



Centre for Excellence  
in Child and Family Welfare Inc.

## **Joint Standing Committee on the NDIS - Mental Health Terms of Reference**

### **The Centre for Excellence in Child and Family Welfare**

The Centre of Excellence in Child and Family Welfare (the Centre) welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) for the inquiry into 'The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition'.

The Centre is the peak body representing over 100 community service organisations across Victoria. Its members include a wide range of children and family services, local government and other sector organisations in health and education. Many of our members support children and young people in out-of-home care (OOHC), including children and young people with a disability who are living in care.

In June 2016, the Department of Health and Human Services (DHHS), initiated a project to investigate and identify strategies to build the capacity of the funded service system in the Barwon area in Victoria focusing on children and young people with a disability in OOHC. The Centre was invited to be on the Steering Committee for this project and undertook a literature review to inform the project's methodologies, findings and recommendations.

### **Children with a disability in OOHC**

The Report on Government Services 2016 indicates that at 30 June 2016, there were 46 448 children in OOHC nationally. Of these, 9 705 were in Victoria. The number of children in OOHC is steadily growing each year.

The exact number of children with a disability living in OOHC is not known. In 2011, the Victorian Equal Opportunity and Human Rights Commission reported that 14 per cent of 4064 children in OOHC in Victoria had a disability. This number is likely to be an underestimation of the true figure as many children with disabilities are not formally diagnosed or fail to meet official definitions.

The ROGS report does not break down children in OOHC by disability. This lack of visibility of young people with a disability in OOHC is an issue in seeking to determine the number of children who might require – and be eligible for – support under the NDIS legislation.

Studies show that a disproportionate number of children with disability are in residential care placements compared with foster and kinship care and that families and children with disability enter OOHC either through relinquishment or removal by child protection authorities due to the incidence or risk of neglect or abuse.

The child protection system is responsible for supporting the needs of children with a disability living in OOHC, where these supports are not additional to the needs of children in

a similar age group also living in OOHC. The NDIS will be responsible for the support of children with a disability living in OOHC, where their support needs are greater than those of other children in care who are not experiencing disability. These supports may include therapeutic and behavioural supports, additional equipment or financial aid that allows the carers to sustain their caring role. The level of support should be 'reasonable and necessary', and reflect the needs of the individual child.

### **Our response to the Joint Standing Committee on the NDIS - Mental Health Terms of Reference**

The Centre supports the committee's inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition. We wish to highlight an important related matter under Section 1. i. of the terms of references.

We request that special consideration be given to the provision of mental health services for children with psychosocial disabilities who are living in OOHC. These children have complex needs which often include mental health issues. Overcoming the additional challenges and barriers these young people face requires support services tailored to the individual and their circumstances.

It is important to note that Victoria's Disability Act 2006 does not include mental illness in its definition of the term. This has significant implications for children in OOHC, as mental illness is often cited as the primary disability facing children in OOHC.

For disabilities related to mental illness, diagnosing the permanence of the disability is often problematic. For those who want a formal diagnosis, the process can take years, which further delays important interventions.

Many children in OOHC experience the effects of trauma along with their psychosocial disability. Professionals sometimes find it difficult to separate the effects of the disability from the trauma, which can make it difficult to source funding for support services.

Children with disabilities in OOHC also face:

- Less contact with family than other children in OOHC.
- Social exclusion and feelings of loneliness and rejection due to limited family contact, unstable placements and additional challenges in making friends.
- Greater risk of chronic health issues such as depression and anxiety than their peers.
- Greater risk of disrupted schooling due to unstable placements and less likelihood of a consistent educational advocate to help them through their schooling.
- Unique barriers with regards to transitioning from care to independent living given that many support services cease when children turn 18, leading to gaps in mental health service provision.

- Insufficient transition and post-care support particularly in the areas of housing and mental health.

Research shows that young people with a disability living in OOHC are not adequately supported in their transition and require specialised and ongoing support to achieve a successful transition from dependence on state accommodation to becoming self-sufficient.

The Barwon project found that ‘children with disabilities who are placed in residential care are almost always extremely complex and require a skilled and well supported response, which cannot be achieved without significant, sustained, skilled training, mentoring, supervision and support, often on a daily basis’.

The project also found a lack of clarity around legislative responsibilities and practices in supporting children and young people with a disability in OOHC, including confusion among practitioners in relation to what constitutes ‘reasonable and necessary’ supports funded by the NDIS. Under the NDIS legislation, ‘permanent impairment’ becomes problematic when applied to mental health, which might change over time. For children in OOHC with a disability, including mental health, where disability is exacerbated by trauma, it is unclear what supports they can access.

The project highlighted the need for practitioners to be given appropriate training to enable them to be able to identify the support needs of children with a disability in the early planning stages of placement and to be aware of the range of specialist services and support options for a child or young person with a disability.

While more research is needed into the provision of services for children with psychosocial disabilities in OOHC, studies indicate several promising approaches, including:

- **Collaboration and wraparound service provision** - Children with disabilities in OOHC have multiple and overlapping needs, often including mental health, which span different service systems. Wraparound services which coordinate the range of services to fit around the individual child are particularly important. Many interviewees in the Barwon project commented on the ‘disconnect’ in the service system between child protection, disability services and the NDIA, particularly in terms of service coordination.
- **Therapeutic Interventions** – The need for highly targeted therapeutic interventions for ‘high risk’ children in OOHC has been widely noted since the 2014 *When Care is Not Enough* report. Take Two in Victoria demonstrates a change in focus away from risk minimisation towards an approach that facilitates the healthy development of children. Queensland’s Evolve Therapeutic Services (ETS) provide specialist intensive mental health therapeutic interventions for children and young people with severe psychological and behavioural needs who are in OOHC. Interventions are medium to long term, underpinned by a theoretical approach to trauma, and focus on

enhancing the capacity of the child's support network to better meet their developmental needs.

As stated earlier, studies show that children with a disability are more likely to be in residential care than children without a disability and that their needs – through the disability itself and the compounded trauma associated with their family circumstances and relinquishment – are complex. This is one of the most vulnerable groups in an already vulnerable sub population. The Centre requests that the Joint Standing Committee recognises the need to consider the particular vulnerability of children with psychosocial disabilities in OOHC and the challenges they face transitioning to independent living. Tailored mental health services to address these young people's specific needs as part of an overall coordinated service provision are of utmost importance.

If you have any questions in relation to the above, please contact Dr Michele Lonsdale on (03) 9094 3521 or [michele.lonsdale@cfecfw.asn.au](mailto:michele.lonsdale@cfecfw.asn.au).

Regards

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