to represent the child.

The NDIA has produced resources to help participants identify the supports they may require and to prepare for the plan. The *My NDIS pathway* and the *Getting ready for your plan* template help to consider the child or parent's current needs, supports and goals. Funding will be dependent on participant needs, goals and existing supports. The amount a participant is funded may change from year to year.

In addition to the NDIA pre-planning resources there is a significant range of pre-planning resources produced by disability organisations to assist families with preparing for the planning and assessment conversation. Several of [these resources](https://www.everythingcarers.org.au/resources/ndis-resources/ndis-planning-resources-and-useful-information/) <<https://www.everythingcarers.org.au/resources/ndis-resources/ndis-planning-resources-and-useful-information/>> can be accessed online.

## Sample plans and carer statements

Carer's Australia has some helpful [sample plans](https://www.everythingcarers.org.au/resources/ndis-resources/ndis-sample-plans/) <<https://www.everythingcarers.org.au/resources/ndis-resources/ndis-sample-plans/>> that may provide you with guidance regarding supports and services that could be included in a family's plan. The sample carer statements can also be used to assist parents of

---

<sup>6</sup> The Independent Advisory Council to the NDIS was established to bring the views of participants, carers and experts in the disability sector to the heart of the NDIS by the provision of independent advice based on the experiences of its members and their networks. The Independent Advisory Council provides independent advice to the Board of the NDIA on the delivery of the NDIS.

children with disability to prepare their own carer statement regarding the impact of the disability on their family and parenting.

## Choosing a support coordination provider – assisting families

Choosing a support coordination provider is not always straightforward. NDIS planners and LACs will not recommend support coordination providers and will only provide clients with a list of potential support coordination providers. Many agencies entering into the market to provide support coordination services have had no prior experience in delivering disability services. This does not mean that the support coordination service they provide is of a lesser quality than providers with disability experience; however, NDIS participants are not often resourced with the information required to make an informed choice about a provider.

Some organisations providing support coordination are also providing direct support services that the participant could purchase. Some agencies are creating internal separations such as not providing support coordination to people who choose to purchase supports and services from them to alleviate fears of a conflict of interest.

Understanding the support coordination market is important when providing assistance to families with their choice. It is recommended that in making a choice about support coordination families consider asking potential support coordination services the following questions:

- Has your service worked provided support coordination to other people like me? (where the 'like me' refers to whatever characteristics the person considers to be most important such as goals, interests, family or living situation, age, disability type, package size, support/medical needs)
- What do you think success towards my goals would look like?
- How will you manage any conflicts of interest or biases – for example, if your organisation is a potential provider of another NDIS support for me?
- Given how many hours of support coordination I have been funded for, how many hours do you imagine you will spend in the different parts of support coordination? These include:
  - talking with me about my goals
  - showing me my options in service providers
  - resolving points of crisis
  - liaising with the NDIA or a LAC
  - drawing up service agreements
  - connecting me to mainstream, informal or community supports.
- What kinds of mainstream, community or informal supports have you connected people to in the past?<sup>7</sup>

## Multiple plans in the one family

Where more than one member of the family has an NDIS plan, encourage families to consider choosing one support coordinator to manage all the plans. This will prevent parents or carers having to manage relationships with multiple support coordinators which can be both time consuming and stressful. One support coordinator managing all family plans will also allow for better coordination and integration of service delivery.

## DHHS support coordination

DHHS is registered to provide support coordination to NDIS participants living in Victoria. Support coordination provided by departmental staff is delivered in accordance with the [NDIS price guide](https://www.ndis.gov.au/providers/pricing-and-payment) <<https://www.ndis.gov.au/providers/pricing-and-payment>>, specifically the improved life choices support category (3.15).

---

<sup>7</sup> National Disability Services <<https://www.nds.org.au/>>

## Support coordination offered by the department

### Support coordination

- Help with strengthening the client's ability to connect to and coordinate their funded, community and family supports. This includes helping build the capacity needed to navigate the NDIS and find the right providers.

### Specialist support coordination

- Specialist support coordination where the client has more complex support needs.

## Choosing the department for support coordination

For complex and vulnerable families, DHHS support coordination can be an appropriate choice due to the disability skills of the staff providing support coordination, their knowledge of working with vulnerable families and connections to disability providers.

If funded for support coordination client will need to tell the LAC or NDIA planner that they want the department to provide support coordination services. To further discuss DHHS support coordination please call **1800 783 783** or email:

[Email East Disability](mailto:east.disability@dhhs.vic.gov.au) <east.disability@dhhs.vic.gov.au>

[Email West Information and Support](mailto:west.informationandsupport@dhhs.vic.gov.au) <west.informationandsupport@dhhs.vic.gov.au>

[Email South Disability](mailto:south.disability@dhhs.vic.gov.au) <south.disability@dhhs.vic.gov.au>

[Email North Intake](mailto:north.intake@dhhs.vic.gov.au) <north.intake@dhhs.vic.gov.au>

## Deciding on NDIS service providers

The support coordinator, Local Area Coordination agency or early key worker can help participants identify suitable providers. The NDIS also provides a [list of registered services](https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers) <https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers> in each area. Using NDIS registered service providers will ensure they have been subject to an NDIA quality and safety assessment.

However, like choosing a support coordinator, choosing NDIS providers can also be challenging for some participants. Several reviews of the NDIS have identified very thin disability provider markets in some areas, particularly regional, rural and remote. Where providers do exist wait lists for service provision may be long.

## When NDIS plans fall short of disability needs – helping families with plan reviews

Some NDIS plans may not meet the support needs of the participant, despite another participant with similar disability needs receiving a plan with more extensive supports. This may occur because participants are unaware of what supports to ask for in planning meetings, or a support they previously received has either been left out or will not be funded by the NDIS.

An underfunded plan can be the cause of stress, financial disadvantage and carer breakdown.

Participants can request a plan review at any time if they are dissatisfied with the plan, regardless of whether there has been a change in circumstances. This is considered a request for an internal review of an NDIS plan and should be encouraged where there is a clear gap or insufficiency in the supports funded in the plan. Requests for an internal review of the plan need to be made within three months of receiving the plan. The steps for requesting an internal plan review are:

1. Submit an [internal review form](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review) <https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>. The review form is divided into sections to assist in providing the rationale for requesting the review.
2. An NDIA assessor will make a decision that confirms, changes or replaces the initial decision. The reviewer will always be different from the initial assessor. Once a decision has been made the NDIA will contact the participant.

Note that a request for an internal review will trigger the creation of a new plan, as plans cannot be adjusted, only replaced.

If the participant is not satisfied following the internal review, an appeal can be made to the Administrative Appeals Tribunal. In most cases the tribunal will try 'conciliation', an informal meeting with the NDIA to try and come to an agreement. If the participant thinks an internal review result is wrong, the participant can ask the tribunal to conduct an external merits review – an independent assessment of an NDIA decision.

Each state has funded [local advocacy agencies](https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals) <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals> to assist with appeals. The agencies funded to provide advocacy will be expanding as the NDIA provides more funding to a wider range of agencies.

In preparing the request for a review, families should be asked to consider:

- Has anything changed since the NDIS plan was approved? Has there been a change to circumstances?
- What are the goals in the plan? Why does the plan not meet these goals?
- Which supports and services are working well? Which supports and services are not going so well?
- Are there any supports and services in the plan that are not being received? If so, why? What are the barriers?

The review process will improve many plans, and for this reason review requests should be encouraged when families are not happy with their NDIS plans and funding packages. Practitioners should assist families with the review process where the family's capacity to do so unassisted is limited.

## Scenarios that may lead to an inadequate or underfunded plan

### The participant has less funding than before

Prior to the NDIS, people may have received funding from a variety of federal and state sources. Some of these supports would have been individualised, but others would have been block-funded. If block-funded, a participant may be unaware that they were even accessing a service. Consequently, it gets left out of a plan, resulting in a lengthy process to get it back.

Furthermore, a support that a participant previously received may not be funded under the NDIS. While some states have implemented a 'no disadvantage' rule, this only applies to supports that the NDIS will fund.

If a support is no longer funded by the NDIS, there is an expectation that the LAC or NDIS planner will notify the participant and help them explore other options.

### Participants cannot use a provider of their choice

Usually, if a participant cannot purchase a support from a provider it is because that provider is not NDIS-registered.

There are three ways to manage NDIS funds – agency management, plan management and self-management (see Section 2). If a participant wants to use unregistered providers, they must either plan or self-manage those funds. Most vulnerable families will have their NDIS funding managed by the NDIA. When funded supports are NDIA-managed this ensures that all service providers are registered with the

NDIA and have been through all quality and safeguards processes. The workers have police checks and therapists will be registered with their peak bodies. If unregistered providers are used there is no oversight, and for children this can be a significant risk.

You should liaise with the support coordinator or LAC to make sure the supports provided to the family are appropriate.

## **Participants do not understand their plan**

The format of the NDIS plan may make it difficult for a participant to fully understand what they have been funded for and how funding can be used flexibly between the key support areas. Assisting families to understand their plan is critical to ensuring they get the most from it. The NDIS has a [plain-English guide](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports) <<https://www.ndis.gov.au/participants/understanding-your-plan-and-supports>> to help participants understand their plans.

## **Urgent plan reviews**

The NDIA does not prescribe a process for urgent plan reviews; it varies depending on local arrangements. A formal plan review request will need to be submitted. Contact your departmental transition team (see Section 5) to help flag the request for a plan review as a priority. However, it is important to note that even when the NDIA prioritises plan reviews, this process can take weeks or months.

It is important that where the current NDIS plan still has some funding, that this funding be used flexibly to address priority needs pending the result of the review.

It is also important to acknowledge what is working well in the plan to ensure that funded supports that are being well implemented are not overlooked in the new plan.

When determining priority of plan reviews, the NDIA will conduct a risk assessment so it is important that any risks especially to children are clearly communicated to the NDIA when requesting an urgent plan review.

## **Interfacing with other mainstream services and specialist services**

Many families accessing the NDIS will have complex needs and vulnerabilities. The family's circumstances will affect their capacity to develop and implement an NDIS plan. For example, if the family has limited access to transport, or the parent has mental health concerns, this may make it difficult for them to attend appointments or take part in learning new skills.

As with families without the additional vulnerability of disability, some families with disability will need to be linked with mainstream and specialist services to address their other challenges, such as family violence counselling or drug and alcohol support. NDIS participants with funded support coordination or specialist support coordination are entitled to expect that their support coordinator will also play a role in coordinating multiple supports and services for clients to strengthen their ability to implement their plan.

Ensuring that the support coordinator or LAC is a member of the family's care team will help clarify roles.

## **Information sharing with the NDIS**

To build a strong and collaborative response to vulnerable families, there may be occasions where sharing information about a parent, child or family is considered necessary. Understanding what supports the NDIS is funding is important for case planning for families with disability.

Understanding what information NDIS practitioners can share while upholding the family's right to privacy is also important. Where information is sought from the NDIS, this must be done with care. The only information that should be requested is that which is needed to assist the process of promoting a child's best interests and providing assistance to the child and family.

## Child Protection and information sharing with the NDIS

### Providing authority to share information

The *Privacy and Data Protection Act 2014* and the *Health Records Act 2001* govern the management and exchange of personal and health-related information in Victoria. The Health Records Act deals with health information and the Privacy and Data Protection Act deals with all other personal information. 'Personal information' is information or an opinion that is recorded about a person and that identifies or may identify that person. Where there are no specific provisions in the *Children, Youth and Families Act 2005*, Child Protection may request information that is necessary for the safety and development of a child involved with Child Protection in accordance with Information Privacy Principle (IPP) 1.1 of the Privacy and Data Protection Act and Health Privacy Principle (HPP) 1.1 of the Health Records Act.

The NDIA may request that Child Protection prove that they have authority to share information. Child Protection can give this authority by providing:

- written correspondence to the NDIA confirming their involvement with the child, or
- if the child is subject to a protection order, a copy of the child's Children's Court order.

Child Protection may request information from the NDIA about a child or a child's family without obtaining the child or the child's parents' consent to collect the information. However, where possible, it is best practice to obtain consent to share information.

When the NDIA would like to obtain information about a child's involvement with Child Protection to inform the development of a child's or parent's NDIS plan, Child Protection may disclose information if the disclosure is authorised under the Children, Youth and Families Act, or is otherwise permitted under IPP 2 or HPP 2. Child Protection may request authority from the NDIA to support their request for information. This may include:

- a copy of the child or parent's NDIS plan, or
- other relevant information that demonstrates the NDIA's involvement with the child or the child's family.

The NDIA may provide Child Protection with parental consent to gather information. However, under s. 58 of the NDIS Act, Child Protection may disclose certain information to the NDIA without consent and may also disclose certain information that the Children, Youth and Families Act would otherwise prohibit.

### When is it appropriate for Child Protection and the NDIA to share information?

#### 1. Where a report about child abuse or neglect has been received from an NDIS practitioner

Where a report about child abuse or neglect has been received, Child Protection may consult with the NDIA or a funded NDIA provider to determine the most appropriate response to the report or to complete a risk and needs assessment of a child. During this phase of intervention, the NDIA is authorised to disclose information to Child Protection. The following sections under the Children, Youth and Families Act apply:

- s. 28 – Report to Secretary about child
- s. 29 – Report to Secretary about unborn child
- s. 183 – Report to protective intervener
- s. 184 – Mandatory reporting
- ss. 41 and 191 – Identity of reporter confidential.

## **2. Where a report requires further investigation**

Where a report to Child Protection requires further investigation, Child Protection may request information from the NDIA or a funded NDIA provider to assist with this investigation. The NDIA is permitted to disclose, in good faith, information to Child Protection for the purpose of an investigation in accordance with ss. 208, 209 of the Children, Youth and Families Act.

## **3. Where Child Protection has parental responsibility for a child**

Where the Secretary to the Department of Health and Human Services has parental responsibility for and the child, Child Protection will prepare a case plan within six weeks of the making of the protection order. The NDIA or a funded NDIA provider is authorised to disclose information to Child Protection that is relevant to protect and develop a child to enable the development of the case plan.

## **Signs of success in NDIS planning**

- The family goes into the planning meeting feeling confident and prepared.
- The person feels like the meeting went well and they were heard.
- The person and the family have a clear understanding of what will be the next steps and have the name of the NDIA planner or LAC and their contact details should they need to follow up anything.
- The family understands the ways in which their plan can be managed.
- The funding plan is received and the family understands and is happy with the supports that have been funded.
- Plan management and support coordination are in place, and the process of identifying, selecting and purchasing supports has begun.

# Section 5: Working with families with complex needs

## Getting support

One of the department's key roles in the transition to the NDIS is to ensure a smooth transition for current clients, including those who are most vulnerable and require additional support for an effective transition. Interventions to assist people through the transition are happening at a number of levels across the department.

## NDIS transition teams

Transition teams have been established in departmental regions to support and guide clients and service providers as clients transition to the NDIS. NDIS transition teams have developed relationships with NDIA regional offices and provide an important liaison role to resolve transition issues and avoid escalation of individuals' concerns.

As Victoria has transitioned into the NDIS, some participants have raised concerns about the process and outcomes of planning. In particular, the transition has not been smooth for people who have been receiving supports that are not aligned with the NDIS definition of reasonable and necessary supports.

Examples include people who have been using their disability funding to pay for goods or services that other community members would generally be expected to pay for themselves, and where services received include items considered the responsibility of a mainstream services system.

Contact your divisional NDIS transition team to discuss issues that your families may be experiencing with transitioning to the NDIS.

Division	Email
<a href="#">Email West Division</a>	West.NDIS.Readiness.Activities@dhhs.vic.gov.au
<a href="#">Email North Division</a>	NDIS.Readiness.Activities.North.Division@dhhs.vic.gov.au
<a href="#">Email East Division</a>	East.NDIS.Transition.Team@dhhs.vic.gov.au
<a href="#">Email South Division</a>	South.NDIS@dhhs.vic.gov.au

## Principal Disability Practice Advisors

Principal Disability Practice Advisors can support practitioners across the child and family system with NDIS clients who are at risk of experiencing carer breakdown. The Advisors undertake sector consultation, assist coordination of Voluntary Child Care Agreements (VCCAs), NDIS negotiation, and provide advice regarding placement prevention and family preservation work with identified families at risk of breaking down. The Advisors support placement establishment, coordination and oversight of children on Voluntary Child Care Agreements.

Other functions of the Principal Disability Practice Advisors are to:

- Provide advice and support to care teams that are working with families where there is a risk or circumstance of family or placement breakdown.
- Support the child protection and local service sector develop the capacity to respond to children and young people's disability support needs and integrate disability responses into protective practice.
- Advocate with NDIA for plan review to support children, families and carers.

- Provide support to care teams where there are not protective concerns and placement is at risk.
- Accommodation planning for children on VCCAs.

The Principal Disability Practice Advisors can be contacted on:

**North Division (03) 9412 5351**

**South Division (03) 5177 2562**

**East Division (03) 843 6304**

**West Division (03) 9275 7052.**

## Intensive Support Team

The Victorian Government (DHHS) and the National Disability Insurance Agency (NDIA) have recognised that an integrated approach is required to support the planning outcomes for NDIS participants with complex needs. DHHS and the NDIA have adopted a collaborative approach that will be implemented during transition.

The Intensive Support Team has been resourced due to escalating issues identified in relation to the transition to the NDIS. In April 2017, Minister Foley designed a response team that would assist DHHS areas with issues relating to individuals with complex needs transitioning to the NDIS and would identify and work to resolve systemic issues as they arise.

The Intensive Support Team provides short-term intervention to support an individual with complex needs or circumstances who are experiencing significant issues in their NDIS transition. It does this throughout the pre-planning, planning and post-planning phases of the client transition pathway.

## NDIS Complex Support Needs Pathway

A new complex needs pathway has been recently announced by the NDIA. The new pathway will have dedicated NDIA complex support needs planning teams and specialised planners and support coordinators with greater experience with working with people with complex medical needs. The pathway is also intended to ensure warm handovers from existing service providers and a more flexible approach to plan implementation to allow for changes during the life of the plan. The complex needs pathway is intended to support participants with more complex such needs such as psychosocial disability, homelessness or involvement in the justice system.

The new pathway will be progressively rolled out commencing in the Brimbank Melton and Western Melbourne areas of Moonee Valley, Maribyrnong, Hobsons Bay and Wyndham. More information regarding the new complex support needs pathway will be announced by the NDIA over the coming months and this guide will be updated to reflect implications for practice. In the interim please consult the [NDIS pathway experience on the NDIS website](https://www.ndis.gov.au/pathways-experience). <<https://www.ndis.gov.au/pathways-experience>>.

## DHHS support coordination

As indicated in Section 4, DHHS is registered to provide support coordination to NDIS participants living in Victoria. Support coordination provided by departmental staff is delivered in accordance with the [NDIS price guide](https://www.ndis.gov.au/providers/pricing-and-payment) <<https://www.ndis.gov.au/providers/pricing-and-payment>>, specifically the improved life choices support category (3.15).

<<https://intranet.dhhs.vic.gov.au/dhhs-service-provision>> provides information on the scope of DHHS support coordination services.

When working with complex families, consider the benefits of DHHS provided support coordination. To further discuss DHHS support coordination please call **1800 783 783** or:

[Email East Disability](mailto:east.disability@dhhs.vic.gov.au) <[east.disability@dhhs.vic.gov.au](mailto:east.disability@dhhs.vic.gov.au)>

[Email West Disability <west.informationandsupport@dhhs.vic.gov.au>](mailto:west.informationandsupport@dhhs.vic.gov.au)

[Email South Disability <south.disability@dhhs.vic.gov.au>](mailto:south.disability@dhhs.vic.gov.au)

[Email North Disability <north.intake@dhhs.vic.gov.au>](mailto:north.intake@dhhs.vic.gov.au)

## NDIS and parental intellectual disability

Parents with intellectual disability can, and often do, parent well. While these parents are at increased risk of having their children removed,<sup>8</sup> research indicates that it other vulnerability factors such as psychosocial and economic disadvantage that are the stronger predictors of parenting difficulties than parental intelligence quotient (IQ).

Nonetheless, many parents with intellectual disabilities require parenting supports over the long term. This is because intellectual disability is an ongoing experience and the support needs that come with it are also ongoing. The NDIS opens new opportunities all for parents, including those with an intellectual disability to access intensive, targeted, supports related to their disability over the long term.

However, as a participant-driven scheme, the NDIS model may present difficulties for parents with cognitive deficits who may have difficulty understanding access requirements and planning processes. These parents will require support to achieve a plan that provides appropriate disability supports. This can be confronting for many parents with intellectual disability who may be reluctant to acknowledge their disability or accept the need for additional supports.

For you as a practitioner, typically working from a strengths-based approach, having parents with intellectual disability acknowledge deficits and recognising the benefits of NDIS supports may be a challenge. The [Parenting Research Centre Health Start Program](https://www.parentingrc.org.au/programs/healthy-start/) <https://www.parentingrc.org.au/programs/healthy-start/> provides a range of excellent resources to support professionals working with parents with intellectual disability.

We encourage you to use the practice tools available through the Healthy Start Program to engage with parents and effectively communicate the benefits of NDIS participation, if they are eligible. This will depend on the severity of the intellectual disability and the impact on functional capacity.

