

“Falling through the gaps?”

Delivering the best possible outcomes for vulnerable children and young people with disability.”

Project Report



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ACKNOWLEDGEMENTS

Acknowledgement of Country

ACWA acknowledges the Traditional Custodians of the lands where we and our members and associates work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people who contributed directly and indirectly to this project.

In this report, a reference to “Aboriginal” people, children and young people is intended to be a respectful reference to all and any Aboriginal and Torres Strait Islander people in NSW, in recognition that NSW is home to First Nations people from across the lands of Australia.

Acknowledgement of Contributors

NGO sector agencies

Sincere thanks to member agencies of ACWA, AbSec and other peak bodies, service providers and individuals who contributed to this Project.

NSW Government Partners:

NSW Minister for Families, Communities and Disability and his office

NSW Department of Communities and Justice

Table of Contents

Executive Summary	3
Part 1 – The Project: an overview	5
Part 2 – Methodology	7
Part 3 – Outcomes	8
3.1 Theme 1: Intake, Assessment & Information	8
3.2 Theme 2: Workforce & Carer capacity building	12
3.3 Theme 3: NDIS Systems & Processes	17
3.4 Theme 4: Intersections between systems	22
3.5 Theme 5: Cultural Considerations	31
3.6 Theme 6: Transition Points	40
3.7 The Voice of the Child	47
Part 4 – Responding to the Outcomes	48
Appendices	50
Appendix 1 – Survey	
Appendix 2 – Workshops	
Appendix 3 – Contributors to the Project	
Appendix 4 – Opportunities for Consideration	
Appendix 5 – Glossary of Acronyms	
Appendix 6 – References & Resources	

EXECUTIVE SUMMARY

The establishment of the NDIS in Australia has been an extraordinary achievement, although challenges with its implementation are still being experienced, due in part, to the transfer of primary responsibility for disability services from the state to the federal arena. One area where this transfer has caused a degree of disjunct is with the state child protection system, and in particular, for those children and young people with disability who are living in out-of-home care.

Against this background, ACWA commenced a project to explore the extent to which children and young people with a disability in out-of-home care may be missing out on the practical supports they need, and to identify ways to leverage the project findings to support ACWA members to access the necessary supports, and navigate a complex service system, including through advocacy and facilitation, developing tools, resources, and training.

Our project commenced in late October 2020 with the support of the ACWA Board. Lyn Ainsworth, was appointed to lead the project based on her extensive executive leadership experience in the disability and out-of-home-care sectors.

The first stage of the project has been exploratory, and has sought to focus on issue identification and opportunities for collaboration, rather than seeking to formulate settled conclusions and proposals.

A broad cross-section of stakeholders was engaged in the project, including service providers, peak and advocacy organisations, individuals with a passion and interest in disability, and key personnel from the Department of Communities and Justice (DCJ).

Employing a methodology that incorporated interviews, surveys and a series of workshops, the project analysed the perspectives of contributors to identify and further investigate a number of key themes, which can be grouped into the following seven areas:

1. Intake Assessment and Information
2. Workforce and Carer capacity building
3. NDIS systems & processes
4. Intersections between systems – child protection, disability and other systems
5. Cultural considerations in supporting the needs of children and young people with disability in OOHC
6. Transitions points – with a focus on leaving care
7. Voice of the Child.

It became clear during the project that the issues and potential solutions are complex, requiring ongoing engagement, collaboration and cooperation between key stakeholders, including across state and federal governments. Accordingly, project contributors provided us with a broad range of potential strategies and initiatives for consideration which will require further review, analysis, and prioritisation.

To progress this process of review, a number of 'Priority Actions' have been identified which largely focus on enhancing engagement and developing opportunities for collaboration. These Priority Actions include:

- Seeking feedback on the report from ACWA member agencies and other contributors to the project, including identification of relevant case studies to further evidence the issues identified, and prioritising the opportunities for consideration.

- Consulting with AbSec on the outcomes identified in the report, particularly those which relate specifically to Aboriginal children and young people, and developing a strategy for co-designing a response to these issues.
- Consulting with DCJ on the outcomes identified in the report, with a view to understanding and aligning current and proposed initiatives being led by DCJ that address issues covered in the report, and identifying further opportunities for collaboration.
- Leveraging the existing relationship between the NDIA and DCJ to engage the NDIA in discussions about progressing the issues identified in this report.
- Providing a briefing to the Minister in relation to the issues identified in the report and the proposed way forward following the above further consultations.
- Consulting with the Office of the Children's Guardian on the outcomes identified in the report and consider opportunities for collaboration.

The aim of this report is to synthesise what we were told during the project by key stakeholders with a view to ACWA facilitating a second round of collaborative discussions for the purposes of developing a set of agreed priorities and practical actions.

It will be critical for the second stage of the project to explore the type of governance processes needed to ensure that the agreed issues and actions are effectively implemented and there is a mechanism for resolving emerging issues on an ongoing basis.

Lyn Ainsworth, Project Director, July 2021

PART 1 – THE PROJECT: An Overview

1.1 PHILOSOPHICAL AND POLICY CONTEXT

The past decade has seen extraordinary developments across both the child protection and disability services sector at a policy and regulatory level, most notably:

- Introduction of the National Disability Insurance Scheme (NDIS) – a cornerstone of the National Disability Strategy and Australia’s response as a signatory to the United Nations Convention on the Rights of Persons with a Disability.
- The Establishment of the NDIS Quality and Safeguards Commission
- Across the disability sector, enhanced practice frameworks that focus on person-centred practice and a rights-based approach.
- The reform of the NSW out of home care (OOHC) system with the introduction of the Permanency Support Program, which focuses on implementing a therapeutic framework that is trauma informed, and the objective of achieving permanency outcomes for children and young people in care.
- The recommendations resulting from the Royal Commission into Institutional Responses to Child Sexual Abuse and the move towards “child safe” organisations and consistent national standards.
- The current Disability Royal Commission with its wide-ranging terms of reference in relation to the experience of people with a disability in any setting.
- The transition of most child protection oversight and regulatory functions in NSW to the Office of the Children’s Guardian.

While all of these advancements are welcome and support the rights and interests of children and young people, including those living with disability, taken together, they also create a complex regulatory and operating environment which the NGO sector has to navigate.

In NSW, the transfer of responsibility for the provision of disability services to the NDIS from the state appears to have inadvertently created accountability and responsibility silos, which make it harder for providers to effectively support children and young people who straddle both service systems.

It is against this backdrop of transformational change and complexity that this Project is positioned. To create the necessary safety, stability and security for children and young people in OOHC with disability, the interface between service systems needs to be as seamless as possible, with governments taking shared responsibility for delivering services and supports in a way that recognises the diverse needs and experiences of every child.

In many ways, the outcomes from this Project lead us back to the big question: How can we ensure that every child, including the most vulnerable and regardless of their experience of multiple layers of disadvantage, be assured that their needs are met, and their fundamental human rights are upheld, so they can be optimistic about enjoying a positive future?

1.2 PROJECT OVERVIEW, PURPOSE & SCOPE

The Board of ACWA agreed to provide funding for the Project to be led by Lyn Ainsworth, a former executive leader with experience in both disability and OOHC service provision. This project commenced in late October 2020 with Stage 1 to be completed by 30 June 2021.

1.2.1 Overview

This Project was developed in response to the concern that children and young people within the child protection system who have or may have a disability may be missing out on the supports they need to achieve positive life outcomes. Preliminary discussions with OOHC agencies indicated that there was a lack of available data to understand the scale and scope of the potential issue. As a result, the Project was envisioned in two parts:

1. An initial exploratory investigation in consultation with ACWA member agencies and other relevant stakeholders to try to understand and crystallise the scope and scale of the issue, and possible causal factors, with consideration of possible strategies to respond.
2. Identify, develop and implement strategies to effectively respond, with a particular focus on practical pathways, initiatives, tools, training and other resources that can support member agencies and enhance sector capability and practice in this area.

1.2.2 Project Scope

The issue of ensuring that vulnerable children with disability have access to the supports they need is relevant to the full spectrum of child protection activities in the community. The Department of Communities and Justice (DCJ) has recognised this issue and in response, has implemented a range of initiatives with a particular focus on the minimisation of family breakdown.

However, the concerns are most pressing for those children and young people subject to child protection orders and supported by the OOHC system. It was determined at the commencement of the Project that, given the exploratory nature of the enquiry, the scope would be limited to consideration of children and young people in OOHC, recognising that any outcomes from the Project may be valuable insights for vulnerable children and young people more broadly. ACWA member agencies include a large number of service providers who are delivering foster care, Permanency Support Program (PSP) and other OOHC arrangements, including transitional arrangements, alternative care arrangements, interim care arrangements, respite and more recently, Intensive Therapeutic Care – Specialist Disability (ITC-SD).

1.2.3 Project Objectives

Objective 1

To undertake analysis in relation to children and young people in Out of Home Care to assess:

- The incidence of children and young people with a diagnosed disability within this cohort.
- The potential extent of undiagnosed or under-diagnosed disability within the cohort.
- The nature and scope of NDIS packages and plans currently in place, and the adequacy of those plans to meet individual needs.
- The potential opportunity for other children and young people to access supports through NDIS packages.
- Barriers and challenges to children and young people and their Carers being able to effectively access the NDIS.
- Having regard to the causative factors, consider potential opportunities for enhancing support for these young people.

Objective 2

Based on the analysis undertaken in connection with Objective 1, ACWA will work with key stakeholders on identifying and implementing enhancements to practice, to deliver improved outcomes for children and young people with disability in OOHC.

Given the high incidence of Aboriginal children and young people in OOHC, specific consideration will be given to this group.

PART 2 – METHODOLOGY

The information gathering processes used to inform the project included:

- **Interviews** were conducted with ACWA member agencies, AbSec, other representative bodies, carers, clinicians, academics and a number of other organisations to obtain a broad range of perspectives. These interviews focused on how well-equipped agencies are to effectively support children and young people with disability, any barriers experienced in trying to support this cohort, and suggested ways to enhance practice. A total of 31 stakeholders were interviewed.
- A **survey** was undertaken based on insights from the interviews. ACWA and AbSec member agencies and others who participated in interviews were invited to complete the survey. There were 22 respondents to the survey. The survey template and a summary of survey results and insights is contained at **Appendix 1**.
- A series of **workshops** were conducted with a wide range of stakeholders. There were between 3 and 10 participants at each workshop. Every workshop included a representative from DCJ, and they advised the group about relevant initiatives currently being undertaken by the department. AbSec provided a representative at most of the workshops and co-facilitated one of the workshops on the specific needs of Aboriginal and Torres Strait Islander children and young people.¹ The Background papers provided to participants to inform the workshops are contained in **Appendix 2**.

The workshops each focused on exploring one of six key themes that emerged from the interview and survey analysis. These themes included:

- Intake Assessment and Information
- Workforce and Carer capacity building
- NDIS systems & processes
- Intersections between systems – child protection, disability and other systems
- Cultural considerations in supporting the needs of children and young people with disability in OOHC
- Transitions points – with a focus on leaving care
- The voice of the child.