The Endeavour Foundation has produced a resource on the NDIS for people with intellectual disabilities. The resource is a series of [eight videos](https://www.endeavour.com.au/ndis/resources/videos/) <https://www.endeavour.com.au/ndis/resources/videos/> that explain the NDIS in plain English.

The [Victorian Advocacy League for Individuals with a Disability \(VALID\)](https://www.valid.org.au/) <https://www.valid.org.au/> also produces a range of resources (videos and self-advocacy manual) to assist people with intellectual disabilities to understand the NDIS and advocate for themselves. VALID is the peak organisation in the disability sector for people with intellectual disabilities and their families.

The Victorian Child Protection manual also contains a [Parental intellectual disability assessment tool](http://www.cpmanual.vic.gov.au/advice-and-protocols/tools-and-checklists/assessment-tools/parental-intellectual-disability/) <http://www.cpmanual.vic.gov.au/advice-and-protocols/tools-and-checklists/assessment-tools/parental-intellectual-disability/>, which can be used to help assess the impact of intellectual disability on parenting capacity.

## NDIS access for parents with intellectual disability

The key criteria for defining intellectual disability are: significant impairment in intellectual functioning; difficulties in adaptive behaviour; and manifestation in the developmental period<sup>9</sup> The AAMR definition requires that the impairments and disability manifest before age 18.<sup>10</sup>

---

<sup>8</sup> Booth T, Booth W, McConnell D 2005, 'The prevalence and outcomes of care proceedings involving parents with learning difficulties in the family courts', *Journal of Applied Research in Intellectual Disabilities*, 18(1), 7–17.

<sup>9</sup> Luckasson et al. 1992, 2002.

<sup>10</sup> <https://www.aihw.gov.au/getmedia/5a1b2a34-78bb-4696-a975-3121658a9505/bulletin67.pdf.aspx?inline=true>

Limitations in skills affecting an individual's ability to live in the community including communication, self-care, safety awareness and the capacity for self-direction are other indicators for identifying intellectual impairments.<sup>11</sup>

Under the requirements for NDIS eligibility, applicants must provide evidence about their disability (the effect of their intellectual disability on functioning across the domains described above), and it is possible that many parents with intellectual disability will not have received an assessment or diagnosis, meaning they are at risk of disengagement from a potential system of support. Assessments should be supported and funded for parents with intellectual disability for the purposes of determining NDIS eligibility.

Parental intellectual disability on its own, is not indicative of risk to a child. However, for Child Protection practitioners tasked with ensuring the safety and wellbeing of children at risk, the NDIS provides an opportunity to connect parents with an intellectual disability to supports that may improve their ability to provide adequate care and protection for their child. Supporting parents with intellectual disability or suspected intellectual disability to explore NDIS eligibility and access is therefore critical to strengthening the capacity of the parents to safely care for their children.

### **Jen's story – challenges for parents with intellectual disability**

Jen\* is mother to two children – Bailey, who is nine, and Jessica, who is seven. Jen has intellectual disability, and Bailey has been diagnosed with developmental disability.

Seven years ago Jen came into contact with Child Protection. At that time Bailey was two and a half years old and Jessica was 18 months old. When Jen came into contact with Child Protection her children were removed from her care and placed in temporary foster care. Jen was granted two hours' supervised access once a week with her children. The foster carer's home was a 45-minute drive or a one and a half hour bus trip from Jen's home. Jen did not have a driver's licence or anyone to drive her to see her children.

Jen was assigned a Child Protection worker to supervise her with her children. Jen's worker supported her to travel from her home to where her children were living, and this made visits easier for Jen. When the weather was fine Jen and the worker took the children to the park for the access visit. When Bailey was difficult to manage the worker supported Jen's parenting with behaviour management strategies, and Jen found parenting Bailey easier and less stressful. Jen felt the worker gave her space to parent, such as allowing her to take the children to the toilet on her own. Jen's confidence grew and the worker noticed that Jen was doing a good job. Jen and the worker started to plan for periods of unsupervised access to happen.

Unfortunately due to Bailey's disabilities the children were moved to a new foster carer. The new foster carer lived in another departmental region that was more than two hours from Jen's home. With the move a new Child Protection worker was assigned to supervise Jen and her children and access was changed to a monthly arrangement. The new arrangement meant that Jen could see her children from 5 pm on a Friday evening to 6.30 pm on a Saturday night at the supervisor's house.

Jen likes that she gets more time with her children – a full weekend each month. But she would love the opportunity to have some unsupervised time with her children and more opportunities to build her parenting skills. Her Child Protection worker has referred Jen to Child FIRST for a referral to assist with her parenting skills; however, she has not yet been allocated to a family services agency. No timelines have been put in place to support Jen to develop the skills needed for unsupervised time with her children.

Jen has asked that her NDIS plan include her parenting goals; however, her NDIA planner has said that because Jen does not have unsupervised time with her children her parenting goals cannot be included in her NDIS plan. Jen would like her Child Protection worker to attend her next planning meeting with the NDIA to advocate for better in-home supports, particularly around managing Bailey's developmental delays. Advocacy from the department could assist Jen with periods of unsupervised access and possible reunification.

\* All names have been changed to protect privacy.

<sup>11</sup> See the [Child Family Community Australia webpage](https://aifs.gov.au/cfca/publications/parental-intellectual-disability-and-child-protection-key-issues) <<https://aifs.gov.au/cfca/publications/parental-intellectual-disability-and-child-protection-key-issues>>.

## NDIS plans for parents with intellectual disability

NDIS plans developed for parents with intellectual disability should reinforce parenting supports provided by family services by being:

- home-based
- skill-focused
- individualised
- inclusive of behavioural teaching strategies
- coordinated with other supports
- provided over the long term where needed.

The Office of the Public Advocate has produced a [decision-making guide](http://www.publicadvocate.vic.gov.au/our-services/publications-forms/carers/467-guide-to-ndis-decision-making) <<http://www.publicadvocate.vic.gov.au/our-services/publications-forms/carers/467-guide-to-ndis-decision-making>> to assist with determining the level of support a person with an intellectual disability may require in NDIS planning. This guide addresses the questions of when decision-making support, advocacy or substitute decision making is needed for potential and current NDIS participants who have significant cognitive disability.

## Parents with psychosocial disability

The NDIS uses the term 'psychosocial disability' to describe people with disability due to mental health conditions. While not everyone living with a mental health condition will experience psychosocial disability, those who do are much more likely to experience significant disadvantages including:

- impaired decision-making ability and organisational skills
- unemployment
- poor health
- poor relationships and parenting problems
- poor housing and homelessness.

The conditions that are recognised by the NDIS as having the potential to cause significant long-term psychosocial disability include:

- schizoid disorders such as schizophrenia and schizoaffective disorder
- anxiety disorders such as obsessive compulsive disorder, post-traumatic stress disorder, agoraphobia and social phobia
- mood disorders such as major and dysthymic depression and bipolar.

However, it is important to note that to be eligible for the NDIS a participant will need to prove the permanency of their disability, as well as the need for support. The condition must create a significant and permanent (or likely to be permanent) functional impairment (an impairment of mobility, communication, social interaction, learning, self-care and self-management).

## Supporting information for NDIS access for psychosocial disability

To support an NDIS access request a person with psychosocial disability must provide:

- information about the disability type – documented by a health professional
- an assessment of the functional impact – for the purposes of understanding the extent of functional impact and psychosocial disability it can be helpful for an allied health professional (such as an occupational therapist, psychologist or social worker) to provide a functional assessment
- information about the levels of support – an explanation of the supports needed, how often and for how long.

As previously mentioned where you are supporting NDIS access due to psychosocial disability, this will mean focusing on the functional impairment and permanent aspects of the mental health condition. As a practitioner more experienced in taking a strength-based approach when working with families, this will

require you to adapt your approach to thinking about ‘worst days’ for that family in terms of the impact of the psychosocial disability.

The [Reimagine Today website](https://reimagine.today/) provides a range of resources to support people living with mental health conditions to access and navigate the NDIS. The website provides tips and advice on how to prepare an NDIS access request based on psychosocial disability.

## **NDIS supports for people with psychosocial disability**

The health and mental health systems maintain responsibility for diagnosing and treating psychiatric conditions and mental illness and assisting participants with clinical and medical treatment.

The role of the NDIS is to enhance the independence, social and economic participation of people with psychosocial disability by providing disability related supports.

The supports offered by the NDIS are intended to assist the person to address the functional impact of their psychiatric condition. The scheme will fund supports that assist a person to undertake activities of daily living. This includes:

- assistance with planning and decision making and household tasks
- assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills
- supports to engage in community activities such as recreation, education, training and employment.

Participants can choose to access their funded supports through centre-based services, in-home, day services, community access and outreach services.

## **NDIS psychosocial disability stream**

The NDIA has introduced a new psychosocial disability stream that is designed to improve NDIS access and support for Scheme participants with severe and persistent mental health issues. The new stream will be implemented progressively and includes:

- specialised mental health planners and Local Area Coordinators
- improved linkages between mental health services and the NDIA
- a better focus on recovery-based planning and episodic needs.

The new stream has yet to be rolled-out and details on the impact on NDIS access, planning and review processes for people with psychosocial disability have not been released. This guide will be updated when further details are available.

## **Young carers**

Young carers are people under the age of 25 who care for someone with an illness, disability, mental health issue or who has an alcohol or other drug problem.

Many young carers of NDIS participants will benefit from the funded supports the participant gets from the NDIS. For example, they may get a break while the participant is doing an activity with a support worker or while a support worker helps them with personal care. A participant’s plan can include reasonable and necessary supports to help strengthen the capacity of the young carer in their caring role.

If you are working with a young carer it is helpful to identify what supports they may need for themselves.

When assisting with NDIS access or planning, you’ll need to consider the young carer’s age and circumstances to support them in their caring role and ensure they’re able to access support, education, training or employment.

## Children and young people in care services

The level and type of supports that will be funded through the NDIS will depend on the individual needs of the child or young person and the NDIA's assessment of reasonable and necessary supports. For children or young people with disability who are in care, the NDIA may consider the following supports as reasonable and necessary:

- Supports required as a direct result of the child or young person's disability. This includes supports that enable carers to sustainably maintain their caring role, such as through therapeutic and behavioural supports, additional respite, aids and equipment, and supports to help build capacity to navigate mainstream services.
- Supports required due to the impact of the child or young person's impairment or functional capacity and have support needs that are above those of children of similar ages. The NDIA recognises the diversity of out-of-home care arrangements, and necessary supports should reflect individual circumstances.

## NDIS supports for young people leaving care services after 18

NDIS supports and funding move with the child or young person through their life transitions such as leaving care services or family reunifications.

Where a young person is leaving care to independent living or returning home, the NDIA should be contacted to ensure disability supports and funding meet their disability needs in their new environment.

The [Victorian Advocacy League for Individuals with a Disability \(VALID\)](https://www.valid.org.au/) <https://www.valid.org.au/> also produces a range of resources (videos and self-advocacy manual) to assist young people leaving care.

## DHHS as an NDIS service provider

DHHS continues to operate as a service provider under the NDIS and provides a number of services and supports to NDIS participants. If agreed in their plan, participants can use NDIS funding to choose DHHS to provide:

- Supported Independent Living
- Specialist Disability Accommodation
- Assistance in sharing living arrangements - short term accommodation and assistance (Facility Based Respite)
- Support Coordination
- Behaviour Intervention Services
- Outreach.

# Section 6: The NDIS and children and young people with disability

## Children aged 0–6 years

Children aged 0–6 years with disability or developmental delay can get access to support that's tailored to their specific needs through the Early Childhood Early Intervention (ECEI) approach. This approach recognises that children do best when they receive intervention early and promptly.

To access ECEI, children don't need to have a diagnosis of disability, but they do need to have evidence of how their disability or developmental delay affects their daily life. More information about the types of evidence is provided later in this guide.

The support available from ECEI providers might be information about, or referral to, other services such as community health services, playgroups or peer support groups. Or a child might get short-term intervention. If the child needs longer term support, the parents can get help to access the NDIS.

ECEI replaces the Victorian government Early Childhood Intervention Services in NDIS rollout areas.

## The NDIS approach to early intervention

As an insurance model, the NDIS is intended to support early intervention to reduce future costs. The NDIS has a national approach to ECEI that aims to **give children aged 0–6 years fast access to support that's intended to meet their individual needs.**

As indicated, the support provided by the ECEI partner might be information, emotional support or referral to other services. The child might also get sessions with early childhood early intervention providers in the short term or medium term. This level of intervention might be all the child needs to reach his or her developmental goals.

ECEI support can be delivered by a range of professionals with specialist qualifications to support children to learn and develop. The professionals supporting a child may include the following:

- **Occupational therapist:** Their specialist knowledge can contribute to supporting the development of a child's independence in everyday activities including eating, dressing, toileting and a range of activities that are part of family life.
- **Physiotherapist:** Their specialist knowledge can contribute to supporting a child's development in the areas of movement, posture and balance.
- **Speech pathologist:** A speech pathologist will work in supporting a child who has difficulties talking, understanding speech, stuttering, eating and drinking, swallowing or drooling.
- **Psychologist:** Their specialist knowledge can assist families to support a child's social, emotional and overall development. They can provide advice and assistance to families including offering behaviour management guidance.
- **Specialist early childhood educators:** These are professionals who are trained in early years education and are often part of ECEI teams. They help families to understand their child's needs and to provide opportunities and experiences that support their learning and development.

## Beyond early intervention

If the child has longer term support needs, the child should be eligible for an individualised NDIS support plan. This helps the child get access to appropriate supports over the long term.

The NDIS has early childhood partners who help parents decide what supports will suit their child and find good service providers in the community. They also help parents understand the evidence for different early childhood interventions. The NDIA is establishing early childhood partnerships in line with

the NDIS rollout. The early childhood partners are intended as the first point of contact for parents/carers who have a young child with a developmental delay or disability.

If you think a child has a developmental delay you can contact an [NDIS early childhood partner](https://www.ndis.gov.au/about-us/locations#vic_ecei) <[https://www.ndis.gov.au/about-us/locations#vic\\_ecei](https://www.ndis.gov.au/about-us/locations#vic_ecei)> in your area to discuss the support the child and family may require and be eligible for.

It is possible that some children who enter the NDIS under early intervention criteria will achieve their goals over time to the point they no longer require assistance from the NDIS, which is a positive outcome. In this instance, the ECEI, LAC or support coordinator is intended to work with the child and their family to support them in their transition to mainstream and community supports.

Mainstream supports may include therapy and/or allied health providers or assistance from Child and Family Centres.

## **NDIS transition for children funded through Better Start and Helping Children with Autism**

As the NDIS is rolled out, children supported through Helping Children with Autism (HCWA) or Better Start will transition to the NDIS.

Unlike HCWA and Better Start, the NDIS provides support that can continue through to adulthood. Support under the NDIS is based on each child's individual needs. Once the NDIS is available, families need to complete an access request form, which should be provided by the NDIA. A family will continue to have access to its remaining HCWA or Better Start funds until an NDIS plan is approved (contingent on meeting access requirements) as long as this form is submitted. Further information on access requirements and completing the access request form can be found on the NDIS website <<https://www.ndis.gov.au/people-disability/access-requirements>>.

## **Children aged over six years**

If children over six have not been receiving the state-funded disability services they need to meet the disability requirements to be eligible for NDIS participation, there are two ways to meet these requirements. This first is having evidence of a diagnosis that is on the NDIA list of conditions considered to result in permanent impairment and substantially reduced functional capacity. The second is having evidence that the impairment or condition is likely to be permanent and reduces the person's ability to take part in activities, perform tasks and learn. The [NDIS Access Checklist](https://www.ndis.gov.au/ndis-access-checklist) <<https://www.ndis.gov.au/ndis-access-checklist>> outlines the criteria.

## **Childhood disabilities**

There are many types of disability that can affect children, and they loosely fall into separate categories of intellectual, physical and sensory. These disabilities can be inherited or be present from birth (congenital). The majority of childhood disability is congenital.

### **Intellectual disabilities**

An intellectual disability may mean the person has difficulty communicating, learning and retaining information. They include Down syndrome, fragile X syndrome, Prader-Willi syndrome and developmental delays.

### **Physical disabilities**

Physical disability may affect, either temporarily or permanently, a person's physical capacity or mobility. They include multiple sclerosis, cerebral palsy, spina bifida, brain or spinal cord injury, epilepsy and muscular dystrophy.

## Sensory disabilities

Sensory disabilities affect one or more senses – sight, hearing, smell, touch, taste or spatial awareness. They include autism, blindness and hearing loss.

## Congenital disorders in children

A congenital disorder is a condition that is inherited or caused by environmental factors that is present from birth. Common congenital disorders in children include:

- Down syndrome
- cerebral palsy
- fragile X syndrome
- spina bifida
- cystic fibrosis.

## Global developmental delay and developmental delay

Developmental delay is the term used when a young child is slower to develop physical, emotional, social and communication skills than is expected in children of that age.

Developmental delay is defined in the *Disability Act 2006* (s. 3) as a delay in the development of a child under the age of six that:

- (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and
- (b) is manifest before the child attains the age of 6; and
- (c) results in substantial functional limitations in one or more of the following areas of major life activity –
  - self-care
  - receptive and expressive language
  - cognitive development
  - motor development; and
- (d) reflects the child's need for a combination and sequence of special interdisciplinary, or generic care, treatment or other services that are of extended duration and individually planned and coordinated.

## About developmental delay

Developmental delay can show up in the way a child moves, communicates, thinks and learns, or how they behave with others. When more than one of these things is affected, the term 'global developmental delay' might be used.<sup>12</sup>

## Causes of developmental delay

Lots of different things can cause children to develop more slowly than their peers. Usually health professionals use the term 'developmental delay' only until they can work out what's causing the delay. If and when they find the cause, they'll use a name that better explains the child's condition.

Short-term developmental delays can happen in premature babies. Other causes for short-term delays are physical illness, prolonged hospitalisation, family stress or lack of opportunity to learn.

Permanent developmental delays are also called 'developmental disabilities'. These can be signs of other conditions. Examples include:

- cerebral palsy

---

<sup>12</sup> <https://raisingchildren.net.au/guides/a-z-health-reference/developmental-delay>

- language delay
- hearing impairment
- intellectual disability
- autism spectrum disorder.

## Diagnosis of developmental delay

You might have an idea that there is a problem with a child's development before it diagnosed by a professional. Developmental delay can be diagnosed after a child's health and development are assessed by qualified health professionals.

## Living with developmental delay

Like other children, children with developmental delay keep learning. But they take longer to develop new skills, and might learn in slightly different ways.

For example, most children can learn skills quickly and by example. But children with developmental delay might need to be shown skills in smaller, simpler steps. They might also need more opportunities to practise.

## Global developmental delay

The term global developmental delay refers to a disturbance in an individual child aged 0–5 years only, with no diagnosis, across two or more developmental domains<sup>13</sup>.

These domains include gross/fine motor, speech/language, cognition, social/personal and activities of daily living. These delays are defined when performance in at least two domains is at least two standard deviations below the age-appropriate mean.

The use of the term 'delay' within global developmental delay suggests the possibility of maturational catch-up; however, research suggests otherwise. Many children with late acquisition of several milestones will experience intellectual disability. This does not mean growth and developmental gains are impossible, but that if chronic and extensive gaps exist, it will take persistent and targeted intervention and the level of growth may not be the same.

## More information on childhood disability

The [Raising Children Network](http://raisingchildren.net.au/children_with_disability/children_with_disability.html) <[http://raisingchildren.net.au/children\\_with\\_disability/children\\_with\\_disability.html](http://raisingchildren.net.au/children_with_disability/children_with_disability.html)> provides a comprehensive and evidence-informed A–Z index of childhood disability. This resource is maintained by the Commonwealth Department of Social Services and its content is prepared by clinical experts. Section 7 of these guidelines provides more information on common disabilities and the supports that may be funded by the NDIS.

---

<sup>13</sup> Australian Institute of Health and Welfare

# Section 7: Disability and NDIS-funded supports

This section provides information on the common causes of disability and the potential NDIS supports that may be accessed. This information can be used when helping the family or child to prepare for a planning meeting or to develop an NDIS plan. Child and family system practitioners **are entitled to attend NDIS planning meetings and support the family.**

In general, the NDIS should assist children and families to minimise the impact of the disability on their daily lives and provide supports that contribute the optimal functioning of the family and best outcomes for the child with disability.

For children and young people in care services it is important that they too be given the opportunity to participate directly in the NDIS planning process, in a manner that is appropriate for their age and circumstances. The carer and caseworkers should encourage active participation in discussions and decisions relating to their disability supports.

## Sensory disorders

### ECEI support and treatment for children with developmental delay

Paediatricians, general practitioners or maternal child health practitioners can refer through existing referral pathways into early childhood intervention or families can self-refer to their early childhood partner or make contact with the NDIA to be directed to their local early childhood partner.

The following specialists and services might be able to help if a child has or might have developmental delay, or the child has a developmental delay diagnosis:

- paediatrician
- audiologist
- occupational therapist
- physiotherapist
- psychologist
- speech pathologist.

### Autism spectrum disorder

Autism spectrum disorder is a neurodevelopmental condition that affects the brain's growth and development. It is a lifelong condition, with symptoms that appear in early childhood. The term 'autism spectrum disorder' includes autism/autistic disorder and Asperger's syndrome.

Autism can cause individuals challenges in understanding how to relate to other people and to their environment. There is no physical marker for autism, so individuals on the autism spectrum look no different from anyone else. Parents sometimes report that others might think that their children are badly behaved and that they lack parenting skills, based on different behaviours; however, this can be very unhelpful for a family.

Adults on the autism spectrum may struggle with social situations and 'small talk', appear rude or say things that others would not say. However, as social interaction is fluid and constantly changing, people on the autism spectrum may have challenges in keeping up with the verbal and non-verbal messages that are being communicated.

What autism can look like for someone:

- challenges with communication and interacting with others
- repetitive and different behaviours, moving their bodies in different ways

- strong interest in one topic or subject
- unusual reactions to what they see, hear, smell, touch or taste
- preference for routines and a dislike of change.

### **Secondary conditions and difficulties associated with autism**

Some people on the autism spectrum may have other conditions as well such as:

- speech and language difficulties
- intellectual disability
- sleep problems
- attention problems
- epilepsy
- anxiety and depression
- difficulties with fine and gross motor skills.

### **ECEI and NDIS supports for autism spectrum disorders**

As the NDIS is introduced, funding for early intervention services and treatment provided under the Helping Children with Autism (HCWA) program will move to the NDIS. Once the NDIS is fully rolled out HCWA will eventually close to new clients and HCWA participants will move to the NDIS.

If a child has been receiving support through HCWA the parents should receive information about transitioning to the NDIS.

**If the child is aged 0–6 years**, they will receive support through an ECEI early childhood partner.

Depending on the child's needs, the ECEI early childhood partner might:

- provide short-term or medium-term early intervention such as speech therapy or occupational therapy
- refer to mainstream services like community health services, playgroups or peer support groups.

If the child needs longer term support the early childhood partner will:

- recommend the child moves to an individualised NDIS plan
- assist with NDIS access.

If the child becomes an NDIS participant, the early childhood partner will help with developing the individualised NDIS plan for the child and submit it to the NDIA for approval.

To get support under the NDIS **a child aged over seven years** with an autism spectrum disorder will require:

- a confirmed diagnosis (autism diagnosed by a specialist multidisciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of pervasive developmental disorders, and assessed using the current *Diagnostic and statistical manual of mental disorders* (DSM-V) diagnostic criteria as having severity of level 2 (requiring substantial support) or level 3 (requiring very substantial support))
- a description of the functional impact on areas such as daily living, communicating, mobility and taking part in activities.

In summary, ECEI and NDIS supports for autism spectrum disorder include:

- assistance in coordinating or managing life stages, transitions and supports
- behaviour support
- development of daily living and life skills
- participation in community, social and civic activities
- therapeutic supports

- assistance to integrate into school or other educational program
- assistance with daily personal activities
- communication and information equipment
- early intervention supports for early childhood.

For more information on autism spectrum disorders visit the [Amaze website](http://www.amaze.org.au/) <http://www.amaze.org.au/>.

## **Congenital disorders**

### **Down syndrome**

Down syndrome happens when a child's cells end up with 47 chromosomes in them instead of the usual 46. It affects about one in every 700–900 babies and causes a range of physical and developmental problems and usually intellectual disability. People living with Down Syndrome may present with a variety of skills and Intellectual capabilities, but most people with Down syndrome have some level of intellectual disability that can range from quite mild to more severe. For children with Down syndrome, intellectual disability will mean some delay in development and some learning difficulty.

People with Down syndrome might also have a range of medical and health conditions that require NDIS support.

#### **NDIS supports for people with Down syndrome**

- Support coordination
- Assistance with daily living
- Assistance with self-care
- Assistance to access community, social and recreational activities
- Group-based community, social and recreational activities
- Assistance in a shared living arrangement
- Respite care
- Home modifications
- Physiotherapy
- Occupational therapy
- Speech therapy
- Mobility aids
- Assistive technology
- Seating solutions
- Community access
- Day services
- Training and employment access

For more information visit the [Down Syndrome Australia website](https://www.downsyndrome.org.au/) <https://www.downsyndrome.org.au/>.

### **Cerebral palsy**

Cerebral palsy is a condition in which the ability to control muscles is reduced due to nervous system damage before, during or after birth. This nervous system damage affects body movement and posture. It often shows up as either floppy or stiff muscles, or involuntary muscle movements.

Cerebral palsy can affect movement, coordination, muscle tone and posture. It can also be associated with impaired vision, hearing, speech, eating and learning. Children with cerebral palsy tend to miss developmental milestones such as crawling, walking and talking. Usually, a confirmed diagnosis of cerebral palsy is made by the time a child is two.

If you think a child is showing some of the symptoms of cerebral palsy, or their development may be delayed, they should be referred to an early childhood nurse or general practitioner.

Cerebral palsy occurs when there is damage to the developing brain in the area that controls muscle tone (the motor cortex). In some cases, the motor cortex fails to develop normally in the fetus.

Depending on the damage, cerebral palsy affects people in different ways and to different extents.

Risk factors for cerebral palsy can be:

- prematurity and low birthweight
- some pregnancy complications
- an infection caught by the mother during pregnancy
- prolonged loss of oxygen during pregnancy or childbirth, or severe jaundice after birth
- injury or bleeding in the baby's brain
- mutations in the genes that affect the brain's development.

The cause remains unknown for most babies with cerebral palsy. There is no single cause of cerebral palsy. The damage to the brain does not worsen with age, but it's permanent. There is no cure. Life expectancy is normal, but the effects of cerebral palsy can cause stress to the body and premature ageing.

There are four main types of cerebral palsy:

- spastic, in which the muscles are weak and stiff
- dyskinetic, characterised by writhing or jerky movements
- ataxic, in which movement is affected by problems with balance and coordination
- mixed, with a range of the above characteristics.

To be eligible for NDIS participation the cerebral palsy must be diagnosed and assessed as severe (for example, assessed as level 3, 4 or 5 on the Gross Motor Function Classification System – GMFCS).

### **NDIS supports for people living with cerebral palsy**

- Support coordination
- Assistance with daily living
- Assistance with self-care
- Assistance to access community, social and recreational activities
- Group-based community, social and recreational activities
- Assistance in a shared living arrangement
- Respite care
- Home modifications
- Vehicle modifications
- Physiotherapy
- Occupational therapy
- Speech therapy
- Mobility aids
- Assistive technology
- Seating solutions
- Community access
- Day services
- Training and employment access

For more information visit the [Cerebral Palsy Alliance website](https://www.cerebralpalsy.org.au/) <https://www.cerebralpalsy.org.au/>.

## Intellectual disability

(Refer also to Section 5 – parents with an intellectual disability.)

Currently there is no generally accepted definition of what constitutes an intellectual disability. Inconsistent terminology is a feature of the research, as 'intellectual disability', 'developmental disabilities', 'learning disabilities' and 'learning difficulties' are all common terms used to describe a person with below average intellectual functioning.

In Australia a person with an IQ less than 70 is usually deemed to have an intellectual disability. People scoring an IQ in the borderline range of 70–80 may also have intellectual limitations. IQ testing is unable to assess the way individuals adapt to their environment and therefore further assessments are based on adaptive behaviour. Limitations in skills affecting an individual's ability to live in the community including communication, self-care, safety awareness and the capacity for self-direction are other indicators for identifying intellectual impairments.<sup>14</sup>

For these reasons intellectual disability does not automatically guarantee eligibility to the NDIS unless it is severe (assessed IQ < 55 and profound impacts on adaptive functioning). For most people with intellectual disability the NDIS will require further assessment of functional capacity in order to determine eligibility.

NDIS plans developed for young people with intellectual disability should be:

- skill-focused
- individualised
- inclusive of behavioural teaching strategies
- coordinated with other supports
- provided over the long term where needed.

## Cystic fibrosis

Cystic fibrosis is a genetic disease that mostly affects the lungs and digestive system. It results from a fault in a particular gene. As a result, the mucus produced by the lungs and intestines to be thick and sticky.

Cystic fibrosis is a recessive genetic disorder, meaning that both parents must carry the faulty cystic fibrosis gene for the disease to be passed to their child.

Cystic fibrosis is usually detected in newborn babies through a neonatal screening test, known as the heel prick test.

Most people with cystic fibrosis have:

- chest problems such as cough, wheeze and recurrent chest infections
- digestive problems and bulky, fatty stools
- very salty sweat.

They may also have lung damage, malnutrition, poor growth, diabetes and infertility.

The lives of people with cystic fibrosis are usually shortened by the disorder, but they can lead happy and productive lives well into middle age. While cystic fibrosis cannot be cured, physiotherapy and many other treatments are available to improve quality of life and reduce complications.

## NDIS supports available for people living with cystic fibrosis

Some support services that may be included in an NDIS plan for cystic fibrosis are:

---

<sup>14</sup> See the [Child Family Community Australia webpage](https://aifs.gov.au/cfca/publications/parental-intellectual-disability-and-child-protection-key-issues) <<https://aifs.gov.au/cfca/publications/parental-intellectual-disability-and-child-protection-key-issues>>.

- dietician consultations
- physiotherapy
- home enteral nutrition
- counselling
- equipment
- exercise physiology
- transport fares when unable to travel via public transport
- support coordination
- assistance with daily living
- assistance with self-care
- assistance to access community, social and recreational activities
- group-based community, social and recreational activities
- assistance in a shared living arrangement
- respite care
- home modifications
- community access
- training and employment access.

For more information visit the [Cystic Fibrosis Australia website](https://www.cysticfibrosis.org.au/) <https://www.cysticfibrosis.org.au/>.

## Spina bifida

Spina bifida describes a group of spinal abnormalities that occurs within the first four weeks of a pregnancy when the baby's developing spine (neural tube) fails to close properly. The name comes from the Latin term meaning 'split spine'. Spina bifida is the incomplete development of:

- the spinal cord
- the bones forming the spinal column (vertebrae)
- the overlying skin.

In the most severe form (myelomeningocele) the spinal cord nerves and meninges bulge through an opening in the spine to form a sac on the outside of the baby's back.

Spina bifida can occur anywhere along the length of the spine and affects each child differently. Some symptoms are discussed below.

### Lower limb weakness

A child may have difficulty mobilising and might require the use of mobility aids such as orthoses, crutches or a wheelchair.

### Altered skin sensation

A child with spina bifida may also experience altered or loss of sensation to areas of their skin. Therefore attention and care will be needed to be taken to avoid damage or injury, and to maintain healthy skin.

### Bladder and bowel control

Normal bladder and bowel control may not be achieved. Damage to the nerves that control these functions may mean the bladder is affected and not empty properly. Catheters may be required to help empty the bladder and to prevent urinary tract infections and kidney damage. Bowel continence is achieved through diet and regular toileting. In many cases medication may be required. The goal of bladder and bowel management is to achieve social continence. Continence issues are supported by nursing and medical advice.

## Hydrocephalus

Some children living with spina bifida also have a condition called hydrocephalus. An Arnold-Chiari malformation is often associated with spina bifida and leads to a build-up of fluid in the brain (hydrocephalus). To treat this a shunt may be required to drain the fluid into the abdomen where it is reabsorbed by the body.

Hydrocephalus may also lead to other associated conditions such as seizures and problems with eyesight.

## Learning

People living with spina bifida associated with hydrocephalus and Arnold-Chiari malformation may have difficulty learning. Difficulties may be in the areas of:

- organising
- planning
- initiating
- problem solving
- dealing with new tasks.

## NDIS supports available for people living with spina bifida

- Support coordination
- Assistance with daily living
- Assistance with self-care
- Assistance to access community, social and recreational activities
- Group-based community, social and recreational activities
- Assistance in a shared living arrangement
- Respite care
- Home modifications
- Physiotherapy
- Occupational therapy
- Speech therapy
- Mobility aids
- Assistive technology
- Seating solutions
- Community access
- Day services
- Training and employment access

For more information visit the [Spina Bifida Foundation Victoria website](http://www.sbfv.org.au/) <<http://www.sbfv.org.au/>>.

## Muscular dystrophies

Muscular dystrophy is a group of genetic (inherited) diseases affecting muscles that control movement. Sometimes the heart and other muscles may be involved. A child with muscular dystrophy cannot make the proteins needed to form healthy muscle. This causes a gradual weakness and loss of muscle tissue.

There are many different types of muscular dystrophy. The most common ones are:

- **Duchenne** – this is the most common kind. It usually affects boys, but girls can still be carriers of the disease.

- **Becker** – while similar to Duchenne, Becker is milder and progresses more slowly. Symptoms usually occur later, during the teen years.
- **Myotonic** – this is the most common type in adults, affecting both men and women. The person is unable to relax their muscles after using them.
- **Facioscapulohumeral (FSHD)** – symptoms usually begin in the face and shoulders, and affects both females and males. It can start in the teenage years but may begin later.
- **Limb-girdle** – the hip and shoulder muscles are usually affected first. It generally first occurs in childhood or the teenage years in both males and females.

People affected by muscular dystrophy have different degrees of independence, mobility and carer needs. These needs will vary within each type of muscular dystrophy and between types. The most severe conditions cause major disability and shorten life expectancy, while the milder conditions do not present any symptoms until later in life and progress more slowly.

There is no cure for muscular dystrophy. To help ease discomfort, reduce joint contractures and prevent or delay scoliosis, physiotherapists offer advice on stretches and exercises and prescribe orthoses and other orthopaedic devices. Occupational therapists also provide advice on sitting positions and activities. Such treatment can keep affected people walking for longer and maximise independence in daily living.

For some types of muscular dystrophy, medication can help manage the symptoms of the condition. For example, boys with Duchenne muscular dystrophy are usually prescribed corticosteroids, which can delay the need for a wheelchair by several years on average.

## **NDIS supports for people living with muscular dystrophy**

- Support coordination
- Assistance with daily living
- Assistance with self-care
- Assistance to access community, social and recreational activities
- Group-based community, social and recreational activities
- Assistance in a shared living arrangement
- Respite care
- Home modifications
- Physiotherapy
- Occupational therapy
- Speech therapy
- Mobility aids
- Assistive technology
- Seating solutions
- Community access
- Day services
- Training and employment access

For more information visit the [Muscular Dystrophy Australia website](https://www.mda.org.au/) <https://www.mda.org.au/>.

## **Acquired disorders**

### **Acquired brain injury**

Physical, mental and behavioural disabilities can occur after when a trauma or injury (such as falling from a height) affects the brain. Other causes of acquired brain injury include loss of oxygen (for example, near drowning), infection (such as meningitis and encephalitis) and stroke.

Children's brains are incredibly vulnerable to injury. Medical professionals used to think that younger children made a greater recovery due to neural plasticity – the ability of the developing brain to reorganise itself. Unfortunately more recent research suggests children are more vulnerable to a brain injury and will take longer to recover. In general, it appears that the earlier a brain injury occurs, the more impact it will have for the child. Recovery appears to be an easier process when basic functional skills have already been developed. However, a child's age only has a limited impact on recovery, and the key factors are still the severity and type of brain injury, how supportive the family is, and rehabilitation and support at school. Some of the effects of a brain injury can include the following.

### **Sensory and motor skills**

A child may either lose some previously acquired skills or may have difficulty learning new skills such as holding a pen, drawing, using a keyboard, constructing and manipulating objects, using cutlery, getting dressed, recognising objects and a variety of other eye–hand coordination activities. Other problems may be balance, coordination or swallowing and speech difficulties. Professionals such as physiotherapists, occupational therapists and speech pathologists play an important role in the assessment and rehabilitation of sensory and motor disorders.

### **Cognitive abilities**

A brain injury may lead to a general decline in a number of intellectual abilities. However, similar to adults, a child may be within the normal range on measures of intellectual functioning and yet display significant problems in specific areas of attention, memory, language, visuospatial and executive functioning.

### **Language and communication**

Many children experience receptive problems that involve difficulty processing different parts of spoken or written information. Comprehension problems occur when a child cannot understand what he or she is reading or what another person is saying. Spoken or written language expression may be affected in terms of pronunciation, fluency, grammar, intelligibility or meaning and retrieval of words.

### **Social, behavioural and emotional issues**

A child can experience difficulties relating to peers and siblings and have difficulty joining group activities. They can demand a lot of attention from parents or teachers and have difficulty following rules and instructions. Behavioural problems include depressed or anxious mood, hyperactivity, distractibility, impulsivity, poor judgement, reduced control of anger and frustration, mood swings, aggression, sleep disturbance and poor motivation. There are various rehabilitation strategies to assist with these issues, the earlier the better.

### **NDIS supports for people living with acquired brain injury**

- Support coordination
- Assistance with daily living
- Assistance with self-care
- Assistance to access community, social and recreational activities
- Group-based community, social and recreational activities
- Assistance in a shared living arrangement
- Respite care
- Home modifications
- Physiotherapy
- Occupational therapy
- Speech therapy
- Mobility aids

- Assistive technology
- Seating solutions
- Community access
- Day services
- Training and employment access

For more information visit the [Brain Injury Australia website](https://www.braininjuryaustralia.org.au/) <https://www.braininjuryaustralia.org.au/>.

## Assistive technology

Assistive technology, as defined by the World Health Organization, is ‘any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed’.

Examples of assistive technology that an NDIS participant may be eligible to receive funding for are:

- a mobility cane
- nonslip bathmat
- non-electronic magnifiers
- talking watch
- long-handled or adapted grip equipment
- shower stool/chair
- bath seat
- over-toilet frame
- video magnifier
- bed rails
- wheelchair
- hoist
- hearing aids.

Other lesser known forms of assistive technology that the NDIA has approved include:

- large-handled cutlery for someone with low muscle tone
- a waterproof electronic digital timer for prompts to get out of the shower for someone with memory loss
- a smartwatch for organisational management for someone with intellectual disability
- fluoro-coloured knives for someone with vision impairment and black kitchen benches
- a visual cookbook for someone with an intellectual disability
- a magnetic charging cable for someone with physical disability to connect and charge their phone
- a self-tipping kettle for someone with physical disability
- elastic shoelaces for someone with poor fine motor control
- a stick vacuum cleaner for someone unable to carry/push a regular vacuum
- a key turner to help someone open their own doors
- a hose reel that retracts for someone unable to manage it otherwise
- an electric timer toothbrush for someone cognitively unable to know the right time to brush teeth.

## Respite care

The NDIA recognises that sustaining the informal support of family or carers is very important to meet the needs of people with disability and maintaining close supportive relationships.

Overwhelming caring responsibilities and other factors such as illness and ageing can place carers’ wellbeing at risk and compromise their ability to continue in the caring role.

Currently there is no item listed under NDIS specifically as 'respite'. It is available but is described as:

- short-term accommodation and short-term living assistance
- assistance in living arrangements (host family/alternative family) solution
- assistance with self-care overnight (different levels).

There are three levels of respite-like supports available for funding as part of plans:

- level 1: 7–14 days per year to allow the carer to attend key activities
- level 2: 14–28 days per year and includes a strategy to build capabilities for future independence
- level 3: equivalent of 28 days per year, when the carer provides support most days and informal support is at risk of not continuing due to the intensity of the support required or severe behavioural issues.

These levels of support will be determined by the level of disability and intensity of support required from family or informal carers, as well as carers' other commitments such as work or study.

Higher levels of respite may be provided where there are:

- unstable sleep patterns
- invasive medical supports
- a lot of behavioural management
- more than one child with disability in the household
- other assistance actively required overnight.

### **A note about respite care**

The NDIS recognises the critical value of providing assistance to informal carers of people with a disability. However respite provision under the NDIS represents a departure from the traditional respite service model which has largely been intended to provide the carer with a break from the intensity and commitment of providing daily care through the provision of facility based respite.

The NDIS provides more emphasis on respite being an opportunity for the participant to achieve their goals rather than providing parents and carers with short-term, temporary relief from the stress of providing disability care. This may mean that respite-like supports are delivered in-home such as supports that increase the participant's independence or supports that enable the participant to enjoy social and community activities independent of their informal carers.

Respite-like supports may be also aimed at increasing the sustainability of family caring arrangement, including personal care and domestic assistance related to the person's disability.

# Section 8: Roles and responsibilities of child and family system workforces – business as usual

The role of the child and family sector to support families maintain cohesion and support of their children remains unchanged. The workforce will increasingly be required to respond to families with disability needs and support them in partnership with the NDIS. A range of responsibilities have been identified which guide the workforce to engage with the NDIA and to work with families with disability support needs.

## Child FIRST, The Orange Door and Integrated Family Services

When supporting families where there are disability support needs, Child FIRST/Orange Door and family services are well positioned to assist families identify and access reasonable and necessary supports. In supporting families where there are disability support needs these services can:

- Support the early identification of disability and NDIS eligibility
- Support families to make an access requests to the NDIA<sup>15</sup>
- Support families with gathering evidence ahead of NDIS application
- Support families with NDIS planning and navigation including the pursuit of urgent plan reviews
- Establish relationships with NDIS Partners in the Community delivering Early Childhood Early Intervention (ECEI) services and/or Local Area Coordination (LAC) services, to build a partnership approach to supporting vulnerable families eligible for NDIS participation
- In cases where additional respite is required to strengthen parental capacity, support families to seek possible short term accommodation (formerly known as respite) through negotiation with their support coordinator or Local Area Coordinator

Note: Child FIRST, as the access point for family services, is progressively transitioning to The Orange Door. The Orange Door is the new access point for women, children and young people who are experiencing family violence. It is also for families that need help accessing services to ensure their children are safe and supported. For more information, visit [The Orange Door website](http://www.vic.gov.au/familyviolence/the-orange-door) <[www.vic.gov.au/familyviolence/the-orange-door](http://www.vic.gov.au/familyviolence/the-orange-door)>.