Overall, more than 70 individuals contributed to the Project (see **Appendix 3** for the full list of organisations and individuals who contributed).

Project Limitations

- Given its exploratory nature, the project is not purported to be a rigorous academic research exercise, and the report is largely a synthesis of the perceptions of the contributors, which

¹ Unfortunately, AbSec were not available for the second workshop. However, their framework and insights were used to support the second workshop on this topic.

are predominantly OOHC agencies. An effort has been made to round out a potentially singular perspective via consultation with a cross-section of other stakeholders (see Appendix 1).

- Several Case Managers, clinicians and more senior specialist roles from various organisations were involved in the interviews and workshops. In the context of the relatively short timeframe, it was not possible to engage directly with youth workers. However, we recognise that frontline workers are critical stakeholders and could provide valuable insights in determining actions required to address the issues identified through the first phase of the project.
- It is always vital to hear the perspectives of children and young people on issues that affect them. The Project did not allow for this to take place directly. However, through interviews with Create and Youth Action, and consideration of their recent reports, some insights from children and young people have been reflected in this report.
- The Project is not supported by a comprehensive literature review given its focus on an initial exploration of issues. A number of reports of reports and articles were identified as having relevance and these have been noted in Appendix 6: References, rather than extensively sourced throughout the report.

PART 3 – OUTCOMES

EXPLORING THE KEY THEMES

In this section, the perceptions of participants which emerged from stakeholder interviews, the survey and/or the workshops are discussed. As noted above, a number of the issues discussed overlap because they cannot be effectively explored in isolation .

Each section includes “Opportunities for Consideration”. A consolidated list of the Opportunities for Consideration is included in Attachment 4.

3.1 THEME 1: Intake, Assessment and Information

When a child is taken into care, it is usually against a background of crisis and trauma. There is often little opportunity at this point for a child to express their views or concerns. For a child with a disability, this experience can be exacerbated, particularly if a cognitive impairment or developmental delay impedes their capacity to comprehend the removal process.

Information about the child may be limited to the Child Protection file and case notes. It is highly likely that the family from whom the child has been removed will be unwilling to cooperate in providing information; that social and community isolation may limit the availability of third-party information or in fact, the lack of information available may be evidence of neglect.

The challenge then becomes piecing together the available information – from sources such as school and health records – and endeavouring to assess the child’s safety and wellbeing with a view to making the best possible decisions for their future.

Through the Project survey, providers and other stakeholders identified significant weaknesses in the assessment processes for children in OOHC, including the capacity to identify whether a child may have a disability and the potential for them to access specialist support through the NDIS. The limited expertise in disability of those conducting the assessments through a child protection and trauma lens, means that evidence of disability may be overlooked.

Respondents to the survey indicated that the failure to identify disability when a child enters the care system can be attributed to the following factors:

- Assessments of a child coming into care are inadequate – 95%
- Diagnosis of psychosocial disability is complex – 94%
- The complexity of trauma impacting a child/young person may mask indicators of disability – 100%
- Limited understanding of trauma in the context of OOHC by professionals – 99%

Of course, there are children who are taken into care who are too young to yet exhibit indicators of a disability – for example, it may not become apparent that a child has autism until they are 2 to 3 years old.

It was recognised that positive work is now being undertaken with families in Targeted Early Intervention and Family Preservation programs, including MST-CAN. These programs will ideally help to ensuring that when a child is taken into care, their relevant health, education and wellbeing history, will be more readily available and comprehensive. However, most children entering care (and their families) are not involved in these programs.

This does not change the reality that many children are coming into care outside the families in those programs.

Intensive Transitional Therapeutic Care (ITTC)

The ITTC program is considered first as it is a relatively new element of the NSW Permanency Support Program. A number of Funded Service Providers have been contracted to establish ITTC environments which are specifically designed to:

“Facilitate delivery of a wide range of evidence-informed, tailored assessments and interventions in a home-like and child-centred environment [to] help to inform the most appropriate placement and support plan.”

The ITTC model has been challenging for most providers to establish, for several reasons, and many ITTC houses have not been able to operate at full capacity (4-6 children) due to the complexity of the needs of the young people as they enter the system. Children and young people referred to ITTC are supported by a multi-disciplinary care team, including a broad range of allied health professionals, case workers, therapeutic specialists and a house manager. Providers report that children and young people often feel ‘overwhelmed and lost’ when they enter ITTC, making it difficult to undertake a proper assessment.

Children referred to ITTC undertake a series of “standardised assessments” including:

- CANS – Child and Adolescent Needs and Strengths
- SDQ – Strengths and Difficulties Questionnaire
- Assessment checklist – collecting anecdotal information
- Independent Living Skills -for over 16s

There is no systematic tool for identifying the potential for a child to have a disability, although the program states that it is an opportunity to “identify a child’s assessment needs, in addition to the minimum set of standardised assessments.” However, clinicians are reluctant to see children and young people required to undertake additional testing, when some reformulation of current assessments, coupled with considering the outcomes of assessments through a “potential for disability” lens may yield better outcomes.

While there is no focus on screening for disability in the suite of standardised assessments, some providers reported that the ITTC environment had provided an opportunity to observe the child or young person and investigate possible indicators of disability. However, this relies heavily on a level of experience or knowledge amongst the care team which may not exist.

Intake into the OOHC system also provides a child with access to the health pathway through which a child has access to health professionals who undertake “screening, assessment, intervention, monitoring and review of health needs.” Unless the health practitioners have significant experience of trauma and/or disability, it is likely that indicators will be missed.

Later in this report we consider the needs of Aboriginal and Torres Strait islander children and young people. In the context of assessment involving “standardised tests” for “consistency”, it is highly probable that the nature of the testing, in content and process, will not be aligned to cultural norms or provide the cultural safety for the young person or their community supports, to provide valid assessment outcomes for that young person.

One of the articulated outcomes of ITTC is “to ensure that specialist referrals have been identified” – this may include referral to a disability specialist. However, this outcome depends largely on the depth of knowledge of the multi-disciplinary team in relation to disability to provide the access pathway; even if identified, there are additional barriers to effective assessment and diagnosis as discussed below.

Other Barriers

Access to effective assessments is a cornerstone to planning for a child’s needs. Assessments need to be undertaken by experts who have knowledge and experience of child trauma as well as knowledge and experience of developmental delay and disability. Providers and carers report lengthy delays in accessing specialists, particularly allied health practitioners with the requisite knowledge. One carer reported a wait of almost two years which resulted in her foster child missing out on two years of early intervention therapy.

The cost of obtaining necessary assessments and reports – reported as being up to \$700 – can also be prohibitive, and there is a lack of clarity around who is responsible for bearing the cost and further potential delay as the process of seeking support from DCJ is navigated. For fosters carers, this is likely to be a financial burden they are unable to manage.

Assessment at transition points

While there appears to be opportunity for assessment at the time of intake into the OOHC system, including the ITTC model for young people over 12 years old, it was strongly advocated that a level of cognitive and functional assessment be undertaken at each major transition in a child or young person’s life, and that this may cast some light on factors that contribute to transition placements, including concern that a child or young person may have a disability.

Key transition points would include:

- movement of a child from one foster care placement to another
- transition of a child from primary to secondary school
- movement of a child from foster care to residential care, and as part of leaving care planning.

Why is effective assessment, at the right time, so important?

Children and young people have a right to be appropriately supported to deal with their trauma and for a foundation to be laid to enable a more promising future. It is well-documented that early intervention in relation to both trauma and disability can have a long-term positive impact. We need to ensure that our system and practice facilitates access to appropriate early intervention for the most disadvantaged children in our communities.

By the time a child reaches school age, many opportunities for intervention may be lost and a child with an underlying, undiagnosed disability may exhibit behaviours in response that lead to them being labelled as failing to engage in learning, marginalised socially and on a poor trajectory for their future, which providers know can include chronic mental health and psychosocial disability, engagement with the justice system, poor educational outcomes, homelessness and unemployment. Inevitably, this creates pressure on an already over-burdened welfare system and the likelihood of inter-generational disadvantage.

The NDIS Early Childhood Intervention Pathway (ECIP) is available to provide support to children up to 7 years old, currently with a specific focus on addressing early indicators so that a child may not need long-term or intensive support through the NDIS, but for those children who may need support, they will be able to access it in a timely way, and as a continuum of the early intervention provided. Providers welcomed the proposal for the ECIP to be extended to children up to 9 years of age. However, they noted that to date, this has generally meant that support coordination was absent from NDIS plans. The importance of support coordination is considered later in this report.

NDIS - implications

It has been noted above that, in principle, the Early Childhood Intervention Pathway provides an opportunity for all children, including those in care, to access appropriate early intervention support. However, access and effectiveness will be dependent on several things that have already been identified as current barriers:

- The need for “reports” – cost, access to practitioners, and lengthy delays are barriers.
- The lack of knowledge and experience of NDIS processes on the part of carers, caseworkers and others in the OOHC system.

The NDIA recently proposed the introduction of “Independent Assessments”. Contributors to this project had the opportunity to express opinion on this proposal. Alongside many disability advocates, ACWA made a submission to NDIS on behalf of member agencies identifying concerns. In early July, the new Federal Minister for the NDIS confirmed that the Federal Government would not proceed with the proposal.

There is still a need for funding of effective comprehensive functional assessments. The challenge is enabling access to appropriate allied health practitioners who are in high demand and short supply, particularly in regional areas.

3.1.1 Opportunities for Consideration:

Further exploration and consideration should be given to:

No	Intake, Assessment and Information
a.	Ensuring that every child or young person entering OOHC has access to appropriate cognitive and functional assessments that, among other things, identify whether a CYP

	has indicators of potential disability, to ensure the right supports can be provided in a timely way. The issue of who funds these assessments needs to be clarified so that it is an accepted part of the process and does not become an impediment to access. Particular attention needs to be paid to ensuring that, for Aboriginal children, assessments are undertaken in a culturally informed way, including using Aboriginal assessors where possible.
b.	Assessment tools, processes and practitioners need to reflect appropriate cultural practice, with particular consideration for Aboriginal children and families to reduce cultural bias and enhance cultural safety.
c.	Ensuring that further appropriate assessment be undertaken at any major transition point in a child's life.
d.	Ways to enhance the capability of those health practitioners and allied health specialists undertaking assessments. This would need to include an understanding of trauma, disability, and the intersections with mental health, as well as understanding of culturally safe and appropriate practice for Aboriginal children and young people and those with a CALD background
e.	How the supply of relevant experts can be increased to ensure timely access to relevant professionals. This is particularly an issue in regional and remote areas. For example, whether telehealth can be leveraged without reducing the validity or appropriateness of the assessment.
f.	Establishment of an effective information management systems and process to ensure access to the right information for the right people, and that this information forms part of the child's life story.