## Child Protection

- At the point of intake identify and record information about the child's disability or developmental delay and seek information on their current NDIS participant status.
- If there are no concerns for the child's safety and protection, provide the reporter with the contact details of the NDIA to support the family to self-refer.
- If it is identified that the child requires early Intervention or disability support and is not currently receiving them through state funded services, refer the family to the NDIA to test eligibility for children 7 years and old or to their local early childhood partner (for children aged 0-6 years).
- If concerns are evident at intake for the child's wellbeing or for the family's capacity to access the NDIS, refer the family to Child FIRST/Orange Door.
- If an urgent placement is required and the child is not assessed to be in need of protective intervention, child protection may:
  - Advise the family to seek possible short term accommodation (formerly known as respite) through negotiation with their support coordinator (if funded) or speaking with the Local Area Coordinator to pursue a plan review

---

<sup>15</sup> Refer Section 2 for information relating to NDIS access for people in defined programs

- Consider a referral to Child FIRST/Orange Door to support the family to identify possible short term accommodation options and to support engagement with the NDIA
- During the course of protective intervention provide a response appropriate for any presenting safety and protection needs, whilst also working with the NDIA locally to support timely access to reasonable and necessary disability supports through the NDIS or for access to the Early Childhood Early Intervention approach for children aged 0-6 years.
- Notify the NDIA and the Local Area Coordinator or Support Coordinator of changes to the child's responsible parent status and ensure that allocated workers have the appropriate nominee status on a child's NDIS plan. Work with placement providers and carers to ensure plans are appropriate to the child's placement and needs and effectively actioned
- Work with placement providers, disability specialists and care teams to identify and advocate for NDIS disability supports which will support a child in their placement to achieve the case objectives
- Notify the NDIS and seek plan reviews as children's circumstances including placements, statutory orders and care objectives change
- Advocate for support coordination to be included in NDIS plans for all children with complex needs in care and specifically for those exiting care
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

## **Out-of-home care providers**

- Where Child Protection, Child FIRST or Integrated Family Services are involved, work together to support NDIS planning and plan implementation.
- Ensure the carers and care team are aware of the NDIS plan and funded supports and that appropriate delegations are in place to action the plan throughout the placement.
- Support the child and carer prepare for NDIS access and planning.
- For long term placements, assess how the child's disability support needs can be responded to within a suitable placement and what NDIS funded supports may achieve stability and a positive care experience. Actively advocate for the identified supports to be included in the plan if not already.
- Work with the care team and case manager/NDIS plan delegate to have plans reviewed and updated as a child's needs change
- Ensure NDIS plans support the carers to maintain placements, with appropriate levels of in-home support and short term accommodation (previously known as respite)
- For children aged 0-6 years, provide information about the Early Childhood Early Intervention pathway to the carer and person responsible for the child (casework, parent etc.) to support the meeting with the early childhood partner.
- Help the child and carer to work out goals and identify supports to avoid carer breakdown.
- When delivering voluntary care be vigilant for signs of long-term caregiver breakdown and provide the family with advice on NDIS access if required. Refer the family to Child FIRST if there are concerns for the child's wellbeing or for the family's capacity to access the NDIS.

# Section 9: Roles and responsibilities of NDIS and child and family system workforces – crisis and other circumstances

## About carer/family breakdown

Families with children and young people with disability are at high risk of stress and family breakdown compared with other families. Research indicates that a family may be coping until a crisis or tipping event occurs, which can lead to caregiver breakdown and the placement of a child with disability into out-of-home care.

Timely access to appropriate disability supports is critical to supporting good outcomes for children in these circumstances. This requires good practice collaboration at the interface between family services, Child Protection and the NDIS if the risk of carer breakdown is to be identified and prevented.

Vulnerable families with disability may experience stress, family breakdown and financial difficulties. In some cases, a family may be coping until a trigger or tipping point event occurs, which can lead to caregiver breakdown and the placement of the child with disability in out-of-home care.

Crisis points can include:

- carers unavailable due to ill health
- behaviours of concern are increasing and behavioural interventions are no longer appropriate or effective
- carer exhaustion
- safety concerns such as increased aggression
- escalating impacts on siblings
- relationship breakdown, where one partner wants to leave
- concerns over being able to maintain the family unit and to care of other members
- high medical needs.

Family preservation and reunification work with families impacted by disability support needs will involve significant engagement and collaboration with the NDIS. Families should be supported to access NDIS supports which alleviate disability-related stressors and build their capacity to provide ongoing care. Support coordination provides a central support for families requiring complex disability supports. Family strengthening and capacity building supports may be broader than those which are disability-related, such as building positive relationships and supporting improved mental health or financial literacy remain the responsibility of Child Protection or Family Services. These general family supports remain a key element of sustainable family strengthening and a responsibility of mainstream family services.

General family supports may extend to supporting families approach an out of home care provider and arranging a short term voluntary home based out of home placement. Advice and protocols for using voluntary placements secured by a child care agreement can be found in the Child Protection Manual <http://www.cpmanual.vic.gov.au/advice-and-protocols/service-descriptions/out-home-care/voluntary-placements>

The department has prepared advice to guide activity in exceptional cases where a voluntary out of home care residential placement specifically tailored to children with complex disability needs may be a more appropriate response than statutory intervention. This advice is subject to ongoing update and so is not reproduced in this guide. [.This advice.<dhhs.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface>](http://www.dhhs.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface).

This advice outlines best practice when establishing a placement and the requirements to ensure appropriate quality and safeguards.

## Voluntary Child Care Agreements

The Council of Australian Governments principles outline that all state jurisdictions will be responsible for providing accommodation and care for children and young people with disability. Victoria and the Commonwealth are continuing discussions on this matter and, as permitted through the NDIS Specialist Disability Accommodation Rules, agree that further discussions will be required. These discussions relate to future funding responsibilities for providing accommodation and care for children and young people with disability who Child Protection find not to be at risk of significant harm or in need of ongoing care and protection.

Voluntary Child Care Agreements should only be considered when there are no protective concerns for the child. Principal Disability Practice Advisors are located in each departmental division, sitting alongside the Placement Coordination Unit. **The advisors should be the first point of contact when a Voluntary Child Care Agreement placement is required.** The advisors help coordinate placements for children and young people requiring voluntary placements due their disability needs in NDIS areas. The advisors can undertake, or support practitioners to undertake, discussions with the NDIA about individual cases. See page 34 of this guide for contact details.

[Guidelines](https://providers.dhhs.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface) <https://providers.dhhs.vic.gov.au/practice-guidelines-national-disability-insurance-scheme-and-mainstream-services-interface> are available that outline the response to children and young people with disability in NDIS areas who require accommodation and care authorised through Voluntary Child Care Agreements. This advice outlines best practice when establishing a placement and the requirements to ensure appropriate quality and safeguards.

## Family violence

Family violence is gendered in nature. The most common and pervasive instances of family violence occur in intimate partner relationships, perpetrated by men against women. People with disability are at increased risk of experiencing family violence.

People with disabilities who are NDIS participants or who have children who are NDIS participants will have a budget and flexibility in their existing NDIS plans that can be used when immediate disability supports are required (over and above reasonable adjustments). A LAC or support coordinator should assist with engaging additional supports where required. In the first instance a support coordinator, LAC or current provider, should be engaged to make this linkage to supports. This will facilitate access to supports in the immediate term in times of crises and a plan review can be undertaken to support longer term needs if there is an ongoing change of circumstances.

If there is concern about the safety of a parent with disability and their children the [Safe Steps Family Violence Response Centre Victoria](https://www.safesteps.org.au/) <https://www.safesteps.org.au/> provides advice and support to professionals including referral options and pathways. The centre can be contacted 24 hours per day, seven days per week on **1800 015 188**.

The [Disability Family Violence Crisis Response Initiative](https://providers.dhhs.vic.gov.au/disability-and-family-violence-crisis-response) <https://providers.dhhs.vic.gov.au/disability-and-family-violence-crisis-response> aims to assist Victorian women with a disability who are experiencing family violence.

Women and their children may require immediate disability support to access a family violence crisis accommodation response, while exploring longer term housing and support option or they may require immediate disability support to remain safe in their own home.

Through the initiative, short-term funds can be provided for up to 12 weeks, to a maximum of \$9,000 per person, while the woman and her family violence worker develop a longer term plan.

The initiative will continue until the end of Victoria's transition to the NDIS. During the transition there will be different pathways to access immediate supports for people with disabilities and children with disability.

For male victims of family violence the referral point is the [Victims of Crime Agency](https://www.victimsofcrime.vic.gov.au/victims-support-agency) <<https://www.victimsofcrime.vic.gov.au/victims-support-agency>>.

The NDIS plan should be reviewed to reflect the current and disability support needs of the parent and her children. This includes updating information regarding confidentiality, which is critical if the perpetrator has previously been involved in the plan with access to information. Parents with disability and children with disability may require additional supports in crisis accommodation.

## **The Orange Door**

As the new access point for women, children and young people who are experiencing family violence, early consultation with the Orange Door is critical. The Orange Door can help connect people directly to services and provide a coordinated response to a range of different needs.

The Orange Door is intended to provide an immediate response for people in crisis (during business hours) by linking them to specialist services, medical treatment and care, accommodation and practical assistance

For more information, visit [The Orange Door website](http://www.vic.gov.au/familyviolence/the-orange-door) <[www.vic.gov.au/familyviolence/the-orange-door](http://www.vic.gov.au/familyviolence/the-orange-door)>.

## **More information and on working with clients experiencing family violence**

Resources are available to build competencies in identifying and appropriately responding to individuals or families affected by violence. The *Family violence risk assessment and risk management framework* has been designed to help practitioners working in a wide range of fields to understand and identify risk factors associated with family violence. The framework is supported by a [manual and e-learning modules](https://www.thelookout.org.au/training-events/craf) <<https://www.thelookout.org.au/training-events/craf>> to provide an understanding of family violence, the main effects on individuals and the community, and the purpose of the framework.

The framework is a significant step forward in increasing the safety of women and children experiencing family violence. It was developed in consultation with Victorian family violence service providers, police and courts and is based on international research. It is the linchpin of the integrated family violence service system in Victoria. It provides a common language for all agencies to talk about risk assessment and promotes a shared understanding of the issues underpinning family violence.

## **Crisis situations and non-NDIS children and young people**

If the child is not already a participant of the NDIS, a referral should be prioritised by Child FIRST / The Orange Door, Integrated Family Services or Child Protection intake. In urgent circumstances, the NDIA may determine whether a prospective participant meets the access criteria sooner than the timeframe set out in the NDIS Act. Urgent circumstances include, but are not limited to, where a potential participant's accommodation or care arrangements have broken down, are unsustainable, fragile or at risk of breakdown or where a prospective participant is at risk of harm.

## **Circumstance and sector responsibilities**

### **Risk of carer breakdown (potential NDIS participant)**

#### **Definition**

A child or young person that is not an NDIS participant that, either due to unmet disability support needs or changes in the family circumstances is at increased risk of their care arrangement breaking down.

## **Roles and responsibilities**

### ***Child FIRST, The Orange Door, Integrated Family Services***

- Support early identification of a disability and support the family to urgently make an access request to the NDIA Assist families develop support networks and plans with mainstream services including local health providers, schools and identify informal or voluntary respite options whilst awaiting access request outcomes
- Provide family strengthening and capacity building service which will complement the disability-specific supports which the NDIS can provide
- Identify unmet disability support needs that may prevent carer breakdown such as regular short-term living assistance and work with the family to submit an urgent request for access.
- Support families through the evidence gathering and access request process.
- If still involved when families become NDIS participants convene a care meeting and liaise with the LAC, support coordinator and/or ECEI partner to identify opportunities to flexibly use NDIS funding to prevent carer breakdown
- Assist families identify the most appropriate services and supports in the region for their circumstances through established relationships with NDIS partners and LAC services and knowledge of the local market and service providers.

### ***Child Protection***

Child Protection operations and obligations are not impacted by the NDIS. Transition to the NDIS does however provide practitioners with opportunities to meet the needs of families at risk of caregiver breakdown and removes state Disability Client Services as a referral pathway.

Note that disability needs may co-exist with non-disability stressors or protective issues and result in the need for an integrated response to improve family functioning.

- At the point of intake identify and record information about the child's disability or developmental delay and seek information on their current NDIS participant status
- If it is identified that the child requires Early Intervention or disability support and is not currently receiving them through state funded services, refer the family to the NDIA to test eligibility for children 7 years and old or to their local EC Partner (for Children 0-6 years)
- If there are no concerns for the child's safety and protection, provide the reporter with the contact details of the NDIA to enable the family to self-refer
- If concerns are evident for the child's wellbeing, long term sustainability of caregiver arrangements or the family's capacity to access the NDIS, refer the family to Child FIRST to support the family to identify possible respite options and to support engagement with the NDIA
- When responding to identified safety or protective concerns, ensure that a child's disability needs are identified and NDIS supports are engaged. Work with the NDIA locally to support timely access to reasonable and necessary supports through the NDIS or for access to the ECEI approach for children aged 0-6. In family preservation and reunification responses ensure that families are appropriately supported and skilled to self-manage NDIS engagement.
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

### ***Out-of-home care provider – Voluntary Child Care Agreement with a foster care provider***

*Foster care providers are only expected to have contact with families at risk of carer breakdown when providing voluntary respite.*

- Provide family, other professionals and members of the community with online and telephone contact details for the NDIA and local early childhood partners for children aged 0–6.
- Support parents to self-refer to access the NDIS.

- Refer the family to Child FIRST / The Orange Door if there are concerns for the child's wellbeing or for the family's capacity to access the NDIS.
- Where Child FIRST / The Orange Door or Integrated Family Services are involved, work together to support NDIS planning and plan implementation.
- Ensure the care team is aware of the NDIS plan and supports available.

***NDIA partners in the community delivering ECEI services and/or Local Area Coordination services***

- Prepare the child and carer for getting ready for NDIS access and planning.
- For children aged 0–6, provide information about the ECEI pathway to the carer and person responsible for the child (casework, parent, etc.) to support a meeting with an early childhood partner.
- Help the child and carer to work out goals and identify supports to avoid carer breakdown.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

**Risk of carer breakdown (existing NDIS participant)**

**Definition**

A child or young person who is an NDIS participant that, either due to unmet disability support needs or changes in the family circumstances, is at increased risk of care arrangement breaking down.

**Roles and responsibilities**

***Child FIRST, The Orange Door, Integrated Family Services***

- Establish collaborative working relationships with NDIS LACs, NDIA regions, support coordinators and ECEI partners to build a partnership approach to supporting vulnerable families with disability.
- Identify unmet disability supports that may prevent carer breakdown such as regular short-term living assistance.
- In the first instance, convene a care meeting and liaise with the LAC, support coordinator and/or ECEI partner to identify opportunities to flexibly use NDIS funding within the current funding plan resources to address the changes in the family environment to prevent carer breakdown.
- If additional supports are required, liaise with the LAC, support coordinator and/or ECEI partner to facilitate an urgent plan review with an aim of assessing the possible need to increase, add or vary support services required to address the changes in the family environment to prevent carer breakdown.
- Participate and support the family at the NDIS plan review.
- Undertake a risk assessment of the carer in terms of mental, physical and financial health and facilitate appropriate referrals to services and supports, identifying family needs separate to disability support needs.
- Provide regular family strengthening and capacity building services which complement the disability-specific supports provided through the NDIS
- As part of the family case plan, prepare for expected life stage transitions (such as adolescence) that may require changes in the type of disability supports provided in the NDIS plan, in collaboration with the NDIA, LAC, ECEI or support coordinator.
- Build the capacity of families to manage life stage transitions (such as adolescence in children with challenging behaviours) in collaboration with the NDIA, LAC, ECEI or support coordinator.

## **Child Protection**

Child Protection operations and obligations are not impacted by the NDIS. Transition to the NDIS does however provide practitioners with opportunities to meet the needs of families at risk of caregiver breakdown and removes state Disability Client Services as a referral pathway.

Note that disability needs may co-exist with non-disability stressors or protective issues and result in the need for an integrated response to improve family functioning.

- Undertake a risk assessment of the child's safety and protection.
- At the point of intake discuss with the reporter the child's disability needs and seek information on their current NDIS participant status.
- As required, contact the NDIA or the funded service provider to inform the risk assessment.
- If there are no concerns for the child's safety, provide the LAC, ECEI, support coordinator or NDIS service provider with information, where required, to promote a child's best interests, consistent with legislative requirements regarding information sharing – for example, by advising of a disability support need that is potentially not being met.
- If concerns for the child's safety and protection are identified, proceed to investigation.
- Ensure the LAC, ECEI or support coordinator is included in the ongoing planning throughout Child Protection's involvement.
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

### ***Out-of-home care provider – Voluntary Child Care Agreement with a foster care provider***

*Foster care providers will only have contact with families at risk of carer breakdown when providing voluntary respite.*

- Support the carer in accessing the supports available for the child or young person through the NDIS plan.
- Refer the family to Child FIRST / The Orange Door if there are concerns for the child's wellbeing or for the family's capacity to access the NDIS.
- Where Child FIRST / The Orange Door or Integrated Family Services are involved, work together to support the family's access to the NDIS or ECEI and with NDIS planning.
- Work with the NDIA, LAC, ECEI and/or support coordinator to ensure the necessary disability supports are in place for the child's return home.
- Ensure the care team is aware of the NDIS plan and supports available.

### ***NDIA partners in the community delivering ECEI services and/or Local Area Coordination services***

- Liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection and the out-of-home care provider as necessary.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to address the changes in the family environment to prevent carer breakdown.
- Escalate to the NDIA for an emergency review for support coordination services if the risk of carer breakdown is complex and the participant doesn't already have support coordination funding.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### ***Support coordinator (where funded within the NDIS participant's plan)***

- Liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection and the out-of-home provider as necessary.
- Develop and implement contingency plan to address the risk of carer breakdown.

- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to address the changes in the family environment to prevent carer breakdown.
- Identify additional supports that may be required to prevent carer breakdown.
- If additional supports are required, escalate to the NDIA for an urgent plan review with an aim of increasing or adding support services required to address the changes in the family environment to prevent carer breakdown.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### **NDIA**

- Urgently undertake a review for support coordination services if the risk of carer breakdown is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Consider appropriate contingencies within NDIS participant plans.

## **Immediate response to parent/carer breakdown (potential NDIS participant)**

### **Definition**

A family that is unable to continue the day-to-day care for a child or young person, and is not yet an NDIS participant, due to the child or young person's disability needs.

### **Roles and responsibilities**

#### ***Child FIRST, The Orange Door, Integrated Family Services***

- Conduct a risk assessment.
- Where the carer breakdown is due to the child or young person's disability support needs, support the family to access respite care with a relevant agency.
- Support the family to urgently make an access request to the NDIS or ECEI pathway for children aged 0–6 years.

#### ***Child Protection***

Child Protection operations and obligations are not impacted by the NDIS. Transition to the NDIS does however provide practitioners with opportunities to meet the needs of families at risk of caregiver breakdown and removes state Disability Client Services as a referral pathway.

Note that disability needs may co-exist with non-disability stressors or protective issues and result in the need for an integrated response to improve family functioning.

- Undertake a risk assessment regarding the child's safety and protection.
- If an immediate protective response is not required at the point of intake discuss with the reporter the child's disability needs and seek information on their current NDIS participant status.
- Support the reporter to encourage the family to make an NDIS access request (Child Protection intake will not have direct contact with the family unless the family is the reporter).
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

#### ***Out-of-home care providers – Voluntary Child Care Agreement with a foster care provider***

- Identify potential disabilities and disability support needs as early as possible.
- Ensure family, other professionals and members of the community have NDIA contact details and support parents to self-refer to the NDIA.

- Refer the family to Child FIRST / The Orange Door if there are concerns for the child's wellbeing or for the family's capacity to access the NDIS.
- Where Child FIRST / The Orange Door or Integrated Family Services are involved, work together to support NDIS planning and plan implementation.
- If concerns are held for the parent or guardian's capacity to provide ongoing safe and protective care make a report to Child Protection
- Ensure the care team is aware of the NDIS plan and supports available.

### ***NDIA partners in the community delivering ECEI services and/or Local Area Coordination services***

- Prepare the child and carer for getting ready for NDIS access and planning.
- Help the child and carer to work out goals and identify supports to respond to carer breakdown.
- Monitor any risks of carer breakdown.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### ***NDIA***

- Upon receiving an access request, the NDIA is responsible for:
  - notifying the person within 21 working days if they meet NDIS access criteria
  - providing updates on the NDIS access process to the person or their nominated contact
  - requesting further information (where required) to assess an access request (in this case, the person will have at least 28 days to provide the information)
  - upon receiving the final piece of information, notifying the person within 14 working days if they meet NDIS access criteria.

## **Immediate response to parent/carer breakdown (existing NDIS participant)**

### **Definition**

A family that is unable to continue the day-to-day care for a child or young person, who is an NDIS participant, due to the child or young person's disability needs.