3.2 THEME 2: Workforce and Carer capacity building

Throughout the consultations and workshops, there was considerable reference to the skills, knowledge and capability required of the OOHHC workforce to ensure adequate support for children and young people with a disability. By extension, there was reference to the expectations placed on carers in this regard.

Two key insights from the survey are:

- 79% of respondents agreed that the workforce and carers have limited knowledge of the NDIS, including the NDIS Early Childhood Intervention Pathway.
- 89% of respondents said there was limited knowledge of trauma in the context of the OOHHC system within NDIS and its operatives: Planners, LACs, Support Coordinators.

From the consultations a number of key areas emerged for consideration:

- attraction and retention of staff
- core knowledge of key roles
- supporting and developing staff
- NDIS workforce

Funding constraints are a significant issue in building the necessary capabilities across the sector.

Attraction and retention

Across the sector, agencies are experiencing challenges in recruiting and retaining staff given the complexity of the roles, the challenging operating environment and a labour market that is tight, with many opportunities available in Disability, Aged Care and Family Support which are less intense for comparable pay. The intensity of the work environment is caused in part by high caseloads,

challenging behaviours by children and young people, the complexity of working within a system with significant administrative and compliance demands, and the evolving nature of the PSP model, underpinned by significant financial constraints facing agencies that have not yet been adequately addressed. The COVID-19 pandemic response has created an additional financial impost, along with management and operational challenges.

Carers are special people who are willing to open their heart and homes to a child experiencing trauma and disadvantage – a rare commodity. There is a shortage of carers. The processes for approval of carers are, and must continue to be, rigorous. However, we need to look for ways to reduce the time taken to recruit and onboard carers, while at the same time providing them with a more realistic understanding of what it means to be a carer, combined with ongoing support to through their carer journey. As a carer, supporting a child with a disability, including navigating the NDIS environment, can be daunting. If the NDIA does not appropriately recognise the role and importance of the carer in the life of a child, there is a risk of the placement breaking down. Carers require support, through caseworkers and carer support networks, in a way that respects their unique role and willingness to take on the commitment of supporting a child with a disability.

Core knowledge required of key roles

a) Case Workers

Case Workers were identified as having a pivotal role in working with carers and with care teams in residential settings, as well as in liaising with the NDIS. Participants identified that being able to clearly delineate between the role of the caseworker and a Support Coordinator under an NDIS Plan can present a challenge, noting examples where Support Coordination had been reduced because the planner assumed that the work was covered by the role of the caseworker.

Essential knowledge for a caseworker should include:

- broad understanding of disability
- indicators of disability, especially in children and young people
- how a disability may impact on a child
- how to interface with NDIS / NDIA - plans, reviews, advocacy
- how to work with Support Coordinators to effectively implement a plan
- how to work with Carers to support the implementation of a plan.

It was acknowledged that the role of the caseworker is very broad, and agencies confirmed that the position description is unlikely to reference knowledge of disability, other than under the umbrella of 'complex needs'. Caseworkers already have heavy caseloads, so there is a question mark as to what more can be expected of a caseworker. The consensus was that a general understanding of disability is essential, as well as knowing where to go for expert advice.

A compounding issue is the high turnover of caseworkers throughout the sector. Agencies recognise that many caseworkers come with relatively little post-University experience, and find the intensity of the working in OOHC considerable, coupled with high caseloads and high expectations. As a result, investment in imparting specialist knowledge to caseworkers can be quickly lost to an organisation.

It was suggested that agencies could consider establishing a "Senior Caseworker" role with specialist disability knowledge, to advise, guide and mentor Caseworkers within the agency. This model also provides an opportunity for career progression and could be a valuable retention strategy. A role of this type could have a reduced caseload with a focus on supporting a number of children and young

people with disability and complex needs, and would need to include space to be able to provide coaching and support to other caseworkers, additional to ordinary supervision.

It was recognised that caseworkers require a range of “soft skills” which are rarely covered in University coursework or in organisational induction programs, including:

- negotiating and advocacy skills
- working collaboratively and respectfully with Carers
- communicating effectively with the young people in OOHC, in particular, recognising behaviour as communication, and being able to “cut through” behaviour to the underlying message and meaning a child is conveying.

It is worth noting that the NDIS Quality and Safeguards Commission has developed a mandatory online Orientation Module that may be a useful tool for caseworkers (and others in the sector) to consider as an introduction to the rights-based framework and some of the processes of the NDIS.

b) House Managers

House managers require a high level of leadership capability and capacity to coach individuals and build teams. It is essential they have a solid understanding of trauma and disability and the interconnecting service systems.

c) Youth Workers

Youth workers have the potential to create stability, establish routines and build trust with young people. However, it appears that youth workers do not always have a real voice in decision-making in relation to a young person. The consultations identified that these roles need to have skills in relation to person-centred practice to enable them to create progress notes and incident reports that provide insight into what is happening for the young person, and doing so within the context of the human rights framework which exists to support children in OOHC with disability.

In recognition of the diverse backgrounds and experience across the youth worker cohort, there is also a need for general writing skills, ongoing training and coaching in relation to understanding trauma, child development and behaviour, so that they can be the ‘eyes and ears’ on the ground. However, it is important to bear in mind that these roles are operating in an environment that is often characterised by crisis, limited resourcing and inconsistency in staff skill levels, and these factors can create barriers to implementing quality induction and supervision processes, and embedding reflective practice.

There is a need for youth workers to receive ongoing training, especially if they are also to keep abreast of developments in disability. The challenge for providers is to develop efficient and effective ways of delivering and embedding training, amidst the volatility of day to day operations.

d) Therapeutic Specialists

From a range of conversations, it appears that the role of the therapeutic specialist, in practice, is not yet clear and so their potential value is not fully realised. The role appears to work best when there is a strong sense of “teamwork” amongst the therapeutic specialist, house manager and caseworker, which supports them to work through any ambiguity of roles on a situational basis. While therapeutic specialists should have skills to develop and oversee the implementation of Positive Behaviour Support Plans, we were told that it has been difficult to recruit people to these roles with a consistent skill set.

In our view, there would be considerable value in establishing a ‘community of practice’ focused on the use of the therapeutic specialist role across the sector, where the diverse backgrounds of many of those holding these roles could help inform ongoing discussions around the issues facing children

and young people with a disability, as well as how the therapeutic specialist role can work most effectively with the other care team professionals.

Given the number of young people in care who may have a disability, it is critical that those holding therapeutic specialist roles have a good working knowledge of disability and the disability service system, as without this, it is likely to be difficult for them to develop and implement effective therapeutic responses for young people, and support other staff to do so.

e) Specialist Disability Roles

A number of providers, particularly those that are larger, have developed models, that are mainly self-funded, to ensure that children with a disability in their OOHC programs are adequately supported. The models differ in operation according to available resources, and each organisation reports that they are invaluable in improving services to this group of young people. However, demand exceeds the capacity of the available resource and long-term funding of those resources is not likely to be viable. The specialist roles engage in a range of activities to support carers, caseworkers and other staff including (but often going beyond):

- Proactively training staff to understand disability and the NDIS.
- Responding to requests for assistance and/or risk factors identified from staff, case workers and carers to facilitate access to appropriate external resources and reviews.
- Mentoring and coaching staff in NDIS processes to get the best outcomes and build the confidence and capability of staff.
- Co-case working with a caseworker for a specific child or young person to ensure that their disability needs are met. This can include working with Support Coordinators to ensure they understand the special circumstances of the child, and with DCJ.
- Undertaking the process of evidence gathering and submissions and applications to seek NDIS supports.
- Leveraging the internal disability knowledge and expertise within larger multi-disciplinary organisations. This may range from ad hoc enquiries to relevant experts to secondment of staff on a short-term or longer-term basis.

All these strategies have been developed by agencies to fill a current unmet need. Agencies report that they are having a positive impact, yet the impost on resources is significant and may not be sustainable.

The DCJ Engagement and Family Support team assists in specific cases where roadblocks have been experienced. This support is reported to be extremely valuable, but the resources are inadequate to meet the broader needs. Some agencies are unaware of the support this team can provide. We were also advised that DCJ is undertaking other work to address the needs of young people in care with a disability internally, but engagement with the sector on potential initiatives has yet to occur.

f) Aboriginal Workforce

Broader issues around the creation of an Aboriginal Workforce to provide culturally appropriate supports to the many Indigenous children and young people in care are explored elsewhere in this report. The challenges and opportunities apply equally in respect of the need for staff and processes to be reflective and respectful of cultural safety and appropriateness.

g) Carers

For most carers, it is unrealistic to expect them to gain and maintain extensive knowledge of disability and the NDIS. It is important that they have adequate knowledge of child development and trauma to enable them to identify risk factors and indicators that can be investigated and explored in partnership with the caseworker and relevant professionals.

For carers who take on the care of a child with a known disability, or a child for whom a disability emerges, the need for knowledge of the specific disability and the available supports, including NDIS is imperative. The challenge is how to provide the knowledge and support to those carers in a way that is practical, and does not overwhelm them given they are also supporting a child or children with added complexity. To address this issue, a prototype resource has been developed by Joshua House, in conjunction with DCJ with the support of My Forever Family. The resource has been developed from a carer perspective and provides both a step-by-step guide to the NDIS and its processes, and acts as a “go to” for finding additional information and support. There is an opportunity for this to be available as a sector-wide resource but this would require resourcing to enhance online/mobile capability, and to keep it up to date, particularly in light of the ever-changing NDIS landscape.

Benefits of the resource include helping carers to engage in the NDIS language in their discussions with health professionals to ensure they get appropriate assessments and reports; helping carers to navigate the planning process, including the provision and receipt of information that is essential to the development of good plans, and what effective implementation of a plan looks like.

As noted above, if there is greater capacity within agencies to develop expertise amongst their caseworkers, they are more likely to place greater value on the contribution of carers, as well as understand the vital role they will inevitably have in gathering evidence to support diagnosis and funding.

Supporting and developing staff and carers

DCJ has developed a Case Worker Development program which provides ongoing learning aligned to practice over a six-month period, and incorporates opportunities for reflective practice. In tandem, AbSec has been developing its *Aboriginal Case Work Framework*. It is highly likely that these resources include information that would be valuable to caseworkers across the sector. A forum to discuss the possibility of leveraging existing, valuable resources for the benefit of NGO case workers more broadly would be useful.

Within each agency, staff and carers alike need access to support which may encompass:

- Regular support/supervision sessions to monitor and collaboratively troubleshoot around emerging issues and risks. The current funding model and staffing constraints make it difficult to allocate the time required to commit to effective support.
- Access to specialist knowledge and support around disability and NDIS as needed which could include a “go to” expert, specific online resources, knowledge of community resources, connections within DCJ and NDIA to address challenges to access.
- Reflective practice sessions that incorporate consideration of issues around children and young people with a disability.
- Communities of practice that leverage knowledge and experience horizontally and vertically across the sector, with a particular focus on hearing the voice and insights of Carers and Youth Workers.
- Training resources and opportunities that recognise the time constraints of participants.

NDIS Workforce/Health Professionals/Support Coordinators

Supporting children and young people with a disability who are in care requires shared knowledge and understanding of OOHC, trauma, disability, mental health and NDIS processes, as well as collaboration between all who have a responsibility to the child or young person: carers, NGO care team, primary and allied health professionals, hospital staff, particularly in mental health units, NDIS Planners and Support Coordinators. Currently, there appears to be no single, simple resource

available to all these parties to help them understand core concepts and processes to support that shared knowledge. Consequently, endeavours by carers and caseworkers to access appropriate supports and resources can be protracted, inconsistent or unsuccessful. There is a significant administrative and time burden placed on different parties. At worst, in the absence of proper support accompanied by the additional commitment of time and stress, the foster placement for a child with a disability may breakdown.

Therefore, the challenge is to find a mechanism whereby all of the relevant parties have sufficient understanding of the holistic circumstances of a child and the implications for providing support, including how to get the support in a timely way.

Contributors to the project report significant variability in the knowledge and understanding of many Support Coordinators generally, resulting in delays in access to supports and under-utilisation of funds which can have the consequence that funding is reduced on review of plans.

3.2.1 Opportunities for consideration:

Further exploration and consideration should be given to:

No	Workforce and Carer capacity building
a	Consideration could be given to the implementation of dedicated (and funded) “Senior Caseworker – Disability Specialist” roles to provide guidance, information, specific case support and oversight for children and young people with a disability whose care arrangements are being managed by agencies. For smaller organisations, this role could be embedded within an existing Case Work role, or potentially shared across agencies operating in the same or nearby locations.
b	Consideration could be given to a joint NGO sector/DCJ forum to deepen our collective understanding of the work that is being carried out for CYP with disability in OOHC, with a view to developing appropriate systemic strategies to respond to the issues identified (including the issues identified through this project).
c	Consideration could be given to how ACWA could partner with My Forever Family to make available to carers, valuable tools to facilitate their support of children with a disability, including developing the <i>Joshua House</i> Prototype. ²

3.3 THEME 3: NDIS Systems & Processes

Through the consultation phase of the project, the NDIS systems and processes were identified as significant barriers to enabling children and young people in OOHC to access and be appropriately supported by the NDIS. Key issues include:

- complexity of systems and processes
- difficulty in monitoring changes to systems and processes, and
- apparent inconsistency of application of systems and processes by NDIS staff.

² A prototype resource has been developed by Joshua House, in conjunction with DCJ with the support of My Forever Family, from the perspective of the carer, which provides both a step-by-step guide to the NDIS and its processes, as well as “go to” for finding additional information and support.

The impact on NGO providers is an increasing need for specialised expertise to navigate the scheme, which is beyond what can be realistically expected of caseworkers, foster carers and other OOHC staff.

Some indicative responses to the survey include:

- 100% of respondents found it difficult to demonstrate that a child or young person meets the eligibility criteria for NDIS
- 84% experienced challenges due to the changes in NDIS processes and rules especially in relation to eligibility
- 89% considered that NDIS staff required increased understanding of trauma and the OOHC system, so that a trauma history would not disqualify the young person from eligibility without appropriate investigation
- All respondents caring for children with NDIS plans were concerned that plans did not make provision for support coordination and/or short-term accommodation considered by the provider to be essential to adequately meet the child's needs, and
- Staff and foster carers can become overwhelmed by NDIS processes when they are not engaged with it all the time.

These issues and others were explored further in the workshops. As many of the issues raised above have already been dealt with in this report – reflecting the inter-dependence between the themes – however, we have focused on a number of specific issues which have been briefly summarised below.

a) NDIS Early Childhood Intervention Pathway

The NDIS Early Childhood Intervention Pathway was recognised as a highly valuable support that significantly reduces the complexity of applying to the NDIS and can have a major positive impact on the lives of young people. It can also facilitate access to NDIS supports beyond the ECI Pathway if they are required. The proposal for extending access to the ECI Pathway to children up to 9 years of age is welcomed. ECI Partners are highly regarded, and access can often be initiated on a verbal request.

Notwithstanding the strong prospect that a child coming into care would meet the eligibility criteria, too few children have accessed the ECI Pathway and the benefits it provides to their early development and in the longer term, for the stability of their placement. For a child in care, the engagement of the caseworker alongside the foster carer is essential. It would be helpful to include consideration of eligibility on intake and casework checklists, with information and guidance available to caseworkers to assist and facilitate access.

b) Assessments

The proposal by NDIS to introduce a program of Independent Assessments to determine eligibility and develop draft plans was discussed above. The proposal has now been shelved. However, in the context of NDIS processes, the concerns flagged have broader relevance in the context of access to appropriate assessments, including:

- Relevant knowledge and experience of the assessors, including capacity to understand the intersections of trauma, mental health and disability.
- Children and young people in care, and their foster carers need access to a range of professionals who know them well and who the young people trust, so the assessment is likely to be more reliable and reflect the development of the child over time.

- It can be challenging for the voice of the carer, being the person likely to know the child best, to be heard.
- It can be extremely difficult to provide relevant evidence when a child has experienced multiple placements. History is lost as the child moves and there are gaps in medical history.

c) Access Request Form

Providers reported that this form has recently been changed to be longer and more complex – at 28 pages it is complex for all those required to contribute, including medical practitioners. The document contains technical language including definitions that can be different to those that practitioners may be familiar with in other contexts and assumes extensive underlying knowledge of the NDIS and its processes.

The form requires a high level of literacy to understand and complete and may be exclusionary to some carers and young people who ought to be engaged in the process. It creates a further layer of disadvantage for those from Aboriginal or CALD backgrounds.

The document is said to be confusing in terms of required signatories. Providers have experienced delays as the document has gone back and forth, or where there is disengagement by the young person, or placement breakdown has occurred.

d) Access to appropriately experienced Health Professionals

Apart from ECI, access to the NDIS requires a diagnosis of disability. For young people in care, this can be complicated by the overlay of trauma and resultant mental health. Health professionals find it challenging to write reports that use the language required by the NDIS. Experience indicates that a reference to “trauma” in a report inevitably results in an application being refused.

The language required reflects a functional “deficit”, whereas professionals, carers, educators and DCJ assume a strengths-based approach.

There can be lengthy delays in obtaining reports that are acceptable to the NDIS, during which time a child may be missing out on much needed services.

There is ongoing debate about the funding for assessments and reports, also resulting in delays that can impact permanency pathways. In one extreme case an adoption process was held up because agreement could not be reached on which agency should pay for the reports to support the NDIS application, causing disruption and stress.

e) The importance of capable Planners, Support Coordination and Short-Term Accommodation (Respite)

In principle, it is understood that children in care environments should have access to NDIS Planners, in recognition of the potential complexity of their circumstances. In practice, some planning referrals are still being made to LAC partners, and only some way down the planning path this is discovered, requiring the planning process to start again. Internal NDIS Planners require significant demonstrated knowledge of trauma and the complexity of OOHC to ensure that plans for these young people are adequate. It is recommended that any child in OOHC with disability be streamed as Supported or Intensive to ensure appropriate planning and support Coordination.

Support coordination is essential for these young people, given the absence of natural supports in the young person’s life. However, providers have cited examples where support coordination was not included in a child’s NDIS plan on the premise that the work would be undertaken by the

caseworker. In particular, reasonable support coordination is essential for new plans to ensure that they are established and supported by foster carers, care teams and specialists. Proactive support coordinators assist in “opening doors” to allied health and other specialists who may be otherwise scarce. Without effective support coordination, the plan may be under-utilised, impacting the child and putting future funding at risk. Providers recognise the ongoing market issues, particularly in the area of allied health, requiring a broader government commitment to address supply.

Short-term accommodation support (“respite”) is vital for children and young people with a disability in OOHC, to provide foster carers, with a much-needed break. Although DCJ provides some funding for respite, it does not cover the cost of the specialist respite that is required for a child with a disability, creating another conflict for carers and caseworkers to resolve. Without adequate short-term accommodation (respite), the care placement may break down. Without access to appropriate specialist respite environments, the young person may not be safe or develop skills in independence and social skills.

It is becoming increasingly difficult to access planned short-term accommodation, with many specialist providers having reduced their capacity due to viability issues, and largely reserving their space for crisis situations. Without adequate funding for providers and within plans, the difficulty in access to respite is likely to continue.

f) DCJ Family Support and Engagement Team

While not all providers were aware of the work of this team, those who had been involved with the team were overwhelmingly positive about the support they received to assist in navigating NDIS processes, and to “mediate” with the NDIA when barriers were experienced. The team is also supporting caseworker and carer training in partnership with the NDIA. The team has extensive experience across disability and OOHC which is valued by providers.

However, the resources of this team are limited and, appropriately, family preservation work is a priority. However, the effectiveness of the intervention support they can provide suggests the importance of building capacity across the sector to advocate on NDIS matters. At a systemic level, the team is working with the NDIA to assist in raising and resolving the challenges experienced for the OOHC group of children and young people.

This team will be a primary collaboration partner in developing the practical response to the outcomes of the Project.

g) Specialist roles within Provider agencies

As noted in other sections of the report, several agencies have established specialist NDIS roles within their PSP program as a means of ensuring that children and young people with a disability, or potential disability in OOHC have access to the right supports. Most of the roles are recently established, as the need has emerged, and all are self-funded by the agencies. All have extensive knowledge of disability and the NDIS. While they have different titles, they largely serve the same functions, that is:

- A source of advice and guidance to caseworkers, carers and others in relation to disability concerns and the NDIS.
- Ensuring a “disability lens” on internal assessment and intake processes, to maximise identification of development issues of concern and potential disability.
- Hands-on operational support for writing NDIS submissions, including liaison with practitioners to ensure that reports and assessments are in accordance with NDIS requirements.

- Supporting plan reviews for children whose plans may be inadequate.
- A strong and determined advocate for the rights of this particularly disadvantaged group of children and young people, through pre-planning, planning and plan implementation.

Organisations that are multi-disciplinary in that they provide both disability and PSP services which have traditionally been siloed, are now working in a more integrated way, leveraging expertise to create a “multi-disciplinary” approach. However, the costs of the additional resourcing to ensure the gaps are filled are born by the organisation.

Uniting has developed a programmatic approach to joint case review, engaging PSP and disability specialists in joint consideration of a child’s case and a holistic case planning response supported by collaboration across teams to achieve positive results for a child.

Uniting and some other agencies are also providers of support coordination and so have had the opportunity to upskill their Support Coordination Team to understand and respond to the specific needs of children in care which is resulting in better outcomes for young people.