### **Roles and responsibilities**

#### ***Child FIRST, The Orange Door, Integrated Family Services***

- Conduct a risk assessment.
- In the first instance, liaise with the LACs, support coordinators and partners delivering ECEI services to identify opportunities to flexibly use NDIS funding within the current funding plan resources to address the changes in the caring environment (for example, short-term living assistance).
- If additional supports are required, liaise with the LAC, partner delivering ECEI or support coordinator to facilitate an urgent plan review with an aim of increasing or adding support services to assist with carer breakdown.
- Continue to work with the family to strengthen their parenting capacity and family functioning to support family reunification.

#### ***Child Protection***

- Undertake a risk assessment of the child's safety and protection.
- At the point of intake discuss with the reporter the child's disability needs and seek information on their current NDIS participant status.
- As required, contact the NDIA or the funded service provider to inform the risk assessment.

- If there are no concerns for the child's safety, provide the LAC, ECEI, Support Coordinator or NDIS service provider with information, where required, to promote a child's best interests, consistent with legislative requirements regarding information sharing, for example by advising of a disability support need that is potentially not being met.
- If concerns for the child's safety and protection are identified, proceed to investigation.
- Ensure the partners delivering ECEI services or the support coordinator is included in the ongoing planning throughout Child Protection's involvement. Additionally, contact the NDIS service provider if one is involved.
- In the first instance, liaise with the partner or support coordinator to identify opportunities to flexibly use NDIS funding within the current funding plan resources to address the changes in the caring environment (such as short-term living assistance).
- If additional supports are required, liaise with the early childhood partner or support coordinator to facilitate an urgent plan review with an aim of increasing or adding support services to assist with family reunification.
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

#### ***Out-of-home care providers – Voluntary Child Care Agreement with a foster care provider***

- Support the carer in accessing the supports available for the child or young person through their NDIS plan.
- Refer the family to Child FIRST / The Orange Door if there are concerns for the child's wellbeing or for the family's capacity to access the NDIS.
- Where Child FIRST / The Orange Door or Integrated Family Services are involved, work together to support the family's access to the NDIS plan.
- Work with the care team to ensure that any goals developed by the NDIA for the child are included in the child's Looking After Children documentation (such as the care and placement plan) and any other relevant documents to ensure a holistic approach.
- Ensure the care team is aware of the NDIS plan and supports available.
- Work with the NDIA, partners delivering ECEI services and/or LAC services and/or support coordinator to ensure the necessary disability supports are in place for the child's return home.

#### ***NDIA partners in the community delivering ECEI services and/or Local Area Coordination services***

- Monitor accommodation and family risks and liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection and the out-of-home care provider as necessary.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to address immediate support needs.
- Escalate to the NDIA for a review if risk of carer breakdown is complex and the participant requires funding for support coordination.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

#### ***Support coordinator (where funded within the NDIS participant's plan)***

- Monitor the risk of carer breakdown and liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection, short-term accommodation or out-of-home care provider as necessary.
- Be aware of and assist in implementing any contingency plan to address carer breakdown.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to address carer breakdown.

- Identify additional supports that may be required to address carer breakdown.
- If additional supports are required, escalate to the NDIA for an urgent plan review with an aim of increasing or adding support services required to address immediate support needs and carer breakdown.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### **NDIA**

- Undertake an urgent review for support coordination services if carer breakdown is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Undertake regular scheduled reviews.

## **Case management – statutory clients**

### **Definition**

A child or young person who has a disability and who is receiving ongoing statutory intervention with either a family preservation, reunification or a long term care objective.

### **Child Protection**

- Identify any concerns relating to disability needs of a child and if the child or young person is not already an NDIS participant, the case manager is to drive evidence collection and the submission of an access request.
- Identify if other disability supports may be required in addition to NDIS funded supports, notably education supports including the Program for Students with Disabilities (See Out of Home Care Education Commitment).
- Notify the NDIA in writing of changes to who has parental responsibility for the child and ensure that appropriate nominees are allocated on the child's NDIS plan (For example when the department has parental responsibility the Child Protection case manager will typically be the plan nominee). Work with placement providers and carers to ensure plans are appropriate to the child's placement and that plans are effectively actioned (Note Contracted case managers or placement providers may be suitable correspondence nominees).
- Work with placement providers, disability specialists and care teams to identify and advocate for NDIS disability supports which will support a child in their placement to achieve the case objectives
- Notify the NDIS and seek plan reviews as required when the child's circumstances and related needs change. Such situations include changes to the child's placement, statutory orders and care objectives. Note that significant transitions such as moving from home based care to residential or lead tenant placements will require full revision of the most suitable NDIS supports.
- Support placement providers and carers to understand and implement the NDIS plan and understand the child's disability support needs within the context of protective needs and trauma exposure.
- Participate in annual plan reviews. Ensure that annual reviews take account of long term case planning including planned reunification, placement changes or preparation for leaving care.
- Advocate for support coordination to be included in NDIS plans for all children with complex needs in care and specifically for those exiting care. Involve support coordinators in the care team as appropriate.
- When pursuing reunification or family preservation where there are concerns regarding parental disability needs which may be impacting parents, support parents make an NDIS access request to receive supports which can strengthen their capacity to deliver effective care.

- When pursuing reunification or family preservation, ensure that intended carers are included as nominees on a child's plan and supported to develop sufficient skills to continue self-management of the plan. Support coordination is recommended to assist families to self-manage plans.
- If preparing the child for a permanent care order ensure that carers are appropriately skilled in managing the child's plan.

### ***Contracted case manager***

- If not already a participant, work with the child, placement providers and carers to identify potential disability support needs and work with Child Protection case managers to make an access request for the child.
- Assist in the collection of evidence and prepare carers and the child for evidence collection and access requests
- Ensure the plan is appropriately implemented
- Ensure listing of the current contracted case manager as correspondence nominee
- If preparing the child for a permanent care order ensure that carers are appropriately skilled in managing the child's plan and are listed as a nominee at the time of transition.

### ***OOHC providers – statutory arrangement***

- On receipt of referral seek information from child protection through the referral and 72 hour meeting about the child or young person's disability including details of whether an NDIS plan is in place
- In cases where the child is subject to a statutory order and case management remains with child protection, work with child protection, or an authorised Aboriginal agency, to support the engagement with the NDIS providers
- Support the carers in accessing the supports available for the child or young person through the NDIS plan
- Monitor the placement and work with the child, carers and care team to identify supports which will assist the child achieve their objectives and ensure the placement is sustainable.
- Work with the care team to ensure that any goals developed by the NDIS for the child are included in the child's case plan, Looking After Children documentation (such as the Care and Placement Plan) and any other relevant documents to ensure a holistic approach
- Work with the care team to ensure the Partners delivering ECEI and/or LAC services and/or support coordinator are informed when there is a change in disability related support needs and review of a child's NDIS plan is required (as necessary)
- Ensure the Partners delivering LAC and/or ECEI services, and/or Support Coordinator, and other NDIS providers are part of the child's care team and/or leaving care plan.

### ***NDIA partners in the community delivering ECEI services and/or Local Area Coordination services***

- Prepare the child and carer for getting ready for NDIS access and planning.
- Help the child and carer to work out goals and identify supports to prevent carer breakdown.
- Monitor any risks of carer breakdown.

### ***NDIA***

- Upon receiving an access request, the NDIA is responsible for:
  - notifying the person within 21 working days if they meet NDIS access criteria
  - providing updates on the NDIS access process to the person or their nominated contact
  - requesting further information (where required) to assess an access request (in this case, the person will have at least 28 days to provide the information)

- upon receiving the final piece of information, notifying the person within 14 working days if they meet NDIS access criteria.
- Undertake an urgent review for support coordination services if carer breakdown is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Undertake regular scheduled reviews.

***Support coordinator (where funded within the NDIS participant's plan)***

- Liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection, short-term accommodation or out-of-home care provider as necessary.
- Identify additional supports that may be required to prevent carer breakdown.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to prevent carer breakdown and address needs if in current placement
- If additional supports are required, escalate to the NDIA for an urgent plan review with an aim of increasing or adding support services required to address immediate support needs and carer breakdown.

**Case management – voluntary Out-of-Home Care clients**

**Definition**

A child or young person who has a disability and who is receiving an ongoing voluntary placement secured by a child care agreement in response to caregiver breakdown resulting from a child's high disability support needs.

Note that due to the limited number of voluntary placements and variation amongst arrangements to meet individual needs, this section outlines key functions which may be delivered by a range of professionals. It is expected that appropriate allocation of these functions will be completed during placement establishment based on the child and family's needs and local service system.

***Child Protection***

- Undertake reviews of Voluntary Child Care Agreements and ensure that ongoing placement of a child is in their best interests, as outlined by the Handbook- Administering Child Care Agreements in Voluntary Out of Home Care

***Designated Case Planner***

Designated case planners will be identified during the placement establishment phase for all clients receiving a department funded disability-specific tailored placement. The case coordinator may be a departmental representative or contracted from a service provider.

- Work with the child's family, placement providers and the NDIA to establish a collaborative care team
- Ensure a care team is established with clear delineation and shared understanding of roles and responsibilities
- Provide Child Protection with timely and accurate advice at the time of Child Care Agreement reviews articulating the progress and suitability of the voluntary out of home placement
- Ensure that a case plan is in place which meets the child's best interests and that the child is receiving suitable and active guardianship. Where a voluntary child care agreement is no longer in the child's best interests and/or active and effective guardianship is not being exercised, engage with Child Protection to escalate concerns.
- Identify and pursue appropriate permanency objectives, with a focus on reunification over transitioning into adult services.
- Work with the care team and NDIA to ensure that NDIS plans appropriately resource the placement and child's case plan.

- Ensure that leaving care planning and preparation is commenced when a child is 15 years and 9 months of age. Planning and preparation for either reunification or long term care and transition into adult services should be aligned with NDIA service eligibility requirements and local market availability to ensure planned activities are achievable and sustainable.

### **Care team**

Care teams will be established at the commencement of placement, typically being led by the partners delivering LAC and/or ECEI services, and/or Support Coordinator. Care team membership will typically include the child's parent(s), placement provider and other involved professionals. Due to the variation in care team composition across placements, the team will designate specific individuals responsible for the items outlined below.

- Assist in the collection of evidence and prepare carers and the child for evidence collection and access requests
- Ensure that any goals developed by the NDIS for the child are included in the child's case plan, Looking After Children documentation (such as the Care and Placement Plan) and any other relevant documents to ensure a holistic approach
- Work with child's guardian(s) to assist them exercise effective guardianship and remain connected to the child. When there are concerns for continued active guardianship refer concerns to the designated case planner.
- Ensure that appropriate parties are listed as nominees and correspondence nominees on the child's plan. This may include designated case planner or placement provider representative.
- Ensure case work and daily activity is undertaken to achieve the care objective and that the child's daily and developmental needs are being met.
- Identify additional non-disability support needs such as family supports which will progress the case plan and make appropriate referrals.

### **OOHC providers – voluntary arrangement**

- Work with the care team to ensure that any goals developed by the NDIS for the child are included in the child's case plan, Looking After Children documentation (such as the Care and Placement Plan) and any other relevant documents to ensure a holistic approach
- Work with the care team to ensure the Partners delivering ECEI and/or LAC services and/or support coordinator are informed when there is a change in disability related support needs and review of a child's NDIS plan is required (as necessary)

### **Parent(s)/guardian(s)**

- Provide the authorisation for the care of the child by signing a voluntary child care agreement, and remaining actively involved in decision making for the child including but not limited to authorisation for medical procedures and engagement in education.
- Actively participate as a care team member, advocating for the child and ensuring decisions are in the child's best interests
- Maintain an ongoing relationship with the child which has apposite impact on their development and life experience
- Share NDIS plans, add relevant care team members as nominees and pursue plan reviews as required to ensure their child receives appropriate supports to their placement
- Provide their child with a connection to their culture
- Work with the care team and placement provider to support their child access the community.

### **NDIA partners in the community delivering ECEI services and/or Local Area Coordination services**

- Prepare the child and carer for getting ready for NDIS access and planning.

- Help the child and carer to work out goals and identify supports to prevent carer breakdown.
- Monitor any risks of carer breakdown.

### ***Support coordinator (where funded within the NDIS participant's plan)***

- Liaise with key stakeholders such as Child FIRST / The Orange Door, Child Protection, short-term accommodation or out-of-home care provider as necessary.
- Identify additional supports that may be required to prevent carer breakdown.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to prevent carer breakdown and address needs if in current placement
- If additional supports are required, escalate to the NDIA for an urgent plan review with an aim of increasing or adding support services required to address immediate support needs and carer breakdown.

### ***NDIA***

- Upon receiving an access request, the NDIA is responsible for:
  - notifying the person within 21 working days if they meet NDIS access criteria
  - providing updates on the NDIS access process to the person or their nominated contact
  - requesting further information (where required) to assess an access request (in this case, the person will have at least 28 days to provide the information)
  - upon receiving the final piece of information, notifying the person within 14 working days if they meet NDIS access criteria.
- Undertake an urgent review for support coordination services if carer breakdown is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Undertake regular scheduled reviews.

## **Reunification (existing NDIS participant)**

### **Definition**

Planning for the return of a child or young person to their family with NDIS supports may primarily occur:

- When a child is transitioning from a voluntary out of home placement back to family where caregiver capacity is being restored
- When a child has been living in statutory OOHC and an NDIS package is a component of the child's supports which will persist following reunification

### **Roles and responsibilities**

#### ***Integrated Family Services***

Family services may be engaged with a family which is working through reunification from either a statutory or voluntary placement.

- Ensure NDIS plan reflects the anticipated needs of the child and family once transitioned back to a family living arrangement. Note that anticipated support needs during and following transition may also be impacted by the child's age-related development.
- Continue to work with family to strengthen parenting capacity and family functioning to support family reunification
- Work with family to identify any unmet disability supports amongst all other household members that may be required to support family reunification.

### ***Child Protection or contracted case manager***

- Child Protection (or the contracted or authorised Aboriginal agency) should lead the casework that prepares children and their families for sustainable reunification.
- Begin early planning with the NDIA, partners delivering LAC and/or ECEI services, or support coordinators to ensure the disability supports are in place to enable the family to care for the child.
- Build the capacity of the parent to access the NDIS and effectivity build a relationship with funded providers and manage their child's NDIS plan.
- Ensure all members of the care team, including the NDIS providers, are aware of the reunification and their role in supporting the family.
- Ensure the LAC or support coordinator is involved in regular care team meetings for the life of the case plan.

### ***Out of home care provider***

- In cases where the child is subject to a statutory order and case management is contracted to the out-of-home care provider, the provider is to follow the steps outlined above (Child Protection or contracted out-of-home care provider case manager tasks).
- Ensure the child's care experience builds supports the child's care objective and that skills development is undertaken appropriate to the child's developmental stage and post-care plan. Skills development should include developing the child's ability to self-manage their NDIS supports, identify services they do not feel comfortable with and mechanisms for advocacy including through family supports, the National Disability Advocacy Program or the Office of the Public Advocate.
- In cases where the child is subject to a statutory order and case management remains with Child Protection, work with Child Protection or the relevant Aboriginal agency where an authorisation under section 18 has been made, to begin early planning with the NDIA or LAC to ensure the disability supports are in place to support the family to care for the child.
- In cases where the child is subject to a Voluntary Child Care Agreement, work directly with the parents to begin early planning with the NDIA or LAC to ensure the disability supports are in place to support the child to return home. If the out-of-home care provider identifies that risk-of-harm issues are preventing reunification from taking place, the out-of-home care provider should consider a report to Child Protection.
- In cases where the child is subject to a Voluntary Child Care Agreement, if concerns are evident for the child's wellbeing or for the family's capacity to access the NDIS, refer the family to Child FIRST / The Orange Door.
- In all cases coordinate the care team, ensuring the NDIS providers are aware of the reunification plan and the NDIS provider's role in supporting the family.
- In all cases ensure the LAC is involved in regular care team meetings for the life of the case plan.

### ***Local area coordinator***

- Actively participate in the child or young person's care team.
- Ensure the NDIS plan reflects the current and expected disability support needs of the child or young person.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to support the child to return and remain home.
- Escalate to the NDIA for an urgent review for support coordination services if reunification is complex and the participant doesn't already have support coordination funding.
- Assist the child or carer to access and implement the disability supports required to support the child to return and remain home.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### ***Support coordinator (where funded within the NDIS participant's plan)***

- Actively participate in the child or young person's care team.
- Where appropriate, assist in implementing any contingency plan for reunification.
- Ensure the NDIS plan reflects the current and expected disability support needs of the child or young person.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to support the child to return and remain home.
- Identify additional supports that may be required to support the child to return and remain home.
- If additional supports are required, escalate to the NDIA for an urgent plan review with the aim of increasing or adding support services required to support the child to return and remain home.
- Assist the child or carer to access and implement the disability supports required to support the child to return and remain home.
- Make a referral to Child FIRST / The Orange Door if there are concerns for the child or young person's wellbeing.

### ***NDIA***

- Undertake an urgent review for support coordination services if the risk of carer breakdown is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Undertake regular scheduled reviews.

## **Leaving care (existing NDIS participant)**

### **Definition**

A young person who is an NDIS participant and leaving out-of-home care.

### **Roles and responsibilities**

#### ***Child Protection – Statutory clients***

Child Protection obligations in leading the young person's leaving care preparation and planning are not impacted by the NDIS. Child Protection along with the Placement Coordination Unit and the care team maintain lead responsibility for planning care exit and preparing young people for post-care living including identifying suitable accommodation arrangements.

Note that many care leavers including those with complex disability support needs do not meet the strict eligibility criteria for Supported Disability Accommodation (SDA) however may be eligible for Supported Independent Living (SIL). This requires that child protection commences early work to identify suitable living arrangement for young people and engage with the NDIA to secure the supports which make such arrangements sustainable.

- Commence early planning with the NDIA as part of the 15+ Care and Transition plan, to determine the best future housing arrangements for the young person. Due to strict eligibility requirements for Specialist Disability Accommodation (SDA), any leaving care planning which considers an application for SDA should additionally work towards a secondary post-care option should the child not receive SDA in their plans until confirmation of SDA is received.
- Engage in secondary consultation with the Principal Disability Practice Advisor to inform leaving care planning. Consultations should aim to identify potential living options which are suitable given the child's disability support needs, developmental needs, and potential vulnerability. First consultation should occur prior to a young person's 17th birthday.

- Determination regarding the intention to apply for the SDA should be made prior to a young person's 17th birthday to provide appropriate time for the extensive evidence gathering and eligibility assessment process.
- Work with placement providers, the young person, LAC or Support Coordinator and care team to collect sufficient evidence of a young person's disability needs ahead of NDIS plan reviews prior to leaving care.
- Advocate to the NDIA for the inclusion of Support Coordination in the NDIS plans of all care leavers.
- Support the young person to develop system navigation and advocacy skills and the ability to self-manage their disability supports. Whether the young person's plan is to live with an ongoing carer, live with family or continue to enjoy positive family relationships, caregivers or family should also be supported in developing NDIS advocacy and system navigation capacity.
- Aboriginal young people should have a cultural plan developed, to ensure they remain connected, or reconnect to their family, culture and community.
- Ensure all members of the care team, including the LAC or Support Coordinator and NDIS providers are involved in the development of the 15+ Care and Transition plans and understand their role in supporting the young person.
- If the future housing arrangement will be managed by a non-disability mainstream provider (i.e. public housing or private rental), work with the LACs or Support Coordinator in identifying appropriate disability supports for the young person's transition to adult accommodation.
- Follow the steps outlined in the Memorandum of Understanding between DHHS and the Office of the Public Advocate (OPA) when leaving care planning for a young person with a cognitive disability who, upon reaching adulthood, may require an adult guardian to assist with decision making. This Memorandum is contained in Appendix Four of this guide.
- Ensure the LAC or Support Coordinator is involved in regular care team meetings for the life of the case plan.
- If there are concerns regarding the presence of family violence, seek secondary consultation from a specialist family violence service.

#### ***Designated Case Coordinator- Voluntary clients***

Designated case planners will be identified during the placement establishment phase. The case coordinator may be a departmental representative or contracted from a service provider.

- Undertake take planning with the designated case manager
- Work directly with parents to commence early planning with the NDIA or LAC /support coordinator to ensure the disability and other supports are in place to support future housing arrangements, including supported disability accommodation.
- Engage in secondary consultation disability specialists prior to inform planning and identify potential living options which are suitable given their disability support needs, developmental needs, and potential vulnerability.

#### ***Care Team- Voluntary Clients***

Care teams will be established at the commencement of placement, typically being led by the partners delivering LAC services or the Support Coordinator. Care team membership will typically include the placement provider and other involved professionals. Due to the variation in care team composition across placements, the team will designate specific individuals responsible for the items outlined below.

- Commence early planning with the NDIA to determine the best future housing arrangements for the young person. Due to strict eligibility requirements for Specialist Disability Accommodation, any leaving care planning which considers an application for SDA should additionally work towards a secondary post-care option should the young person not receive SDA in their plans until confirmation of SDA is received.