There are continued challenges with OOH provider agencies, workers and support coordinators having adequate access and visibility to children with NDIS funding in the *My Place* Portal. This makes it challenging to track expenditure to plans and progress made towards goals. There is confusion with how the agency that has ‘parental responsibility’ accesses the portal without a personal *my gov* account for the caseworker being set up. This can add an additional barrier when supporting children in OOH with NDIS funding.

h) The voice of the Carer

Carers play a vital role in the lives of young people in care. They are the person who knows the child best, and with whom the child has built trust. When caring for a child with a disability, they willingly take on the onerous day to day responsibility of arranging and attending appointments, supporting special needs at home such as diet and physiotherapy, managing behaviour and the often extensive interface with schools and medical practitioners.

However, they report that they have little opportunity to be engaged and valued through NDIS processes. Caseworkers take the lead role in assessment and planning processes and most plans are Plan Managed which can be cumbersome for carers. Some organisations take proactive steps through their caseworkers to ensure that the expertise and experience of the carer is recognised.

i) Young People in Residential Care

Young people entering residential care are particularly vulnerable, often having experienced multiple foster placements, exposure to the Youth Justice system and/or substance abuse. Mental Health concerns are prevalent, and many are disengaged from education, engaging in risk taking behaviour and experiencing a sense of hopelessness. The complexity of their circumstances makes it exceedingly difficult to identify the incidence of a disability and consider how to best support the young person holistically. The lack of engagement and their limited capacity to accurately recall life history can make it difficult to get valid assessments of functional and cognitive ability to enable consideration of support through NDIS, so an existing disability may be masked and go without formal diagnosis. Providers identified a need for consideration of disability as a young person comes into care, with appropriate assessment tools, monitoring of indicators and engagement with specialists. Placement of young people with a disability without appropriate supports can leave them vulnerable to abuse or present a risk to the safety of co-residents and staff.

One large provider reported that through the leaving care planning process 40% of their young people self-identified as having a disability, and only then the process of diagnosis, NDIS planning and looking at options beyond 18 commenced. However, they experienced a barrier in that funding for housing options was not available until the young person turned 18, and so could not be effectively managed in the context of leaving care planning and consideration of access to medium term accommodation to transition into Supported Independent Living (SIL) successfully.

j) Engagement between NGO Providers and NDIS

Providers recognise the complexity, scale and rate of change required of the NDIS since inception. However, their experience of “red tape”, inconsistency in responses, delays and the lack of access to NDIS personnel were considered significant barriers to ensuring that children and young people in care have the access they need to support they are entitled to in a timely manner. Providers expressed the difficulty experienced by Case Workers, Carers, and other staff, in keeping up with NDIA changes, particularly as they are not working exclusively with the NDIS.

3.3.1 Opportunities for consideration:

Further exploration and consideration should be given to:

No	NDIS Systems & Processes
a	Consider how the established networks between DCJ and the NDIA could be more effectively leveraged to facilitate discussion with the agency in relation to developing ongoing collaborative responses to existing issues and to new issues as they emerge.
b	Consider how the positive work of the DCJ Family Support and Engagement Team could be better leveraged across the NGO sector, potentially through a community of practice approach.
c	Consider how the concept of having “NDIS Specialists” could be more effectively embedded within the NGO sector and resourced.

3.4 THEME 4: Intersections between systems – Child Protection, Disability, other

Prior to the introduction of the NDIS, the state carried responsibility for both child protection and disability. The NDIS has the potential to create impact in the lives of people living with disability but has had the inadvertent effect of becoming siloed in its function, with limited consideration of the intersection with the child protection system. In the early consultation phase of the project, many organisations expressed concerns about the lack of clear delineation between what is the responsibility of DCJ and what is the responsibility of NDIS where a child in OOHC has a disability. While recognising it will not always be possible to avoid ambiguity, providers are keen to see how the process of reconciling concerns can be streamlined and hastened to avoid delays and funding

While the focus was on the intersection between DCJ and NDIS, there are other major systems that intersect – health and mental health, education, justice – all requiring consideration to ensure good outcomes for young people living with disability in OOHC settings.

Insights from the survey:

- 100% of respondents identified some difficulty in demonstrating that children meet the NDIS eligibility criteria.
- 95% stated there was ambiguity in roles in navigating NDIS supports.

- 84% said there was a lack of clear responsibility in relation to the funding of some supports for children and young people in of OOHC.
- 89% identified concern that support coordination and/or respite were not included in NDIS packages.
- 89% felt there was a need for greater understanding of trauma informed care and OOHC services by NDIS staff.

DCJ is engaged in a range of valuable work including:

- Intervention and problem solving in specific cases of children with a disability in OOHC, or at risk through the child protection system, to identify and fund supports to reduce the risk of family/placement breakdown.
- Supporting work on leaving care plans to incorporate NDIS supports.
- Undertaking negotiations around accommodation supports for young people under 18 with a disability who may otherwise be homeless.

While the above work is positive, much more needs to be done (and collaboratively with the NGO sector) to bring about better integration of intersecting service systems.

DCJ has established good networks and escalation mechanisms within NDIS that can be levered to support NGOs experiencing roadblocks. However, it was evident from the conversations with services providers that many are unaware of this capability, which may impact on the effectiveness of the initiative. The impact on young people with a disability of a lack of connectedness between systems can be significant, which is reflected in the many examples offered by providers – a sample of these include:

- There appears to be a lack of appropriate alternative accommodations options for young people aged 14-15 whose families, because of autism-related aggressive behaviours, are no longer able to care for them at home. The families have often found it difficult to get adequate support for respite in NDIS plans, resulting in family breakdown and a young person coming into the OOHC system, but without adequate accommodation options. Because of the challenge of residing with others, these young people may find themselves in Alternative Care Arrangements (ACAs) such as motels or caravan parks, pending a solution.
- A 14 year old boy came into OOHC when his grandmother was no longer able to cope with his behaviour. He was placed in a 4 bed ITC home and through the intake process he was diagnosed with autism. He received a minimal NDIS package that provided a few hours of 1:1 on a Saturday and some provision for behaviour support. There was no support coordination provided, leaving the caseworker responsible for arranging supports. He experienced intimidation and manipulation by older residents in the home to the point of feeling “unsafe” and experiencing suicidal ideation. His behaviours led to him being suspended from school which had been a constant for him. He was moved from that home to another, with a different caseworker, which while addressing his immediate concerns, resulted in disruption which can be very disturbing for a person with autism. Efforts to have the plan reviewed are ongoing, led by the caseworker.
- A provider experienced significant delays in finalising the permanency arrangements for two children with disability as briefing notes were provided to both DCJ and NDIA, as they tried to reconcile ongoing responsibility for funding the ongoing assessment and support needs of the children.
- Providers have shared negative experiences about their efforts to seek the best support for young people with chronic mental health issues, bordering on psychosocial disability.

At the commencement of the NDIS, the Applied Principles Tables of Support were introduced to try to clarify responsibilities between NDIS and the states and territories. Now, with the benefit of experience working with the scheme, there is a need to review the Tables. In acknowledging that there are always going to be “grey areas”, efficient mechanisms for effective escalation and resolution are required so that children and young people are not left without support.

Several key areas of concern emerged from the workshops – the issues highlighted below require further exploration:

- Access and eligibility pathways
- Support Coordination
- Respite
- Mental health/Psychosocial disability intersection.
- School education, and
- Early childhood education

a) Access and Eligibility pathways

The issue of access and eligibility pathways is a recurring theme throughout this report. In the context of the DCJ/NDIS interface, a critical issue appears to be responsibility for payment of the various and costly assessment reports that may be required, particularly in relation to intellectual disability when coupled with trauma and mental health. Providers report the challenge of finding appropriately qualified and experienced specialists to undertake assessments, resulting in significant delays. One provider reported that it had taken 18 months from the initiation of the NDIS process to having a plan in place. In addition to the reality that the young person may be deprived of supports during this period, it was noted that these delays may reinforce to the vulnerable young person the perception that “I don’t matter” and undermine their trust in a system that is supposed to support them.

Contributors again highlighted the common issue of limited information about a child being available when a child comes into care. It can take considerable time to piece together a picture of a child to seek NDIS support.

Providers also noted that even if a child has a plan, the trauma resulting from a change of environment may trigger an immediate need for additional support, yet the plan review may be 10 months away. The inaccessibility of funding often results in an extensive effort to prepare a submission to DCJ for additional funds (special/complex needs package) to bridge the gap. The lack of clarity of responsibility may result in substantial delays in approval, or funds not being released. Providers nonetheless have obligations of safety and duty of care to the children and young people, so they require the capacity to self-fund additional support needs pending determination by DCJ NDIS. Providers have experienced significant financial challenges in the implementation of PSP. In this regard, providers have advocated for the need to provide a contingency fund for children and young people with a disability to support them during crises, including disability-related crises, rather than creating a burden on the NGO agency to self-fund required services. Funding accountability can be reconciled retrospectively between the agencies if required. In this context, concerns about the prospect of Independent Assessments proposed to be introduced by NDIA were also raised.

b) Support Coordination

One issue relating to inclusion (or not) of support coordination in NDIS plans is challenging and appears fraught with inconsistent practice on a number of levels. There appears to be a prevailing view, based on the experience of providers, that Support Coordination is not provided in NDIS packages for children under 12 years old, including those in the Early Childhood Intervention pathway. The rationale is generally that this is a “parental responsibility” to be provided through the child’s natural support network. The rationale does not recognise the difference between the circumstances of a child living within a ‘natural’ family, and a child who has been placed in OOHC, and the limitations on the capacity and realistic expectations of caseworkers and foster carers who are both stretched and not well versed in the NDIS. DCJ strongly advocates for all children in child protection and OOHC environments to have support coordination included in packages, but this is often not realised.

The consequences of inadequate support coordination for a child with a disability in OOHC can be significant:

- Carers and caseworkers may not be able, for a range of reasons, to connect the child with the specialist supports they need.
- Plan funds may therefore be underutilized and be at risk of reduction at plan review time, with inadequate knowledge by caseworkers and carers to advocate for maintenance of the funding.
- Where the NDIS package may be inadequate to meet the child’s needs, with support coordination intervention, it may be difficult to provide the evidence required for an increase in funding.
- Support Coordinators with inadequate knowledge of the OOHC system may not understand the highly regulated environment requiring providers to be authorised by the Office of the Children’s Guardian (OCG) resulting in delays and/or potential non-compliance by providers.

Providers recognised that some Support Coordinators have been willing to undertake work in preparation for a plan review, based on goodwill and the prospect that the NDIA will cover the costs retrospectively when the plan is reviewed. Fortunately, that appears to be the case in most instances. However, this creates financial pressure for the Support Coordinator and negotiation of a “goodwill” arrangement by the caseworker.

c) Respite/Short-term Accommodation

It took some maturing of the scheme to recognise the importance of respite (short-term accommodation or STA) in NDIS plans for children and young people. Respite has proven particularly valuable in assisting families to work through crisis situations and avoid family breakdown. There is recognition however, that children and young people with a disability may require some specialist respite. Providers have experienced an impasse between the two systems in trying to establish suitable arrangements for the children, creating undue stress for the carers with the potential to affect the sustainability of the placement.

The issues in relation to respite include:

- Demonstrating the need for respite
- Funding of respite, including shared funding between DCJ and NDIA, and
- Access to appropriate respite models.

There is some provision for respite for foster carers in the PSP funding packages for children. However, if a child has a disability, their needs in the context of respite may be greater than provided for, including a need for a higher ratio of support for the child's behaviour or practical needs given the change of environment, or disability specific support including the opportunity for in-home respite. Providers may abandon efforts to access respite if there is a risk the child's needs cannot adequately be met.

The availability of specialist respite services has diminished, in some respects in the wake of the introduction of the NDIS. Without support coordination it may be difficult to find appropriate respite services. With the reduction of available services, respite providers may rely more heavily on a casualised workforce increasing risk for vulnerable young people.

Providers noted that with the introduction of the OCG Carers' Register, with rigorous probity obligations, many disability respite providers may not be aware of, or have the capacity to manage the additional level of compliance, so there is concern that respite services available to children in OOHC will be further reduced.

Providers noted the benefits of planned periods of respite but acknowledged that the need for respite was often crisis driven. Funding approvals may not be processed with the same urgency and may impede the access to respite.

d) Mental Health/Psychosocial disability

Since the commencement of the NDIS there has been contention around the responsibility for funding of supports for mental health. Progress has been made, particularly in acknowledging the incidence of psychosocial disability. However, providers have continued to experience significant challenges in accessing NDIS supports for young people with chronic mental health issues, moving into psychosocial disability.

The challenges are multi-faceted including:

- Reluctance on the part of adolescents to engage in assessment and therapeutic processes. Providers report that it is often as a young person enters residential care or is leaving care that the presentation of psychosocial disability emerges. In the absence of earlier support and interventions, the impact of psychosocial disability may become a barrier to access to NDIS support.
- Inability to access appropriate specialists.
- The underlying and sometimes causative issue of trauma which has, to date, largely excluded access to NDIS supports, with further complexity where there are behavioural manifestations which are simply labelled "behavioural" without adequate consideration of underlying mental health, psychosocial or intellectual disability causation.
- The high cost of relevant assessments and a lack of clarity of responsibility for payment for the testing. Carers are generally not able to self-fund the necessary assessments, applications to DCJ for funding have resulted in substantial delays in access, leaving providers, acting in the best interests of the young person, to manage the upfront costs in anticipation that the funding, as between DCJ and NDIS will be sorted, and better long-term options will be available to the young person.

Psychosocial disability is often episodic in its manifestation, whereas NDIS plans anticipate a regular and considered response. For young people in OOHC with psychosocial disability, plans need to be flexible, with a "contingency" for responding to crises in a responsive way that takes account of the out of home environment, including the absence of a natural support network. At the same time, as

young people experience periods of independence and self-support, they cannot afford to lose funding based on “underutilisation” unless there is clear evidence of sustainable outcomes for the young person. There is particular vulnerability for young people with psychosocial disability who are in the stage of leaving care, including the period post leaving care when they may need substantial support to independently navigate the NDIS.

As the NDIS has matured, there have been positive developments and initiatives emerging that will benefit this group of young people in care and those leaving care. It will be important for the OOHC sector to be aware of these opportunities and have access to advice and guidance to maximise opportunities for young people in care to receive adequate supports. Promising developments include:

- Increased flexibility in the use of core supports which should facilitate more targeted and timely response to psychosocial disability.
- Introduction of the NDIS Psychosocial Recovery Coaching Program in July 2020. However, none of the providers consulted reported having accessed this new program. The Program provides time limited support with a focus on recovery and an opportunity to determine what longer-term supports may be available.
- NDIA has been working with the Mental Health Co-ordination Council of Australia to develop a Psychosocial Disability Recovery Oriented Practice Framework, which aims to improve fairness, simplicity, and flexibility for participants with psychosocial disability, recognises the need for trauma-informed perspective across the agency, and aims to create a seamless response for people with psychosocial disability across the clinical/Mental Health and Disability domains. The Framework is scheduled for implementation from September 2021.

The NDIS Quality and Safeguards Commission also recognises the prevalence of psychosocial disability and the vulnerability of a person where there is coincidence with intellectual disability, creating additional barriers to accessing both mental health and NDIS supports, and making a person particularly vulnerable to abuse in institutional settings, with the potential for ongoing trauma.

In a recent joint webinar, a representative of the Commission noted:

‘One cannot underestimate the importance of an understanding of trauma and recovery-oriented practice in the provision of safe and quality services for people with psychosocial disability ... [Services] need to take account of past experiences, including past treatment and take the time to find out what is important for the person’s recovery.’ – Lynne Coulson-Barr, NDIS Quality and Safeguards Commission

It will take some time to see outcomes from these initiatives. The Community Council on Mental Health (CCMH) advocates for adjustments to the NDIS to support the ‘dignity of risk of dreaming’ to support people with psychosocial disability to experience improvements in their life, rather than assuming the status quo. CCMH calls for consideration of a full and adequate Psychosocial Support Program outside the NDIS, as a second tier of supports or step down from NDIS.

However, as the models of support for psychosocial disability evolve, it is clear that the focus needs to be on simplicity of access and seamless movement between systems, and for young people in OOHC, this must include DCJ.

‘Together we can seek to make real the aspiration of recovery-oriented, trauma-informed healing enabled human rights-based services.’ – Bill Gye CCMH

e) School Education

The systems gaps go beyond the interface between DCJ and NDIS and extend to other critical systems that have a role to play in supporting young people with a disability but are still currently siloed and fragmented: education, mental health, primary health, justice. While investigation of each is deserving of more extensive investigation and insight, which is beyond the scope of this project, it is worth considering the work undertaken by the NSW Ombudsman in the area of education, which highlights many similar themes and issues.

In December 2016, in the ACWA CEO's former role as NSW Community and Disability Services Commissioner and Deputy Ombudsman, he commenced an inquiry into behaviour management in schools. A final report on the inquiry's findings was tabled in Parliament in August 2017 and was intended to inform the deliberations of the related inquiry established by the NSW Parliament into the provision of education to students with a disability or special needs in government and non-government schools in NSW.

While the focus of the Ombudsman inquiry was broad, the report identified the inevitable intersection of children with disability and children in OOHC and highlighted those children and young people living in residential environments as amongst those most likely to present with challenging behaviours and complex needs, and therefore requiring positive behaviour management support.

Access to education for children and young people who have experienced trauma and/or disability is a fundamental right. The benefits of engagement with education are immediate and long-term – schools can provide an environment where a child or young person can experience some success, build self-esteem and social networks. Schools are often the “constant” in the fragmented life of a young person in OOHC, and school staff can come to know the young person well. An education provides a pathway out of disadvantage to employment and future life outcomes. The school environment can provide an additional, arm's length set of eyes to monitor a young person's well-being, and an avenue for the young person to build the trust required to raise concerns about their circumstances.

However, the Ombudsman's inquiry identified that many children and young people in residential out of home care are not adequately engaged in education. A study of a cohort of children and young people in residential care found:

- more than 50% have a disability
- 60% had experienced periods of suspension from school
- Aboriginal children are disproportionately represented in this group.

The observations of OOHC providers also reflect the difficulties they experience in re-engaging young people in school. Apart from the obvious interruption to education, a lack of regular attendance at school can result in:

- pressure on providers as they seek to provide meaningful activities for young people should be at school
- the challenge of managing the “mix” of young people at home together
- the potential for young people at a “loose end”, who are already exhibiting challenging behaviour, to get themselves into trouble through risk-taking and/or criminal behaviour
- lack of access to some of the additional supports a school may be able to provide, and lack of a sense of purpose which can exacerbate existing mental health challenges.

The NSW Ombudsman's report looked specifically at children with a disability, including the interface with the NDIS, Aboriginal children and young people, and those in residential OOHC, identifying many themes aligned to the themes in this report.

In particular, the report noted:

- The importance of building the capacity of staff with the Education system to understand trauma and disability, in order to implement effective positive behaviour support strategies, as well as access to specialist skills embedded within schools.
- The importance of access to effective functional behaviour analysis, to understand why a behaviour occurs, as the basis for planning a response.
- Opportunities for effective engagement with NDIS.
- A stronger 'systems' model for interagency collaboration.

A key proposal from the inquiry was that an 'education standing committee' be established, which could consider critical practice and policy challenges relating to meeting the educational needs of vulnerable children, along with tracking the outcomes, to enable the sector as a whole to assess how effectively we are responding to these challenges. The report noted that a committee of this type could include a focus on the following vulnerable groups:

- children who appear before the Children's Court who are chronic absentees from school
- vulnerable children in OOHC, in youth refuges, and in vulnerable family environments
- vulnerable children with disability, and
- vulnerable Aboriginal children.

While there are particular challenges associated with seeking to meet the needs of children across all of these groups, there is also a significant degree of overlap in relation to providing better educational support to them.

Given the strong degree of alignment between many of the proposals contained in the Ombudsman's report (which remain relevant), and the opportunities identified via this Project, it would make sense, where appropriate, to integrate the Ombudsman proposals with the action taken in response to this report.

f) Early Childhood Education

In the context of the interface of systems, it is worth noting the recent submission by the Victorian Children's Council in response to the State's *Draft Disability Action Plan 2021-25*. The submission directly considers the implications for young children with developmental delays and disability and the importance of supports for inclusion and intervention at the early childhood stage to reduce the risk of lifelong exclusion, 'particularly for those children that experience adverse living conditions.' The submission identifies the 'missing middle' – children missing out because their needs may not be recognised in mainstream environments nor do they have access to timely NDIS supports if required. This project has identified children and young people with a disability in out of home care as having a high likelihood of falling into this "missing middle."

The submission includes a number of recommendations including:

- A rights-based approach with a unified vision of what inclusion means.
 - Creation of a coordinated and inclusive service system that adopts a developmental lens
- Pathways between mainstream state-based supports, the NDIS and other specialized supports in the community.