- Determination regarding the intention to apply for Specialist Disability Accommodation should be made prior to a young person's 17th birthday to provide appropriate time for the extensive evidence gathering and eligibility assessment process.
- Ensure collection of sufficient evidence of a young person's disability needs ahead of NDIS plan reviews prior to leaving care.
- Advocate to the NDIA for the inclusion of Support Coordination in the NDIS plans of all care leavers.
- Support the young person to develop system navigation and advocacy skills and the ability to self-manage their disability supports.
- Aboriginal young people should have a cultural plan developed, to ensure they remain connected, to their family, culture and community
- If the future housing arrangement will be managed by a non-disability mainstream provider (i.e. public housing or private rental), work with the LACs or Support Coordinator in identifying appropriate disability supports for the young person's transition to adult accommodation
- In all cases ensure the LAC or Support Coordinator is involved in regular care team meetings for the life of the case plan.

### ***Out of home care providers***

- In cases where the young person is subject to a statutory order and case management is contracted to the OOHC provider, the provider is to follow steps outlined above .
- Ensure the young person's care experience builds supports the young person's care objective and that skills development is undertaken appropriate to the young person's developmental stage and post-care plan. Skills development should include developing the young person's ability to self-manage their NDIS supports, identifying services they do not feel comfortable with and mechanisms for advocacy including through family supports, the National Disability Advocacy Program or the Office of the Public Advocate .

### ***LAC and support coordinator***

- Actively participate in the young person's care team.
- Ensure the NDIS plan reflects the current and expected disability support needs of the young person.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to support the young person to transition to future housing arrangements.
- Assist the young person to access and implement the disability supports required to support their future housing arrangements, including in circumstances where this involves a return to their birth family.
- Escalate to the NDIA for an emergency review for support coordination services if there are challenges in identifying future housing arrangements and the young person doesn't already have support coordination funding.
- Identify additional supports that may be required to support the young person to transition to independent living or adult accommodation.
- If additional supports are required, escalate to the NDIA for an urgent plan review with the aim of increasing or adding support services required to support the young person to transition to independent living or adult accommodation.

### ***NDIA***

- Ensure the young person's plan meets their individual needs that they match their developmental, disability and life needs.
- Undertake an emergency review for support coordination services if the transition to adult accommodation is complex and the young person doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional and/or a change of support service.

- Establish and undertake regular scheduled reviews that consider the young person's potentially changing needs.

## **Family violence crisis situation (existing NDIS participant)**

### **Definition**

Where a family violence risk escalates and it is no longer safe for a woman and her child/ren to remain safely in their home.

### ***Disability Family Violence Crisis Response Initiative***

The [Disability Family Violence Crisis Response Initiative \(DFVCRI\)](https://providers.dhhs.vic.gov.au/disability-and-family-violence-crisis-response) <<https://providers.dhhs.vic.gov.au/disability-and-family-violence-crisis-response>> will continue until the end of Victoria's transition to the NDIS. During the transition there will be different pathways to access immediate supports for women and children with disability.

Women and children with disability who are not participants of the NDIS can access immediate disability supports through the DFVCRI. Individuals should be referred at the earliest opportunity.

Women who live in areas that have transitioned to the NDIS, but who are not yet themselves participants, or their child with disability is not yet a participant, can access immediate disability support through the DFVCRI. They should be referred at the earliest opportunity.

In the interest of ensuring women or children have access to immediate disability support when it is unclear whether a woman or child is a participant, or is eligible to be a participant, of the NDIS the DFVCRI will provide assistance for immediate disability supports until full rollout of the NDIS in June 2019.

The DFVCRI liaison officer will continue to provide secondary consultative advice and guidance regarding the best pathways for critical supports for all women and children with disability during this time.

If a family violence worker is unsure who to contact to arrange immediate disability supports for an NDIS participant they can contact the DFVCRI coordinator during business hours. Outside of business hours, Safe Steps Family Violence Response Centre should be contacted as per the DFVCRI guidelines.

### **Roles and responsibilities**

#### ***Family violence agencies and providers***

- Ask questions about disability needs during all initial risk assessments to determine if disability support is required.
- Enquire at intake whether an individual with disability is an NDIS participant and has an NDIS plan.
- Engage with the support coordinator, LAC or other NDIS service providers to assist with linking to NDIS-funded supports.
- In the first instance, liaise with the LAC or support coordinator to identify opportunities to flexibly use NDIS funding within the current funding plan resources for immediate disability supports during the family violence crisis.
- If additional supports are required, liaise with the LAC or support coordinator to facilitate an urgent plan review with an aim of increasing or adding disability support required during the family violence crisis and over the longer term.

### **LAC**

- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to support the women or child/ren during a family violence crisis.

- Escalate to the NDIA for an emergency review for support coordination services if the family violence crisis is complex and the participant doesn't already have support coordination funding.
- Update all NDIS service providers regarding the change in circumstances. This includes updating information regarding confidentiality. This is critical if the perpetrator has previously been involved in the plan with access to information.

***Support coordinator (where funded within the NDIS participant's plan)***

- Develop and implement a contingency plan for family violence crises.
- Identify opportunities to flexibly use NDIS funding within the current funding plan resources to support the women or child/ren during a family violence crisis.
- Identify additional supports that may be required to support the women or child/ren during a family violence crisis.
- If additional supports are required, escalate to the NDIA for an urgent plan review with the aim of increasing or adding support services required to support the women or child/ren during a family violence crisis and over the longer term.
- Update all NDIS service providers regarding the change in circumstances. This includes updating information regarding confidentiality. This is critical if the perpetrator has previously been involved in the plan with access to information.

***NDIA***

- Undertake an urgent review for support coordination services if the transition to independent living is complex and the participant doesn't already have support coordination funding.
- Respond to requests for urgent reviews for additional supports.
- Undertake regular scheduled reviews.

# Section 10: Problem solving and troubleshooting

## A child is not deemed eligible for the NDIS

If a child doesn't meet the access requirements for the NDIS they should continue receiving the support they had been receiving. For example, if the child has support under the Helping Children with Autism or Better Start programs, they will keep receiving funding under those programs. The Department of Social Services will manage this funding until funds have been spent, or until the child reaches the maximum age for the program.

## Urgent NDIS access required – urgent access requests

### Prioritising NDIS plans for urgent cases

The NDIA has the ability to prioritise planning for urgent cases. It is important to be aware of the situations in which this can occur because priority of access can occur in the event of potential carer breakdown and voluntary child relinquishment.

The NDIA will prioritise the preparation of plans as follows:

- **immediate priority** for participants who are at risk of harm, or whose stability of accommodation or care arrangements have broken down
- **within two weeks** of deciding that a person meets the access criteria for participants whose stability of accommodation or care arrangements are unsustainable, fragile or at risk of breakdown
- **within six weeks** of deciding that a person meets the access criteria for:
  - participants in, or returning to, a community setting who:
    - have no, or very few, supports in place where delay is likely to result in higher scheme costs, poorer longer term outcomes or a further reduction in functioning, or
    - need to have appropriate support arrangements in place to be able to return to the community – for example, participants returning home after an admission for acute mental health treatment or participants being released from prison or custody
  - participants who are children under six years of age with developmental delay where:
    - there is evidence that delay in early intervention supports would reduce the effectiveness of those supports or lead to a worsening in the impairment of the child, or
    - the child is approaching a key milestone and early intervention supports would make the achievement of that milestone more achievable – for example, support with toilet training where a child is transitioning from home care to kindergarten.

Practitioners should assist families with accessing an urgent NDIS plan where the family's capacity to do so without support is limited.

### Change in circumstances and plan reviews

#### When will an NDIS participant's plan be reviewed?

An NDIS plan will state the date, or the circumstances in which, the NDIA will review the plan. If there is a change in a disability-related support needs or circumstances before this date, an unscheduled plan review can be requested.

Examples of circumstances accepted as a trigger for a review include:

- significant progression or deterioration of a condition
- change in living arrangements
- a new injury, resulting in a permanent increase in support needs
- a permanent decrease in the amount of informal support available.

### **How to request a plan review**

To request a plan review, evidence of the change in support need must be documented, including:

- what has changed in the participant's life that affects their plan
- why the changes mean that the existing funded supports need to change (what is the impact on the participant's functional capacity to perform activities of daily living)
- evidence that the support need is a result of the disability.

### **Helping families with plan reviews and appeals**

Parents and caregivers may need you to help them understand their plan and the review/complaints processes. Here are three processes that are important you understand:

- [making a complaint](https://www.ndis.gov.au/about-us/contact-us/feedback-complaints) <https://www.ndis.gov.au/about-us/contact-us/feedback-complaints>
- [requesting an internal review](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review) <https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>
- [understanding the plan and supports](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports.html) <https://www.ndis.gov.au/participants/understanding-your-plan-and-supports.html>.

### **There has been no change in circumstances; however, NDIS-funded supports do not meet disability needs**

A participant can request a plan review at any time if they are dissatisfied with the plan, regardless of whether there has been a change in circumstances. This is considered a request for an internal review of an NDIS plan and should be encouraged where there is a clear gap or insufficiency in the supports funded in the plan. Requests for an internal review of the plan need to be made within three months of receiving the plan. The steps for requesting an internal plan review are:

1. Submit an [internal review form](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review) <https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>. The review form is divided into sections to assist in providing the rationale for requesting the review.
2. An NDIA assessor will make a decision that confirms, changes or replaces the initial decision. The reviewer will always be different from the initial assessor. Once a decision has been made the NDIA will contact the participant.
3. If the participant is not satisfied following the internal review, an appeal can be made to the Administrative Appeals Tribunal. In most cases the tribunal will try 'conciliation', an informal meeting between you and the NDIA to try to reach an agreement. The final step is an official hearing, made in a public court. A [tribunal appeals form](http://www.aat.gov.au/resources/forms) <http://www.aat.gov.au/resources/forms> can be accessed online.

In preparing the request for a review, families should be asked to consider:

- What are the goals in the plan? Why does the plan not meet these goals?
- Which supports and services are working well? Which supports and services are not going so well?
- Are there any supports and services in the plan that have not been implemented? If not, why? What are the barriers?

The review process will improve many plans, and for this reason review requests should be encouraged when families are not happy with their NDIS plans and funding packages. Practitioners should assist families with the review process where the family's capacity to do so unassisted is limited.

## **Support with plan reviews and appeals**

The Commonwealth Government has funded a range of disability advocacy services to provide assistance and support to NDIS participants with their requests for plan reviews. The National Disability Advocacy Program can assist people through the planning and internal review processes with the NDIA. The program can also support people with disability who seek an external review of NDIA decisions through the Administrative Appeals Tribunal.

[Agencies that can provide assistance](https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/organisations) <<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/organisations>> with plan reviews or appeals can be accessed online.

## **Urgent requests for plan reviews**

A process for urgent plan reviews is not prescribed by the NDIA and varies depending on local arrangements. A request for a plan review will need to be submitted. Contact your departmental transition team (Section 5) to assist with flagging the request for a plan review as an NDIA priority. However, it is important to note that even when the NDIA prioritises plan reviews, this process can take weeks or months.

It is important that where the current NDIS plan still has some funding, that this funding be used flexibly to address priority needs pending the result of the review.

## **Difficulty identifying or securing service providers**

The market-based approach of the NDIS means significant change to the way disability supports are chosen and provided to participants. The NDIS principles of participant choice and control rely on a strong and diverse market available to all participants and able to deliver the range of services desired. With the rapid rollout of the NDIS, the disability 'market' will need to increase quickly to meet demand in terms of both workforce and services.

Unfortunately, experiences are indicating that in many disability services the market has yet to catch up and is not be able to meet the needs of NDIS participants, despite having NDIS plans that provide funding for supports and services.

Regional, rural and remote participants are the most vulnerable because these are where the markets are most thin. A Commonwealth Parliamentary Inquiry is currently underway to determine how to address market readiness and market gaps. The inquiry will also address the readiness of participants to navigate the market approach.

However, as the NDIS matures and the disability workforce and services grow to meet demand, securing appropriate supports and services for some families will continue to be challenging. Practitioners may need to assist families to explore available options for disability services and support families to be flexible in their thinking about available services.

A list of NDIS-registered disability providers is available on the [NDIS website](https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers) <<https://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers> >.

# Section 11: Frequently asked questions

## NDIS access and supports

### How long do participants have to wait for their planning meetings?

Although not legislated, the NDIS has some general guidelines for when they prepare plans:

- **immediate priority** for participants who are at risk of harm, or whose stability of accommodation or care arrangements have broken down
- **within two weeks** for participants whose stability of accommodation or care arrangements are unsustainable, fragile or at risk of breakdown
- **within two weeks** for participants in, or returning to, a community setting who:
  - have no, or very few, supports in place where delay is likely to result in higher scheme costs, poorer longer term outcomes or a further reduction in functioning, or
  - need to have appropriate support arrangements in place to be able to return to the community – for example, participants returning home after an admission for acute mental health treatment or participants being released from prison or custody
- **within two weeks** for participants who are children under six years of age with developmental delay where:
  - there is evidence that delay in early intervention supports would reduce the effectiveness of those supports or lead to a worsening in the impairment of the child, or
  - the child is approaching a key milestone and early intervention supports would make the achievement of that milestone more achievable – for example, support with toilet training where a child is transitioning from home care to kindergarten
- **within two to three months** for participants who have a sibling living in the same household who is already accessing supports under the NDIS where the children's needs are most efficiently and effectively considered together.

Each region may also have arrangements in place to prioritise planning for certain cohorts. Details for your rollout area are available from the NDIS website. Note these arrangements may not be reflective of actual practice.

### Who can attend the planning meeting?

The participant is welcome to bring anyone they like to their planning meeting, including a child and family services practitioner.

### How many planners will be at the meeting?

Normally there will only be one planner; this will be either a LAC or an NDIA planner. More complex cases are usually handled by an NDIA planner. However, regardless of whether the planner is a LAC or NDIA planner, the plan is always approved by the NDIA.

If the planner is a LAC, they will input notes into the NDIS system and an NDIA planning delegate will determine the level of funding and support required based on the meetings notes and documented evidence. These are generally the people who sign off on the letter that accompanies the plan.

### What does 'reasonable and necessary' mean?

The NDIS will fund reasonable and necessary supports that help a participant to reach their goals, objectives and aspirations, and to undertake activities to enable the participant's social and economic participation.

Reasonable and necessary supports are funded by the NDIS in a range of areas, which may include education, employment, social participation, independence, living arrangements and health and wellbeing.

According to the NDIS Act, reasonable and necessary supports for people with disability should:

- support people with disability to pursue their goals and maximise their independence
- support people with disability to live independently and to be included in the community as fully participating citizens
- develop and support the capacity of people with disability to undertake activities that enable them to participate in the mainstream community and in employment.

Funding will be dependent on the participant's needs, goals and existing supports. The amount a participant is eligible for may change from year to year. The NDIS has planning resources to help participants identify the supports they may require and to prepare for the plan. These can be accessed on the NDIS website.

Examples of reasonable and necessary supports include but are not limited to:

- allied health and other therapy where this is required as a result of the participant's impairment, including physiotherapy, speech therapy or occupational therapy
- help with household tasks to allow the participant to maintain their home environment
- help from skilled personnel in aids or equipment assessment, setup and training
- home modification design and construction
- mobility equipment
- vehicle modifications
- daily personal activities
- transport to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports including behaviour support.

## **Who pays for funding assessments to help support NDIS access requests?**

For some disabilities information about how the disability affects the person may not be needed. These disabilities are listed in [List A – Conditions which are likely to meet the disability requirements in section 24 of the NDIS Act](https://www.ndis.gov.au/operational-guideline/access/list-a) <<https://www.ndis.gov.au/operational-guideline/access/list-a>>.

The family's treating health professional can provide evidence by:

- completing the NDIS supporting evidence form
- completing Part F of the access request form, or
- providing existing reports, assessments or letters that show the impact of the person's disability.

If additional consultation time with the treating health professional is required to prepare evidence of the person's disability, the treating health professional may claim this via Medicare.

In exceptional circumstances, where a person does not have any existing assessments, a staff member from the NDIA may complete a general standardised functional assessment (such as WHODAS or PEDI-CAT) with a person or their authorised representative.

In cases where assessments are required from health professionals not covered by Medicare and/or there is a gap payment that the family will not be able fund, flexible package funding should be considered to support the family to access assessments to support their NDIS access request.

## **My local area has transitioned to the NDIS but my client does not yet have a plan. Who can we talk to about urgent funding required to support their disability needs?**

### **Urgent NDIS access**

The NDIA can prioritise prospective participants with urgent circumstances. In these circumstances, the NDIA may determine whether a prospective participant meets the access criteria sooner than the timeframe set out in the NDIS Act. A key priority will be where there are risks of gaps in support or the likely potential for a significant escalation of supports if immediate support is not provided.

Urgent circumstances include, but are not limited to, where a prospective participant's accommodation or care arrangements have broken down, are unsustainable, fragile or at risk of breakdown, or where a prospective participant is at risk of harm or is re-entering a community setting and has few or no supports in place.

Guidance examples for prioritised plan development include people who:

- have complex support needs and receive supports from multiple government agencies
- are inappropriately accommodated – hospital beds, leaving care, correctional facilities, homelessness risk, mental health facilities, younger people in residential aged care
- are transitioning from Commonwealth programs such as Helping Children with Autism and Better Start programs
- are children aged 0–6 years who will enter through the ECEI gateway
- have moderate or high needs in other identified Commonwealth programs.

### **Prioritising NDIS plans for urgent cases**

The NDIA also has the ability to prioritise planning for urgent cases such as potential carer breakdown and voluntary child relinquishment.

The NDIA will prioritise the preparation of plans as follows:

- immediate priority for participants who are at risk of harm, or whose stability of accommodation or care arrangements have broken down
- within two weeks of deciding that a person meets the access criteria for participants whose stability of accommodation or care arrangements are unsustainable, fragile or at risk of breakdown
- within six weeks of deciding that a person meets the access criteria for:
  - participants in, or returning to, a community setting who:
    - have no, or very few, supports in place where delay is likely to result in higher scheme costs, poorer longer term outcomes or a further reduction in functioning, or
    - need to have appropriate support arrangements in place to be able to return to the community – for example, participants returning home after an admission for acute mental health treatment or participants being released from prison or custody
  - participants who are children under six years of age with developmental delay where:
    - there is evidence that delay in early intervention supports would reduce the effectiveness of those supports or lead to a worsening in the impairment of the child, or
    - the child is approaching a key milestone and early intervention supports would make the achievement of that milestone more achievable – for example, support with toilet training where a child is transitioning from home care to kindergarten.

Practitioners should assist families with accessing an urgent NDIS plan where the parent or carer's capacity to do so without support is limited.

## **Where do we go when there is an identified funding gap or the NDIS supports are inadequate?**

An underfunded plan can be the cause of stress, financial disadvantage and carer breakdown.

A review of a plan can be requested by a participant at any time if they are dissatisfied with the plan, regardless of whether there has been a change in circumstances. This is considered a request for an internal review of an NDIS plan and should be encouraged where there is a clear gap or insufficiency in the supports funded in the plan. Requests for an internal review of the plan need to be made within three months of receiving the plan. The steps for requesting an internal plan review are:

1. Submit an [internal review form](https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review) <<https://www.ndis.gov.au/participants/reasonable-and-necessary-supports/decision-review>>. The review form is divided into sections to assist in providing the rationale for requesting the review.
2. An NDIA assessor will make a decision that confirms, changes or replaces the initial decision. The reviewer will always be different to the initial assessor. Once a decision has been made the NDIA will contact the participant.

Note that a request for an internal review will trigger the creation of a new plan, as plans cannot be adjusted, only replaced.

If the participant is not satisfied following the internal review, an appeal can be made to the Administrative Appeals Tribunal. In most cases the tribunal will try 'conciliation', an informal meeting between with the NDIA to try reach an agreement. If the participant thinks an internal review result is wrong, the Administrative Appeals Tribunal can be requested to do an external merits review – an independent assessment of an NDIA decision. Each state has funded [local advocacy agencies](https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals) <<https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-appeals>> to assist with appeals.

In preparing the request for a review, families should be asked to consider:

- Has anything changed since the NDIS plan was approved? Has there been a change to circumstances?
- What are the goals in the plan? Why does the plan not meet these goals?
- Which supports and services are working well? Which supports and services are not going so well?
- Are there any supports and services in the plan that are not being received? If so, why? What are the barriers?

The review process will improve many plans, and for this reason review requests should be encouraged when families are not happy with their NDIS plans and funding packages. Practitioners should assist families with the review process where the family's capacity to do so unassisted is limited.

### **An inadequate or underfunded plan may be as a result of the following scenarios**

#### ***The participant has less funding than before***

When a participant gets their plan, they may discover that a support they previously received has either been left out or will not be funded by the NDIS.

This may occur because participants are unaware of what supports to ask for in planning meetings. Prior to the NDIS, people may have received funding from a variety of federal and state sources. Some of these supports would have been individualised, but others would have been block-funded. If block-funded, a participant may be unaware that they were even accessing a service. Consequently, it gets left out of a plan, resulting in a lengthy process to get it back.

Furthermore, a support that a participant previously received may not be funded under the NDIS. While some states have implemented a 'no disadvantage' rule, this only applies to supports that the NDIS will fund.

If a support is no longer funded by the NDIS, there is an expectation that the LAC or NDIS planner will notify the participant and help them explore other options.

### ***Participants cannot use a provider of their choice***

Usually, if a participant cannot purchase a support from a provider, it is because that provider is not NDIS-registered.