3.4.1 Opportunities for consideration:

Further exploration and consideration should be given to:

No.	Intersections between systems – Child Protection, Disability and other systems
a	Consider ways in which Agencies can be supported to better understand and leverage the NDIS initiatives relating to psychosocial disability.
b	Engage with DCJ to facilitate discussion with NDIA in relation to the issues identified, with a view to seeking clarity and commitment to the provision of specialist Support Coordination and Short Term Accommodation (Respite) in NDIS for children and young people in Out of Home Care.
c	Engage with DCJ to explore how funding for assessments may be streamlined to facilitate determinations of eligibility for NDIS funded supports.
d	Consider ways in which the sector can have greater access to practical advice and support for caseworkers, carers and others to guide them through the labyrinth of NDIS / DCJ / mental health and other systems, to ensure young people in care have access to timely and adequate supports.
e	<p>In partnership with Education and relevant peak bodies, further consider the NSW Ombudsman’s 2017 report into <i>Behaviour Management in Schools</i>, and align the relevant proposals in that report with the further actions taken in response to this project. In particular, the proposed ‘education standing committee’, which if established, could consider critical practice and policy challenges relating to meeting the educational needs of vulnerable children, along with tracking the outcomes, to enable the sector as a whole to assess how effectively we are responding to these challenges. A committee of this type could include a focus on the following vulnerable groups:</p> <ul style="list-style-type: none"> • children who appear before the Children's Court who are chronic absentees from school • vulnerable children in OOHC, in youth refuges, and in vulnerable family environments • vulnerable children with disability, and • vulnerable Aboriginal children. <p>While there are particular challenges associated with meeting the needs of each of these groups, there is also a significant degree of overlap in relation to providing better educational support to each of them. For example, the data that the ACWA CEO in his former role as NSW Community and Disability Commissioner analysed, when conducting his Inquiry into Behaviour Management in Schools, showed that, of the children in residential OOHC who missed substantial periods of schooling in 2016, more than half had a disability; and those suspensions, expulsions, and delayed enrolments featured significantly as the causes of their absence from school</p>

3.5 THEME 5: Cultural Considerations in supporting the needs of children and young people with a disability in OOHC

3.5.1 Aboriginal and Torres Strait Islander Children and Young People

Against the background of the significant over-representation of Aboriginal children in the child protection system and the incidence of disability within the Aboriginal population, it was critical for this project to have a dedicated focus on the specific issues and challenges facing Aboriginal children and young people in care with disability, and for those people caring for them.

Having said this, ACWA recognises that its primary role is to work hand-in-glove with AbSec, together with Aboriginal OOHC agencies and other key Aboriginal stakeholders, along with the department, to ensure that solutions to the issues arising from this project (and via other critical reviews), are co-designed and developed by leading Aboriginal bodies, and implemented in partnership with the non-Aboriginal child and family services sector.

While work continues to enhance the capacity of the Aboriginal OOHC sector, currently, around only 20% of Aboriginal children and young people in OOHC are supported by accredited Aboriginal agencies.

This section of the report highlights the issues raised via the project consultations which specifically impact on Aboriginal children with disability, with a view to informing the next phase of the project which will include a focus on supporting the mainstream OOHC sector to embed the newly released *Aboriginal Case Management Policy*.

Promoting the rights of Aboriginal children and young people with disability

In seeking to give practical recognition to the rights of Aboriginal children and young people with disability in OOHC, it's important to remind ourselves of the key commitments Australia has made:

- The *United Nations Declaration on the Rights of Indigenous People* establishes 'minimum standards for the survival, dignity and well-being of the Indigenous peoples of the world'; and Article 22 states that: 'Particular attention shall be paid to the rights and special needs of Indigenous elders, women, youth, children and persons with a disability.'
- The *United Nations Convention on the Rights of the Child* at Article 30 states that: 'A child ... who is Indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her culture, to profess and practice his or her own.'

In considering the issues facing Aboriginal children and young people with disability, we find ourselves at the junction of intersecting areas of disadvantage and inequity. As the statistics below clearly demonstrate, the co-existence of high rates of Aboriginal children in OOHC combined with the high incidence of disability among Aboriginal children, make this cohort of children and young people especially vulnerable.

What the data tells us

It is well documented that Aboriginal children and young people are significantly over-represented in the overall proportion of children reported to be at risk of significant harm (ROSH), as well as in the OOHC population.

The number of Aboriginal children and young people involved in risk of significant harm (ROSH) reports in 2019/20 increased 12.5% from the previous year. In addition, harm or risk of harm

substantiations involving Aboriginal children and young people in 2019/20 was 5,622, which represents a 38.9% increase from the previous year.

For the same period, Aboriginal children made up more than 41.4% of the 16,160 children and young people in OOHC, with recent advice from DCJ indicating that this proportion is increasing, as the overall number of children in care reduces. There was a 4.3% reduction of the overall number of children in care last year however there was only a 1% decrease for Aboriginal children.³

In terms of the incidence of disability, Aboriginal people feature more prominently than non-Aboriginal people. Aboriginal children aged 0-14 are more than twice as likely to have a disability as non-Aboriginal children (15.2% compared with 6.6%). The disability rate for Aboriginal boys aged 0–14 years (21.1%) was 2.5 times as high as the comparable rate for girls (8.5%). After adjusting for differences in the age structure of the two populations, Aboriginal people were 1.7 times as likely as non-Aboriginal people to be living with disability (27.6% compared with 16.5%).⁴ Unsurprisingly, Aboriginal people with a disability experience poorer education and employment outcomes, continuing the cycle of disadvantage.

Despite the high incidence of disability in the Aboriginal population, Aboriginal people are accessing proportionally fewer support services than non-Aboriginal people. AIHW data from 2018 identified 5.4% of all NDIS participants as Aboriginal. In Northern Territory 77% of NDIS participants are Aboriginal or Torres Strait Islander. For other jurisdictions, the proportion of NDIS participants who are Aboriginal or Torres Strait Islander ranges from 2.3 -9.6% (no additional breakdown provided.) Even at the highest participation level, this is well below the proportion identified as having a disability. The NDIA has committed resources over the next two years to enhancing the participation of Aboriginal people in the NDIS.

In terms of the proportion of Aboriginal children in OOHC with disability, there is no clear dataset available. Through this project, responses to the survey of ACWA OOHC providers revealed that:

- 63% of respondents indicated that more than 25% of the children and young people in their care were Aboriginal, with some agencies having much higher proportions.
- 71% of respondents considered there were children in their service without a diagnosis of disability who may have an underlying disability.
- 74% identified they were supporting children with a disability who did not have an NDIS package.

While we acknowledge that the statistics above are indicative only, they nonetheless provide a strong indication that a significant proportion of the population of children and young people in OOHC with disability are Aboriginal.

[Addressing specific barriers for Aboriginal Children with Disability in OOHC](#)

During the project, a number of barriers to accessing support for Aboriginal children and young people with disability were identified.

'Concept of disability'

It has been widely acknowledged that the concept of disability is foreign to many Aboriginal communities or it has a very different connotation compared with the non-Aboriginal meaning, particularly in the context of the NDIS strongly focusing on a 'clinical diagnosis'. Consequently, a

³ DCJ Annual Statistical Reports 2019/2020, DCJ website, Accessed 25 July 2021.

⁴ Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics (ABS) in 2012

disability experienced by an Aboriginal child or young person may go unidentified, un-reported and leaving them without access to necessary support services.

Not only is this traditional notion of caring and sharing the load and responsibility a means of providing support to a child or young person with a disability, it's a way of sharing cultural knowledge and a cornerstone of Aboriginal spirituality.⁵

'Response to disability'

To assist and support a child or young person with disability, Aboriginal people are more likely to rely on family and community for care and support, rather than seeking assistance from professional service providers. The level of distrust by Aboriginal people of government and non-Aboriginal service providers cannot be under-estimated, fuelled by past and ongoing failures by providers to ensure their services are delivered in a culturally safe and appropriate way.

This distrust has the potential to lead to inequitable consequences for Aboriginal children and young people with disability. For example:

- A child may be at heightened risk of removal from their family on the basis that they have failed to seek out professional services in response to their disability, potentially constituting neglect
- A family may find themselves struggling to support a child with undiagnosed disability without the benefit of specialist provider support, and this could influence them to relinquish care of the child
- There may be a reluctance and/or lack of knowledge by the child's immediate family, kinship carer or foster carer of the supports available through the NDIS, coupled with a fear and/or confusion in relation to navigating the complex web of NDIS processes
- "Typical" screening processes and environments may be culturally unsafe and inappropriate, making it difficult to get valid results to satisfy the NDIS thresholds for eligibility.

Other potential impacts resulting from broader disadvantage include:

- Given the disproportionate incidence of disability amongst Aboriginal people, there is a higher risk of a parent having a disability, and being perceived not to have capacity to support their child
- Lower levels of literacy may make it more difficult for families and carers to access the complex disability support system
- Poverty may limit the access of a child to early childhood education, an environment where staff have expertise in identifying early indicators of developmental delay. As a consequence, on commencing school a child may have already developed behavioural responses as a coping mechanism which marginalise them, and make it difficult for families and carers to cope.

Access to culturally appropriate support services

Even when a child or young person is diagnosed with a disability and has access to services through an NDIS plan, there is an extreme shortage of Aboriginal professionals and service providers who can understand the concepts of cultural wellbeing and safety, building trust with and leveraging support

⁵ Family is Culture: Independent Review of Aboriginal Children in Out of Home Care, 2019, p321

from the community network around the child, which is necessary for consistent and appropriate support.

It appears likely that living in an ongoing COVID-19 environment, professionals and practitioners will increasingly use technology to increase their capacity and reach. However, without proper engagement, mentoring and support, this could become a disincentive/barrier to Aboriginal people in accessing much needed support.

During our consultations we were told that Aboriginal communities have therapeutic methods of healing and support that often go unrecognised, and are therefore unavailable as a choice for Aboriginal people under an NDIS, or mental health GP plan. It is vitally important to acknowledge this cultural expertise and recognise the cultural evidence of the effectiveness of Aboriginal healing methods. While these methods may not have been the subject of controlled trials and studies, there is an extraordinary history and legacy of Aboriginal culture that should be supported given the potential therapeutic benefits for Aboriginal people. There is an opportunity to recognise those cultural supports to ensure they can be embedded and appropriately funded to support children and young people in OOHC.

Although there is clear policy on the critical importance of the cultural planning for all Aboriginal children in care, there is a clear need to ensure access to resources to support culturally appropriate planning, placement and supports to maximise opportunities for restoration for Aboriginal children and young people. The importance of having the care arrangements for Aboriginal children and young people adequately resourced, to ensure that cultural planning, implementation and review processes are well-executed by those with appropriate knowledge and expertise, cannot be overstated. There is a conspicuous gap between policy and implementation in this area.

[The current OOHC policy landscape for Aboriginal children in OOHC](#)

In responding to the specific needs of Aboriginal children and young people with disability in both a culturally safe and child-centred way, it is important to first consider the inter-dependent considerations of 'cultural identity' and 'culturally appropriate care and support', and what these concepts mean in practice for Aboriginal children and young people in OOHC who are also living with disability.

Both the 2019 *Family is Culture* and the more recent 2020 *Family Matters* reports consider the issue of culturally appropriate services for Aboriginal children and young people in OOHC. Together, these reports highlight foundational issues, including:

- Lack of genuine compliance with the Aboriginal Child Placement Principles and addressing the barriers to adherence to the principles
- Recognition that a range of broader social, cultural and systemic issues create the conditions in which children may come into care and create barriers to effective application of the ACPP, limiting the prospects of success of potential kinship carers
- Lack of resourcing for Aboriginal Controlled Organisations to provide services
- Failure to recognise the intrinsic importance of culture and identity in supporting children and young people in care, other than at a superficial level
- Lack of workforce capability, in particular at the caseworker level, in understanding cultural and family history, and the inter-relationship between disconnection from culture, trauma and the therapeutic model underpinning OOHC
- Need for understanding that the Aboriginal construct of "well-being" is different to the non-Aboriginal norms applied in OOHC, so that assessments and interventions can be culturally informed, relevant and safe.