There are three ways to manage NDIS funds – agency management, plan management and self-management. If a participant wants to use unregistered providers, they must be either plan- or self-manage those funds.

### ***Participants do not understand their plan***

The format of the NDIS plan may make it difficult for a participant to fully understand what they have been funded for and how funding can be used flexibly between the key support areas. Assisting families to understand their plan is critical to ensuring they get the most from it. The NDIS has a [plain-English guide](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports) <https://www.ndis.gov.au/participants/understanding-your-plan-and-supports> to help participants understand their plans.

## **How do I assist with an urgent plan review?**

A process for urgent plan reviews is not prescribed by the NDIA and varies depending on local arrangements. A request for a plan review will need to be submitted. Contact your departmental transition team (Section 5) to assist with flagging the request for a plan review as an NDIA priority. However, it is important to note that even when the NDIA prioritises plan reviews, this process can take weeks or months.

It is important that where the current NDIS plan still has some funding, that this funding be used flexibly to address priority needs pending the result of the review.

## **I'm not sure how to help the family understand their disability needs. Where can we seek advice on the support needs of children and/or parents with disability?**

Many of the peak organisations for specific disabilities provide advice on the types of disability supports that the NDIS will fund. This good practice guide also provides examples of reasonable and necessary supports by disability type. The [Raising Children Network](http://raisingchildren.net.au/ndis/national_disability_insurance_scheme_autism.html) <http://raisingchildren.net.au/ndis/national\_disability\_insurance\_scheme\_autism.html> also provides NDIS help guides to help parents to understand the NDIS process and the supports that may be available for their child.

## **When providing services and quotes for services, how do we determine who pays for what?**

The [NDIS price guide](https://www.ndis.gov.au/providers/pricing-and-payment) <https://www.ndis.gov.au/providers/pricing-and-payment> provides information on the price limits of disability support services.

## **What escalation pathways will exist post-transition? Where do we go when there is a disagreement regarding funding arrangements and supports required?**

A request for an internal review of the plan will be required. Refer to the response to the question regarding requests for reviews above. If you need support with a plan review the department's transition team should be contacted for advice.

## **What happens when Integrated Family Services (IFS) withdraws?**

During the course of their involvement IFS should support the capacity of families to develop good working relationships with their ECEI partner, LAC or support coordinator and continue to work with their

providers without ongoing IFS support. More support at the early stage is intended to result in less IFS involvement over time. However, as with a family without disability or NDIS participation, there may be times or touchpoints when the family may re-engage with family services for additional support. Depending on timeframes this may require a new referral from Child FIRST/Orange Door.

### **What mechanisms will be in place when a family of a child with disability requires crisis support? Who is responsible for coordinating this and who provides funding for these supports (respite)?**

The role of the NDIA in relation to crisis response is currently subject of discussions and negotiations between the states, the NDIA and the Commonwealth Department of Social Services. These negotiations are addressing policy and operational issues that will define the role of each party in relation to crisis response, particularly children requiring a Voluntary Child Care Agreement. At this time the NDIA has no hands on role in crisis management, although may be able to increase funding of certain supports to assist with the management of the crisis.

It is acknowledged that an interagency approach is required to ensure the right support is provided at the right time, including Short Term Accommodation and Specialist Disability Accommodation funding for children with complex disability needs who are unable to live within a family environment.

This practice guide will be updated regularly to reflect outcomes of these negotiations and the national approach that will be agreed by the NDIA. In the interim please consult the DHHS Principal Disability Practice Advisors for advice. Contact details are provided in Section Five of this practice guide.

### **How is respite funded?**

The NDIA recognises that sustaining the informal support of family or carers is very important to meet the needs of people with disability and to maintain close supportive relationships.

Overwhelming caring responsibilities and other factors such as illness and ageing can place carers' wellbeing at risk and compromise their ability to continue in the caring role.

Currently there is no item listed under NDIS specifically as 'respite'. It is available but is described as:

- short-term accommodation and short-term living assistance
- assistance in living arrangements (host family/alternative family) solution
- assistance with self-care overnight (different levels).

There are three levels of respite-like supports available for funding as part of plans:

- level 1: 7–14 days per year to allow the carer to attend key activities
- level 2: 14–28 days per year and includes a strategy to build capabilities for future independence
- level 3: equivalent of 28 days per year, when the carer provides support most days and informal support is at risk of not continuing due to the intensity of the support required or severe behavioural issues.

These levels of support will be determined by the level of disability and intensity of support required from family or informal carers as well as other carers' commitments such as work or study.

Higher levels of respite may be provided where there are:

- unstable sleep patterns
- invasive medical supports
- a lot of behavioural management
- more than one child with disability in the household
- other assistance actively required overnight.

## **What information should be provided by families to support an access request?**

For people who do not currently access disability services they will need to be assessed for eligibility to access the NDIS. They will need to provide the NDIA with the information needed to determine eligibility. Specifically they will need to provide the NDIA with evidence of their disability from their doctor, specialist or any other health professional (such as a therapist) and the supports they need.

The applicant can provide evidence of their disability by having their treating doctor or specialist complete the professional's report section in Part F of the access request form or the NDIS supporting evidence form, or the same evidence can be provided in a different format such as copies of existing assessments and reports. If the applicant chooses not to use the professional's report section in Part F of the access request form or the NDIS supporting evidence form, it is important that the information they provide contains the same information that the form collects and provides evidence of a diagnosis.

## **What evidence of the impact of the condition is required?**

If the applicant has a condition identified by the NDIA as always resulting in permanent impairment and substantially reduced functional capacity, then they do not require any further information. A list of these conditions is on the [NDIA website](https://www.ndis.gov.au/operational-guideline/access/list-a) <<https://www.ndis.gov.au/operational-guideline/access/list-a>>. If the condition is not on the list of 'Permanent impairment/functional capacity – no further assessment required' they must provide evidence of the impact of their condition on their life, including any impact on mobility, communication, social interaction, learning, self-care and self-management.

To provide this information, the person's specialist or allied health professional can complete the professional's report section in Part F of the access request form or the NDIS supporting evidence form, or provide it with other written evidence from the specialist or health professional. 'Health professional' includes a physiotherapist, an occupational therapist, speech pathologist, psychologist or a nurse.

'Other written evidence' could include existing assessments or reports that were prepared by a specialist or allied health professional that provide the equivalent information on the impact of the condition on the person's life.

Contact the NDIA if you are not sure if there is enough information to support the access request.

## **Who do you contact when there is a change in circumstances and an urgent response is needed?**

If there has been a significant change in circumstances, such as additional disability or breakdown of living arrangements, an internal review of the plan should be requested. A '[Change of circumstance' form](https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/changeofcircumstances.html)' <<https://www.ndis.gov.au/participants/understanding-your-plan-and-supports/changeofcircumstances.html>> and further information can be found online.

Following the internal review and appeal can be lodged if the plan is not considered to be adequate.

## **NDIS roles and NDIS plans**

### **What is the role of the support coordinator? Where do we go if a client requires a higher level of ongoing support (case management)?**

Support coordination is a funded support to help participants implement their plan. Support coordination is likely to be beneficial for children and families with complex needs associated with their disability. The NDIA intends for approximately 20–30 per cent of NDIS participants to receive funding for support coordination. The levels of support coordination provided depends upon individual need, and many vulnerable families will be allocated support coordination. For children under the age of six years the NDIS coordination role will be carried out by the ECEI partner key worker.

Where support coordination is not funded in a plan, and support is required, support to implement the plan should be provided by a LAC.

Support coordination can include:

- initial assistance with linking participants to the right providers to meet their needs
- assistance to source providers
- coordination of a range of supports, both funded and mainstream, and building on informal supports
- resolution of points of crisis
- assistance to develop participant resilience in their own network and community.

### **Types of support coordination**

There are three levels of support coordination and these vary to reflect a person's needs and level of support required.

#### ***Support connection***

This is time-limited assistance to strengthen a participant's ability to connect with informal, mainstream and funded supports, and to increase their capacity to maintain support relationships, resolve service delivery issues and participate independently in NDIA processes.

#### ***Coordination of supports***

This is assistance to strengthen a participant's abilities to connect to and coordinate informal, mainstream and funded supports. This includes resolving points of crisis, developing capacity and resilience in a participant's network and coordinating supports from a range of sources.

#### ***Specialist support coordination***

This is support coordination within a specialist framework necessitated by specific high-level risks in the participant's situation. This support is time-limited and focuses on addressing barriers and reducing complexity in the support environment while assisting the participant to connect with supports and build capacity and resilience. It may also involve developing an intervention plan for disability support workers to implement.

### **What information is required to be brought to an NDIS planning meeting?**

The most important information is a list of key disability supports that have been identified as being required by the family. The NDIA produces a pre-planning meeting checklist and workbook that is designed to assist applicants to think about the type of services and supports they require.

It is recommended that the NDIS planning booklet be completed before the NDIS planning meeting because it is designed to encourage potential participants to think about the supports and services they need. The [planning workbook and checklist](https://www.ndis.gov.au/participants/firstplan.html) <<https://www.ndis.gov.au/participants/firstplan.html>> can be accessed online.

In addition to the completed NDIS planning booklet it is recommended that the following documents also be brought to the meeting:

- reports, functional assessments and information on the person's disability
- good day / bad day scenarios, to ensure all necessary support is captured
- completed carers checklist or completed mental health carer checklist
- documented strengths, interests and challenges in daily activities
- evidence of age and residency to verify the participant's access request
- bank account details – solely to be used to deposit the NDIS participant's funds.

At the planning meeting the planner will use a questionnaire that asks a series of questions about functional capacity. This means they ask what the participant thinks about how their disability affects their

life. The NDIS uses either a WHODAS or PEDI-CAT assessment of need depending on the person's age.

In 2015–16 the NDIA adopted a self-reporting tool based on the World Health Organization Disability Assessment Schedule (WHODAS 2.0) for Adults. WHODAS 2.0 covers six domains of functioning, including:

- cognition – understanding and communicating
- mobility– moving and getting around
- self-care– hygiene, dressing, eating and staying alone
- getting along– interacting with other people
- life activities– domestic responsibilities, leisure, work and school
- participation– joining in community activities.

The [Pediatric Evaluation of Disability Inventory Computer Adaptive Test \(PEDI-CAT\)](https://www.ndis.gov.au/operational-guideline/access/early-intervention-requirements)

<<https://www.ndis.gov.au/operational-guideline/access/early-intervention-requirements>> is one of the functional assessment tools used for children in this context.

In addition to the questionnaire responses required, here are the topics participants should be ready to discuss with the planner.

### **1. Goals for this plan**

Usually the NDIS like for participants to have two goals per year, but there can also be longer term goals built into the plan. Most goals are fairly broad to allow the opportunity to use funding to best suit the person's needs.

### **2. The important people in the participant's life**

The participant should be clear about who the important people in their life are and how much support they provide.

### **3. Services currently in the participant's life**

Participants should advise planners what services they currently receive and if possible provide quotes from each provider.

### **4. Supports needed**

Participants should identify their areas of unmet need to planners. If necessary, they can ask NDIS for assistance from an allied health specialist to work out what they need – for example, a speech therapist, occupational therapist, behavioural specialist or other allied health professionals. The allied health professional will then submit their recommendation to the NDIS.

### **5. Support needed to implement the NDIS plan**

Participants have three choices for assistance with helping get the plan setup.

- The participant can set up their own NDIS plan and supports.
- The participant can get assistance from a LAC.
- The participant can get assistance from a support coordinator.

If participants want support beyond what a LAC may be able to provide, it is critical that they request support coordination hours during the planning meeting.

### **6. Choice of funds management**

There are also three choices for assistance in managing plan finances:

- The participant can self-manage their plan finances.

- The participant can use a plan manager.
- The participant can have the NDIA manage their plan finances.

We recommend that participants understand their options and have already decided before the planning meeting. While planners should be equipped to discuss these options with participants, this is not always the case.

### **What is community access in NDIS plans? What can be accessed?**

Funding for community access in NDIS plans is intended to assist people with disability who need support to access available supports or to join in local community activities such as social, study, sporting or other interests. LACs or support coordinators can help make these connections. The funding can be used to:

- make full use of community places like libraries, churches, sporting groups and local groups
- use public transport
- stay in contact with family and friends.

### **What is the role of the NDIS in restrictive practice?**

An NDIS senior practitioner will provide clinical leadership in positive behaviour support and reducing and eliminating the use of restrictive practices in the NDIS. States and territories remain responsible for authorising restrictive practices in their jurisdiction.

### **What is the role of NDIS-funded supports in relation to leaving care planning?**

The NDIS support coordinator or LAC should be an active participant in the young person's care team. As part of leaving care planning, consider the disability-related supports the young person will need in the future, over the two years prior to them leaving out-of-home care at 18 years. Close collaboration with the NDIS support coordinator will be important during this phase. If the young person does not have NDIS-funded support coordination within their NDIS plan it is recommended that it is requested when there is a review of the NDIS plan. It is likely a plan review will need to occur as a part of leaving care planning as support needs will likely change.

### **My client's parent (guardian) has advised the NDIA that they do not wish to participate in the NDIS but the client is in out-of-home care and requires support. What should I do?**

It will be important to identify the reasons why the parent is reluctant for their child to access the NDIS. It may be that the parents do not fully understand how the NDIS operates or are distrustful of government and engaging with government agencies. They may not realise that the NDIS will replace existing disability funding sources. Explain that NDIS participation is designed to support people with disability over the course of their lifetime and provide supports to help both the person with disability and their caregivers.

If following these conversations, the parent continues to refuse NDIS participation for their child and you are of the view that NDIS services and supports are required to meet the health, wellbeing and developmental needs of the child, a report to Child Protection should be made.

### **What evidence do we need to gather to inform NDIS planning processes?**

Once access is met, any available clinical or specialist reports that substantiate the need for requested support which is directly related to the person's disability should be provided to the planner. Without this evidence, requested support may not be included in the NDIS plan. In circumstances where sufficient evidence does not exist to support a request for a particular type of support, the NDIA may fund certain types of assessments which would provide the required evidence as part of the NDIS plan.

### **How do we find out what is funded in a participant's plan?**

The plan belongs to the participant. As the plan owner, a parent can make the plan available to you in order to understand the types of supports and services that are being funded. If you are involved in supporting a family with plan development and attending planning meetings you can request that a copy of the plan be provided to you.

If you are working with a family who does not know where their plan is and are unsure as to how to access the plan through the NDIS portal, it can often be easiest to visit a local NDIS office to access a copy of the plan. You can do this with the parent or without if you are listed as a plan nominee.

### **Who do we contact when the out-of-home care living arrangements for a young person aged 17 years breakdown?**

The out-of-home case manager should be the first point of contact when living arrangements for a young person breakdown. The out-of-home case manager will contact the department's Placement Coordination Unit to explore alternative accommodation options for the young person, including respite.

# Glossary

<b>Term</b>	<b>Definition</b>
<b>Acquired brain injury</b>	An acquired brain injury is an injury caused to the brain sometime after birth – for example, as the result of a fall, road accident, tumour or stroke.
<b>Care services</b>	Care services (formerly ‘out-of-home care’) refers to the living arrangements for children and young people who cannot live in their family home. These arrangements can be temporary, medium or long term and include foster care, kinship care, permanent care or residential care.
<b>Carer</b>	The term carer has a particular meaning in the context of disability. A carer is the person who is responsible for the majority of the day-to-day care of a person with additional needs. A carer can be a parent, partner, grandparent, child, sibling, friend or guardian. When a child is caring for a parent with disability, they’re called a young carer. Carers are not paid support workers. Some families have more than one person with disability, so a carer might be caring for more than one person.
<b>Child and family system</b>	The child and family system (formerly the department’s Children Youth and Families division) includes: child and family services, care services (formerly out-of-home care) and Child Protection.
<b>Children Youth and Families</b>	This is now known as the child and family system.
<b>Families with disability</b>	In this guide, we refer to ‘families with disability’. This will be used to refer to: families with a parent or carer with disability; families with one or more children with disability; families with both a parent and child with disability; and carers with legal responsibility for children with disability.
<b>Intellectual disability</b>	Intellectual disability involves problems with mental abilities that affect how a person learns and functions in everyday life, including difficulty understanding new or complex information and learning and applying new skills. A diagnosis of intellectual disability involves formal testing. This can be done by a psychologist.
<b>Local Area Coordinators (LAC)</b>	Local Area Coordinators (LACs) work for local organisations in partnership with the NDIA to help participants, their families and carers access the NDIS. LACs will help participants write and manage their plans. They will also connect participants to mainstream services and local and community-based supports.
<b>National Disability Insurance Agency (NDIA)</b>	The National Disability Insurance Scheme (NDIS) is administered by the National Disability Insurance Agency (NDIA).
<b>National Disability Insurance Scheme (NDIS)</b>	The NDIS is a single, national scheme that funds reasonable and necessary support to help people with disability reach goals throughout life. It also supports carers of people with disability. It replaces the state-based disability services previously run by the department.
<b>Neurological disability</b>	Neurological disability is caused by damage to the nervous system (including the brain and spinal cord). A person with a neurological disability might have difficulty with memory, motor skills, speech, language or organisational skills.
<b>Out-of-home care</b>	Out-of-home care is also known as care services.
<b>Physical disability</b>	Physical disability affects a person’s physical capacity and/or mobility.

<b>Term</b>	<b>Definition</b>
<b>Psychosocial disability</b>	Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health issue will have a psychosocial disability, but for those who do, it can be severe and longstanding.
<b>Reasonable and necessary supports</b>	The NDIS funds 'reasonable and necessary supports', which means support must be directly related to the functional impact of the participant's disability. All plan goals and supports must relate to the impact of the disability on the participant's life.
<b>Sensory disability</b>	Sensory disability is a disability of the senses – sight, hearing, smell, touch, taste. It can affect how a person gathers information from the world around them.
<b>Team leader</b>	Your team leader is your line manager or supervisor; the person who supports you in your role.
<b>Victorian Aboriginal Community Controlled Health Organisation</b>	The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) can support organisations in the child and family system to become culturally competent when working with Aboriginal and Torres Strait Islander people and families with disability.

# Appendix 1: Further reading on disability

**Disability report.** For information about current research, statistics and policy about people with disability in Australia.

[Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/disability/overview) <<https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/disability/overview>>

**The nature and impact of caring for family members with a disability in Australia.** For information about how caring for a family member with disability impacts the carer and their family.

[Australian Institute of Family Studies](https://aifs.gov.au/publications/nature-and-impact-caring-family-members-di/executive-summary) <<https://aifs.gov.au/publications/nature-and-impact-caring-family-members-di/executive-summary>>

**Disability and health inequalities in Australia: research summary.** For information about health outcomes and challenges faced by people with disability in Australia.

[VicHealth](https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequalities/vh_disability%20summary_web.ashx) <[https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequalities/vh\\_disability%20summary\\_web.ashx](https://www.vichealth.vic.gov.au/~media/resourcecentre/publicationsandresources/health%20inequalities/vh_disability%20summary_web.ashx)>

**National Inquiry into Employment and Disability, Issues paper 1.** To help you understand the employment challenges for people with disability in Australia.

[Australian Human Rights Commission](https://www.humanrights.gov.au/publications/national-inquiry-employment-and-disability-issues-paper-1) <<https://www.humanrights.gov.au/publications/national-inquiry-employment-and-disability-issues-paper-1>>

## Appendix 2: Resources to share with parents

These articles from the [Raising Children website](http://raisingchildren.net.au) <<http://raisingchildren.net.au>> may be helpful to share with parents when talking about disability.

[Conditions that can occur with autism spectrum disorder](http://raisingchildren.net.au/articles/autism_spectrum_disorder_comorbidity.html)

<[http://raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_comorbidity.html](http://raisingchildren.net.au/articles/autism_spectrum_disorder_comorbidity.html)>

[Disability assessment and diagnosis](http://raisingchildren.net.au/assessment/disability_assessment_diagnosis.html)

<[http://raisingchildren.net.au/assessment/disability\\_assessment\\_diagnosis.html](http://raisingchildren.net.au/assessment/disability_assessment_diagnosis.html)>

[Early signs of autism spectrum disorder](http://raisingchildren.net.au/articles/autism_spectrum_disorder_early_signs.html)

<[http://raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_early\\_signs.html](http://raisingchildren.net.au/articles/autism_spectrum_disorder_early_signs.html)>

[Families, friends and your child with autism spectrum disorder](http://raisingchildren.net.au/articles/autism_spectrum_disorder_family_friends.html)

<[http://raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_family\\_friends.html](http://raisingchildren.net.au/articles/autism_spectrum_disorder_family_friends.html)>

[Family stress and autism spectrum disorder](http://raisingchildren.net.au/articles/autism_spectrum_disorder_family_stress.html)

<[http://raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_family\\_stress.html](http://raisingchildren.net.au/articles/autism_spectrum_disorder_family_stress.html)>

[Parent feelings: children with additional needs](http://raisingchildren.net.au/articles/disabilities_your_feelings.html)

<[http://raisingchildren.net.au/articles/disabilities\\_your\\_feelings.html](http://raisingchildren.net.au/articles/disabilities_your_feelings.html)>

[Parent relationships: children with additional needs](http://raisingchildren.net.au/articles/disabilities_your_relationship.html)

<[http://raisingchildren.net.au/articles/disabilities\\_your\\_relationship.html](http://raisingchildren.net.au/articles/disabilities_your_relationship.html)>

[Signs of autism spectrum disorder in older children and teenagers](http://raisingchildren.net.au/articles/autism_spectrum_disorder_signs_teenagers.html)

<[http://raisingchildren.net.au/articles/autism\\_spectrum\\_disorder\\_signs\\_teenagers.html](http://raisingchildren.net.au/articles/autism_spectrum_disorder_signs_teenagers.html)>

[Talking about your child's disability](http://raisingchildren.net.au/articles/talking_about_disability.html)

<[http://raisingchildren.net.au/articles/talking\\_about\\_disability.html](http://raisingchildren.net.au/articles/talking_about_disability.html)>

[Your child's disability: handling people's reactions](http://raisingchildren.net.au/articles/disabilities_others_reactions.html)

<[http://raisingchildren.net.au/articles/disabilities\\_others\\_reactions.html](http://raisingchildren.net.au/articles/disabilities_others_reactions.html)>

*Courtesy of the Parenting Research Centre*

## Appendix 3: Victorian NDIS rollout schedule

<b>Time</b>	<b>Departmental area</b>	<b>Local government area</b>
From 1 July 2016	North East Melbourne	Banyule Darebin Nillumbik Whittlesea Yarra
From 1 January 2017	Central Highlands	Ararat Ballarat Golden Plains Hepburn Moorabool Pyrenees
From 1 May 2017	Loddon	Campaspe Central Goldfields Greater Bendigo Loddon Macedon Ranges Mount Alexander
From 1 October 2017	Inner Gippsland	Bass Coast Baw Baw Latrobe South Gippsland
From 1 October 2017	Wimmera and South Western	Corangamite Glenelg Hindmarsh Horsham Moyne Northern Grampians Southern Grampians Warrnambool West Wimmera Yarriambiack
From 1 October 2017	Ovens Murray	Alpine Benalla Indigo Mansfield Towong Wangaratta Wodonga

<b>Time</b>	<b>Departmental area</b>	<b>Local government area</b>
From 1 November 2017	Inner Eastern Melbourne	Boroondara Manningham Monash Whitehorse
From 1 November 2017	Outer Eastern Melbourne	Knox Maroondah Yarra Ranges
From 1 March 2018	Hume Moreland	Hume Moreland
From 1 April 2018	Bayside Peninsula	Bayside Frankston Glen Eira Kingston Mornington Peninsula Port Phillip Stonnington
From 1 September 2018	Southern Melbourne	Cardinia Casey Greater Dandenong
From 1 October 2018	Brimbank Melton	Brimbank Melton
From 1 October 2018	Western Melbourne	Hobsons Bay Maribyrnong Melbourne Moonee Valley Wyndham
From 1 January 2019	Goulburn	Greater Shepparton Mitchell Moir Murrindindi Strathbogie
From 1 January 2019	Mallee	Buloke Gannawarra Mildura Swan Hill
From 1 January 2019	Outer Gippsland	East Gippsland Wellington

# Appendix 4: Child protection clients with cognitive disabilities

## Memorandum of understanding between the Office of the Public Advocate and Child Protection

### DEPARTMENT OF HEALTH AND HUMAN SERVICES Child Protection Program

1. The Secretary to the Department of Health and Human Services (the Secretary) is responsible for the protection of children under the *Children, Youth and Families Act 2005* (CYFA). Child protection practitioners, as protective interveners and delegates of the Secretary, carry out the Secretary's responsibilities under the CYFA.
2. Chapter 4 of the CYFA makes provision for children in need of protection. In taking action or making a decision under Chapter 4, the Secretary is required to have regard to principles set out in Part 1.2.
3. Those principles include the following:
  - (a) the best interests of the child must always be paramount;
  - (b) in determining whether a decision or action is in a child's best interests, the need to protect the child, to protect the child's rights, and to promote the child's development must always be considered;
  - (c) in determining what decision to make or action to take in the child's best interests, consideration must be given to other relevant factors set out in sections 10(3) and 11 of the CYFA.
4. Division 4 of Part 1.2 sets out additional decision-making principles for Aboriginal children.
5. The Secretary's parental responsibility for a child under a protection order ends when a child turns 18. However, where the Secretary has had parental responsibility for a person, and on the Secretary's parental responsibility ending the person is of an age, or intends to live independently, the Secretary has the responsibility to provide or arrange for the provision of services to assist in supporting a person under the age of 21 years to gain the capacity to make the transition to independent living (section 16 (1)(g) of the CYFA). The Secretary may do so by making a referral to a funded service provider.
6. A protection application cannot be made in respect of a child who is of or over the age of 17. However, where a child is already subject to a protection order, the protection order may remain in force until the child turns 18.

### OFFICE OF THE PUBLIC ADVOCATE (OPA)

7. The Public Advocate is an independent statutory office holder established under the *Guardianship and Administration Act 1986* (GAA) to promote and safeguard the rights and interests of people with a disability. This role includes engaging in systemic advocacy and may include advocating for individuals with a disability where other advocacy options are limited or do not exist.
8. A statutory guardianship scheme for people who lack capacity to make their own decisions about personal or lifestyle matters is set out in Part 4 of the GAA. Under section 22(1), the Victorian Civil and Administrative Tribunal (VCAT) can appoint a guardian if satisfied that a person about whom an application is made:
  - (a) is a person with a disability;
  - (b) is unable by reason of the disability to make reasonable judgments in respect of all or any of the matters relating to her or his person or circumstances; and
  - (c) is in need of a guardian.

9. VCAT can appoint as guardian an eligible person as defined in section 23(1) of the GAA. Family members are often appointed. If there is no-one who is eligible to be appointed, VCAT can appoint the Public Advocate.
10. The Public Advocate's statutory role as set out in the GAA includes:
  - conducting investigations to assist VCAT to determine whether a guardian and/or administrator should be appointed;
  - acting as guardian of last resort for people with a disability who lack decision-making capacity and need a guardian, where appointed by VCAT;
  - providing education and advice on guardianship and administration and related matters.
11. Guardianship orders are usually of limited duration and, in accordance with section 61 of the GAA, guardianship orders must be reassessed annually unless VCAT orders otherwise. Once major decisions have been made and implemented, there is usually no need for guardianship to continue for any extended period.
12. Section 4(2) of the GAA provides that "it is the intention of Parliament that the provisions of this Act be interpreted and that every function, power, authority, discretion, jurisdiction and duty conferred or imposed by this Act is to be exercised or performed so that -
  - the means which is the least restrictive of a person's freedom of decision and action as is possible in the circumstances is adopted; and
  - the best interests of a person with a disability are promoted; and
  - the wishes of a person with a disability are wherever possible given effect to."

## **INTRODUCTION**

13. Under the GAA, guardianship orders can be made for a person who is of or over 18 years or to take effect on the person attaining the age of 18 years. However the role of the Public Advocate as an advocate for people with a disability is not limited to persons over the age of 18 years.
14. The Public Advocate has a broad advocacy role under sections 15 and 16 of the GAA and, at times, the Children's Court seeks the involvement of the Public Advocate where a parent with a disability is involved in court proceedings. In such cases, the Children's Court magistrate may ask child protection practitioners to contact OPA and make inquiries about litigation guardianship. Such inquiries are not dealt with under this Protocol and should be addressed to the Principal Legal Officer at OPA, accompanied by background information including relevant court orders and reports along with any evidence of lack of capacity to instruct a solicitor.
15. The Secretary and the Public Advocate recognise the protective regimes established by the CYFA and the GAA differ greatly. They also recognise child protection staff will not routinely be familiar with the legislation, policies and procedures that govern the actions of OPA staff, and vice versa.
16. In light of this, the Secretary and the Public Advocate wish to ensure:
  - applications to VCAT for a guardianship order and/or administration order are made by the Secretary for child protection clients only where appropriate;
  - a young person's transition from being under the parental responsibility of the Secretary to having the Public Advocate appointed as the young person's guardian under the GAA occurs with as little disruption as possible for the young person concerned;
  - the Public Advocate is informed about young people with a cognitive disability who are 16 years old or over for whom the Secretary has parental responsibility and who the Secretary assesses may be in need of a guardian or administrator after turning 18 and is provided with the opportunity to advocate for those young people before they turn 18 if the Public Advocate considers that such advocacy is in the best interests of the young person concerned.

## OBJECTIVES

17. The objectives of this Memorandum of Understanding (MOU) are:

- to ensure young people with a cognitive disability and subject to a protection order made by the Children's Court who may need a guardian or administrator on turning 18 are identified and discussions occur between the Secretary and the Public Advocate, and the young person where possible, well before the expiry of protection orders.
- to outline the processes the Secretary and the Public Advocate will follow to consult as to what is in the best interests of the particular young person concerned.
- to provide a collaborative approach to ensure vulnerable young people on protection orders are protected and supported before and during any transition from being under the parental responsibility of the Secretary to having the Public Advocate appointed as their guardian.
- to provide a framework for the Public Advocate to act as an advocate where practicable, where such advocacy would be in the best interests of 16 or 17 year olds.
- to clarify the respective roles and responsibilities of the Secretary and the Public Advocate.

## LEGISLATIVE FRAMEWORK

*Children, Youth and Families Act 2005 (CYFA)*

18. Section 172 of the CYFA sets out the powers of the Secretary when the Secretary has parental responsibility for a child. Where the Secretary has sole parental responsibility for a child, the Secretary has the same rights, powers, duties, obligations and liabilities as a natural parent of the child would have.
19. Under the CYFA, the best interests of the child are paramount. When determining whether a decision or action is in the best interests of a child, consideration must be given to the need to protect the child from harm, to protect the child's rights, and to promote the child's development, taking into account the child's age and stage of development.
20. The responsibilities of the Secretary under the CYFA are set out in section 16 of the CYFA. Under Section 16(1)(g), the Secretary must provide, or arrange the provision of, services to assist a person under the age of 21 years to transition to independent living where the Secretary has had parental responsibility for the person and on the Secretary's parental responsibility ending, the person is of an age, or intends, to live independently.
21. Section 16(1)(e) requires the Secretary to work with other government agencies and community services to ensure that children in out of home care receive appropriate educational, health and social opportunities.
22. Additional decision-making principles for Aboriginal children, which the Secretary must also have regard to when making a decision or taking action in relation to an Aboriginal child, are set out in section 12 of the CYFA.
23. Every child on a Children's Court protection order has a case plan. For a young person who will transition to independent living once the young person's protection order expires, a case plan provides the foundation for leaving care planning. Case plans are regularly reviewed as the needs of children change over time.
24. The CFYA provides for the voice of the young person to be taken into account by the Secretary and the Children's Court when making decisions on their behalf. Specifically, section 11(f) of the CFYA requires that the child and family be encouraged, and given opportunity, to participate fully in the decision-making process.

*Guardianship and Administration Act 1986*

25. Part 4 of the GAA provides for the making of guardianship orders for a person with a disability who is 18 or older (or to take effect on the person turning 18). A guardianship order under the GAA may appoint a plenary or limited guardian. The vast majority are limited orders. A plenary guardian has all the powers and duties that the plenary guardian would have if he or she were the parent of the represented person. A limited guardian only has one or more of the powers and duties that a plenary guardian may have as specified in the order.
26. A guardianship order empowers the guardian to make decisions about personal matters. Commonly, orders may authorise a guardian to decide such things as where the person lives, what services they receive, and/or their medical and dental treatment and other health care.
27. Part 5 of the GAA provides for the making of administration orders for a person with a disability who is 18 or older (or to take effect on the person turning 18). Administration orders deal with financial and legal authority. The Public Advocate does not act as an administrator however VCAT can refer applications for the appointment of an administrator to the Public Advocate for investigation.
28. Under section 46 of the GAA, VCAT can appoint an administrator if satisfied that the person is a person with a disability and is unable to make reasonable judgments in respect of the matters relating to all or any part of her or his estate by reason of the disability. An order can only be made if there is an identified need for an administrator.
29. VCAT usually requires medical or similar evidence to be submitted to VCAT as part of the application to assist in determining whether the conditions for the appointment of a guardian and/or an administrator are met.

## **THE SECRETARY'S PROCEDURES PRIOR TO REFERRAL TO THE PUBLIC ADVOCATE**

30. If a child protection practitioner considers a young person may require a guardian on the expiry of a protection order, or an advocate from OPA, the practitioner will consult with their team manager. Secondary consultation will then take place with an area manager who will consider if a guardian or advocate is reasonably likely to be needed.
31. Where a young person in care has a disability as defined in section 3 of the *Disability Act 2006*, child protection practitioners will ensure collaboration with disability service practitioners occurs in accordance with the Children, Youth and Families and Disability Services Operating Framework (2012).
32. Where a young person in care has a mental illness as defined in section 4 of the *Mental Health Act 2014*, the Secretary will ensure all reasonable steps are taken to involve mental health service providers in care and transition planning.
33. Where a young person in care is eligible for services funded by the National Disability Insurance Scheme, the Secretary will ensure all reasonable steps are taken to involve the National Disability Insurance Agency, or relevant disability support provider, in care and transition planning.
34. Where the area manager considers a young person under the age of 18 and in the care of the Secretary may require a guardian or an advocate from OPA on turning 18, the case plan, and other relevant documentation, will be provided to the Public Advocate who may provide advice.
35. Where a young person in care is Aboriginal and consideration is being given to making an application to VCAT for a guardian or administrator, the Secretary will consult with the Aboriginal Child Specialist Advice and Support Service (ACSASS). The Secretary and ACSASS will ensure a child's cultural identity and needs are considered.
36. The Secretary will only make an application to VCAT for the appointment of a guardian or administrator for a young person with a disability where:

- (a) a young person in the Secretary's care has a disability which affects their capacity to make reasonable judgments about personal and/or financial matters;
- (b) medical evidence and other supporting documentation confirms the young person has a disability and by reason of the disability is unable to make reasonable judgments in respect of their person or circumstances, or their estate;
- (c) one or more decisions need to be made about the young person's personal or financial circumstances;
- (d) less restrictive ways of ensuring ongoing support and protection of the young person have been explored and are considered to be insufficient;
- (e) there is no person in the life of the young person suitable or able to be appointed as the young person's guardian or administrator; and
- (f) the young person has been consulted and a record has been made of their views about having a guardian or administrator appointed.

37. Throughout the planning process the Secretary will actively explore the young person's family and social network to determine if a suitable person is available and willing to undertake the role of guardian or administrator when the young person turns 18. Details of all possible candidates for these roles will be documented in the child's Client Relationship Information System (CRIS) file, including an assessment of the person's suitability to undertake the role.

38. If a suitable person is identified and is able and willing to assume the role(s) they will be fully included in the planning process at the earliest opportunity and will be informed of any proposed application to VCAT at least 12 weeks before the application is submitted.

## **THE SECRETARY'S PROCEDURE FOR REFERRAL TO THE PUBLIC ADVOCATE**

39. Where the Secretary considers that a young person with a cognitive disability may need a guardian or administrator on turning 18 and no suitable person has been identified for that role, the area manager will contact the OPA Advocate Guardian (AG) Program Operations Manager to discuss the circumstances and needs of the young person leaving care. Where practical, this will occur before the young person turns 17.

40. The OPA AG Program Operations Manager or another member of staff of the AG Program will provide advice to the Secretary regarding applications for guardianship or administration including information about the application process. OPA may also attend case review meetings for the young person where appropriate and as resources allow. Where possible, the relevant child protection practitioner will forward an invitation to the OPA AG Program Operations Manager four weeks in advance of the relevant case plan review meeting. In the event participation in the meeting cannot be achieved, the Secretary will contact the OPA AG Program Operations Manager by telephone to discuss the case to ensure adequate consultation occurs.

41. In making an application to VCAT for the appointment of a guardian or administrator, the Secretary will be mindful of, and the Public Advocate will assist with, advice relevant to:

- the information required by VCAT to determine an application
- the need for a detailed case plan and other relevant documentation relating to leaving care planning, prepared in consultation with other relevant service providers, to be included with the application
- the timelines of an application to VCAT – generally, an application should be made no later than four months before the young person turns 18.

42. The child protection practitioner should consult with the rural solicitor or Legal Services and, if the young person has a lawyer, the lawyer for the young person, before making any application to VCAT. Where the young person does not have a lawyer, the Secretary will assist the young person to obtain legal advice in relation to the proposed application.

## **ONGOING ROLES AND RESPONSIBILITIES OF OPA AND THE DEPARTMENT**

43. An OPA guardian is a legal decision-maker who does not take the place of relatives, friends, carers or service providers.
44. Both the Public Advocate and the Secretary recognise the best interests of young people with a cognitive disability are, in most circumstances, best met through the involvement of a range of agencies. Where relevant, OPA and child protection will enable and support a young person's involvement with appropriate agencies.
45. In exceptional circumstances, the Public Advocate may be able to provide advocacy for a young person while they are under 18. Such advocacy will be subject to resources. Such circumstances may arise where a significant decision is to be made and the impact of that decision is likely to continue beyond the person's 18<sup>th</sup> birthday. Advocacy will only be considered where the young person lacks other active supports able to provide advocacy.
46. Where the young person may be eligible for State or Commonwealth funded services, the Secretary will refer the young person to such agencies at the age of 16 or the age of eligibility, consistent with the Secretary's practice with all young people leaving care.
47. As part of transition planning, and in accordance with the responsibilities of the Secretary under section 16(1)(g) of the CYFA, the Secretary will refer the young person to a post-care support, information and referral service. This service is voluntary and relies on the young person's consent to participate. Where this consent has been provided, the funded agency will be invited to participate in transition planning.
48. Where the Secretary is considering making a guardianship application to VCAT for a young person, and OPA is involved in transition planning, the relevant child protection practitioner will advise the Public Advocate of all services involved and active referrals for the young person.
49. Any necessary liaison between OPA the Public Advocate and the Secretary following the appointment of a guardian under the GAA will occur in the first instance between the OPA AG Program Operations Manager and the relevant area manager. In accordance with the CYFA, child protection will not have any ongoing role with the young person after they turn 18.

## **INFORMATION SHARING**

50. Information sharing will occur in a manner consistent with the CYFA, the *Health Records Act 2001*, the *Privacy and Data Protection Act 2014* and the GAA.

## **MEASUREMENT AND EVALUATION**

51. The parties will evaluate the effectiveness of this MOU on an ongoing basis. This MOU will be formally reviewed by the parties within 5 years of signing. The terms of the review will be determined by mutual agreement.

## **DISPUTE RESOLUTION**

52. The parties will use their best endeavours to resolve any dispute that arises by negotiation in the cooperative spirit of this MOU and in an expeditious manner.

## **AMENDMENT/TERMINATION OF MOU**

53. This MOU may be amended or terminated by the mutual written agreement of both parties.

## **STATUS OF MOU**

54. This MOU is not intended to and does not create legally binding obligations between the parties.

# Appendix 5: Text-equivalent descriptions of graphics used in this document

## Figures

### Figure 1: A partnership approach between the NDIS and the child and family system

Figure 1 explains the respective responsibilities of the NDIS and NDIS and Child and family system:

NDIS:

- Provide care coordination and planning in collaboration with family services
- Provide disability-specific supports including behavioural support interventions
- Provide disability supports that are likely to reduce the child's future support needs and build the family's capacity to support their child
- Provide disability supports that will sustain parents/carers in their caring role
- Provide early interventions for children with disability

Child and family system:

- Support families with NDIS access and planning
- Support and promote the needs of families during planning meetings  
Provide care coordination and care planning in collaboration with NDIS planners, support coordinators, ECEI and LACs
- Build the capacity of parents to support family functioning and to sustain their caring role

### Figure 2: NDIS access process

Process flow ch.art showing NDIS access process as described in 'Access to the NDIS'

### Figure 3: Collaborative practice

The child and family system and the NDIS have shared responsibility in their roles for delivering services to vulnerable families. Outcomes for children and families improve when services work in partnership to deliver services that are integrated and coordinated.

Working in partnership with NDIS planners, support coordinators, LACs and ECEI partners will require cooperation and coordination. It will require establishing professional working relationships with NDIS practitioners to ensure that child and family system and disability services are integrated to achieve the best outcomes for children and families.

Respectful, timely and transparent communication drives productive relationships. Appreciate that just as the child and family system experiences demand pressures, so too does the NDIS, which is rolling according to a very challenging schedule. Planners, LACs and NDIS providers are under significant pressure to develop and implement plans.

**A best practice approach to achieving collaborative practice and service integration is:**

3. Understand the NDIS. Learn about the scheme. Even if your area has yet to transition, the NDIS is planned to be fully rolled out by July 2019 so it will be in your area soon.
4. Know your local NDIS workforce
  - NDIS planners
  - support coordination services

- LACs
  - ECEI partners
  - NDIS service providers.
5. Attend NDIS information sessions and forums.
  6. Establish working relationships – organise introductory meetings with NDIS LACs and ECEI partners. Get to know which agencies in your local area provide support coordination services. Consider inviting LACs and ECEI partners to child and family system alliance meetings.
  7. Stay updated on the local provider market. Service providers are entering the market rapidly to respond to the additional need and investment. Identify which are providing quality services.
  8. Take the lead in establishing care teams for families with disability. The NDIS is intended to address functional needs associated with disability and to provide personalised disability supports – the NDIA is very clear that they will not provide any services that are the responsibility of other service systems.