- Overall, there is a call for national Aboriginal oversight of a broad, multi-dimensional program of investment and work to create change for Aboriginal people, that is founded in respect for and understanding of Aboriginal culture.

Cultural Care

‘A key characteristic of the collective Aboriginal community is to help the spirit of a child emerge as he or she grows and experiences life. This is done by letting the child know who they are in relation to their family, the broader society, the environment and the living spirits of their sacred ancestors and land. These relationships are guided by Aboriginal Law (the Dreaming/Dreamtime/Lore), and define a child’s identity and how they are connected to everything in life.’ – SNAICC, Cultural care for Aboriginal and Torres Strait Islander Children in Out of Home Care Report, 2011.

‘Connection to culture is crucial for our children to develop their own sense of identity, connection and belonging.’— Family Matters report, 2020

It is a requirement for all Aboriginal children and young people in OOHC to have a Cultural Plan. 89% of respondents to the ACWA Survey noted that there were inadequate cultural supports for children in OOHC. In many cases, we were told that caseworkers are tasked with developing cultural plans, equipped with little or no knowledge of Aboriginal history, the young person’s family story or community connections.

A recent positive development has been the release of the *Aboriginal Case Management Policy*, which is an operational framework for all practitioners working with Aboriginal children, young people and families across the continuum of support in NSW, providing guidance to practitioners regarding core case management practices. It provides a framework for Aboriginal-led and culturally embedded case management practice to safeguard the best interests of Aboriginal children and young people.

The Policy and supported documents reflect the rights, principles and best practice advice established by:

- the experience and expertise of Aboriginal practitioners and communities
- existing evidence regarding child development, capacity and capability building and best practice with Aboriginal communities
- the Convention on the Rights of the Child
- the Declaration of the Rights of Indigenous Peoples
- the Aboriginal and Torres Strait Islander Placement Principles
- AbSec’s Achieving a Holistic Aboriginal Service System for NSW, and
- The NSW Permanency Support Program, in particular, Aboriginal Care Targeted Earlier Intervention program.

The Policy is built around four elements which should ground the work undertaken by agencies to support Aboriginal children with disability:

- Aboriginal Family-led Decision-making
- Pro-active Efforts Standard
- Aboriginal Family-led Assessments
- Aboriginal Community Controlled Mechanisms

While the policy framework provides important guidance, the test of success will be consistency of practice on the ground by caseworkers operating in non-Aboriginal OOHC agencies and within the department, alongside their colleagues in Aboriginal agencies.

The role for ACWA

ACWA has a critical role to play as a peak body in ensuring that its non-Aboriginal member agencies both understand, and effectively embed in their everyday practice with Aboriginal children and young people in their care, the principles of the recently released, *Aboriginal case Management Policy*, and Rules and Guidance developed by AbSec, DCJ and other key stakeholders.

More broadly, ACWA also has an important role to play alongside AbSec, the department, and My Forever Family, in seeking to address both the general carer shortage and the shortage of Aboriginal Carers. Given the broader social inequities experienced by Aboriginal people, those seeking authorisation as carers may experience barriers in meeting eligibility criteria, in terms of home ownership, education, financial hardship. If the Aboriginal Child Placement Principles are to be realised, consideration needs to be given to ensuring that assessment and authorisation processes are appropriate and culturally safe, and that additional support may be required to sustain the placement.

The need for an integrated strategy

It would be easy to underestimate the scale of the challenge ahead if, as a community and a sector, we are to achieve significant reductions in the numbers of Aboriginal children in OOHC, and better outcomes for the many Aboriginal children and young people already in care.

There are a number of agencies working concurrently on positive initiatives, but they run the risk of being less impactful if they are not effectively promoted and well integrated with the work unfolding across the Aboriginal service sector. They include work being undertaken by:

- DCJ – there are project teams across a number of divisions, all undertaking valuable work, including the Disability Strategy Team, Family Support and Engagement Team, Aboriginal Outcomes Team, and Family is Culture Taskforce.
- AbSec – advocacy around adherence to the Aboriginal Placement Principles, promoting the Aboriginal Case Management Policy, and ongoing support and strengthening of Aboriginal OOHC agencies
- First People’s Disability Network Australia – calling for co-ordinated policy and programs at Commonwealth, State and local levels in partnership with Aboriginal and Torres Strait Islander people, and setting out a “10 Point Plan” to develop systemic responses to the disadvantage experienced by Aboriginal people with a disability, including advocacy on rights, addressing barriers to access to NDIS and ensuring people have access to support and services over the long-term.

Several non-Aboriginal agencies have recognised the imperative of improving support for all Aboriginal children in OOHC, through the establishment of specialised roles to support effective community engagement, provide a conduit to local communities, enhance the quality of cultural planning and provide advice and support to Aboriginal Carers, including advice on access to the NDIS. The roles are mostly relatively recently established and self-funded by the agencies as current PSP and Foster Care funding does not make allowance for this tailored type of support.

Aboriginal organisations are either at or over their capacity, and are simply unable to meet the disproportionate need that exists. There is a need to ensure existing and new agencies are adequately resourced to enable children and young people to be supported by culturally informed OOHC services. There is also a need to increase the availability and accessibility of culturally appropriate supports and services for those children eligible for NDIS supports – therapists, behaviour support specialists, support coordinators and disability support workers.

3.5.1.1 Opportunities for consideration:

Further exploration and consideration should be given to:

A. Supporting the needs of Aboriginal children and young people with disability in OOHC	
No	Opportunities for consideration
a	Consideration should be given to developing consistent data collection and reporting process relating to children with disability in OOHC broken down by Aboriginality.
b.	Consideration should be given to DCJ and the NDIS working collaboratively with AbSec to develop a dedicated strategy to address the issues facing Aboriginal CYP and their carers in supporting children with disability (including agencies with case management responsibility).
c.	AbSec and ACWA, in consultation with DCJ, should consider developing a joint strategy for supporting caseworkers to understand and embed in their everyday case work practice, the principles of the <i>Aboriginal Case Management Framework</i> with a view to agency compliance with this framework being used as a key success measure for agencies who are supporting the care arrangements of Aboriginal CYP.

3.5.2 Cultural and special needs of children and young people from culturally and linguistically diverse backgrounds

Many of the challenges facing Aboriginal children and young people with disability are also relevant to children and young people from culturally and linguistically diverse (CALD) backgrounds. However, these issues are overlaid with other complex issues which must be understood in order to provide culturally appropriate support to this cohort of children and young people.

There is no reliable data on the size of the cohort of CALD children and young people with disability in care, however, anecdotal data suggests it may be around 10-15% of the overall care population. However, once the inter-generational impact of children being taken into care is felt we can anticipate the proportion growing.

Settlement Services International (SSI) is a specialist provider of a broad range of support to refugees, asylum seekers and CALD communities, including support for people with a disability, and the targeted OOHC program, which provides a culturally appropriate model of foster care for CALD children and young people.

SSI's experience and research evidences that children in care who are supported to maintain a connection to their ethnic background, religion and language have better outcomes as they grow up. These connections help CALD children to develop their sense of belonging and identity, and to overcome the impact of the trauma they and their family have experienced.

SSI's Multicultural Foster Care program delivers a best practice multi-cultural model of foster care and casework support for around 190 CALD children and young people, which creates the

opportunity for them to develop their sense of belonging and identity, and achieve better outcomes as they grow up. Helping children remain connected to their culture can also support positive family restoration processes and cultural community inclusion.

The model includes:

- Placement with a foster carer who shares one or more cultural characteristics with the child (i.e. ethnicity, language, faith)
- Access to a specialist bi-cultural bi-lingual caseworker or support worker when the foster carers do not share cultural elements
- Carer assessment processes conducted in English or community languages
- Carers who can demonstrate culturally responsive knowledge, attitudes and behaviours
- Key practice tools such as specific cultural care plans to promote connection to the child's culture, religion, language and community connections
- The delivery of training and resources in appropriate languages
- Language specific peer support groups
- 24 hour phone support for crisis situations
- Access to culturally appropriate respite support
- Targeted wraparound services to support a carer's social or language limitations which may impact on care, such as travel assistance to attend appoints and/or joint attendance at meetings with health professionals
- Access to specialist counselling services to support children who have experienced refugee and settlement trauma, with resultant impact on their family
- Commitment to building practitioners' cultural awareness and responsiveness to facilitating equitable prioritising of casework that gives attention to children's cultural needs
- Visibility of children's CALD characteristics by maintaining data on their cultural elements
- Active engagement with CALD community leaders to discuss, codesign and deliver community messages in relation to family preservation, child protection and OOHC to community groups.

However, the success of the model is dependent on a number of elements which often prove challenging in practice, including the following:

Availability of Foster Carers and their commitment to maintain the child's cultural identity

There is extensive concern across the sector about the general shortage of foster carers, particularly those who may be willing to care for a child who has developmental delay or disability. When considering CALD children and young people, additional challenges are likely to be present, such as

- The diversity of cultures that CALD children and young people may represent means that identifying a carer with appropriate cultural background may be difficult.
- Within the OOHC system, there is often significant pressure to place a child, so that cultural considerations may not be a priority, or may be considered in a superficial way (for example, placement of a child with an Ethnic specific family (i.e., Arabic-Muslim, without other considerations such as faith Arabic-Christian) which can exacerbate trauma and lead to breakdown of the placement.
- Cultural belief systems may impact on the willingness of a foster carer to take on the care of a child with a disability, further reducing the chances of finding a cultural match. For example, in some cultures, the concept of disability carries a significant stigma, at worst that disability is a "sin" and the presence of disability brings "shame" upon the family.

- Situations where a child may have roots in multiple cultural systems – which one to choose or prioritise?

Service systems and processes

- Lack of understanding by those in the service system of trauma resulting from migration, refugee and settlement journey of each individual family, child and carer.
- CALD children provided with a one-off package on entering the care system which is inadequate to address ongoing cultural needs.
- CALD children entering care with limited or generic information about culture which limits capacity for effective cultural matching and may end up in mis-matching.
- The importance of proactively reviewing cultural care plans, reviewing implementation and refreshing/checking to confirm information especially when it is not present at the time a child comes into care. (It is not acceptable to consider a child's culture as unimportant because the information is not available when they come into care or because they have a disability).
- The importance of providing case workers with training in understanding cultural diversity, culturally appropriate practice and to be reflective about their own biases and assumptions.
- The importance of practitioners – primary and allied health and behaviour support professionals – in understanding the complex trauma of CALD children and the intersections with disability and mental health, in obtaining adequate evidence to support NDIS eligibility and plan reviews.
- The circumstances of a child coming into care are often crisis driven so that issues of safety and immediacy take priority over cultural considerations for child protection staff.

Cultural alignment of foster carers to legislative care obligations, especially in relation to beliefs around disability

- Cultural belief systems may influence the carer's perspectives on the appropriateness of measures – for example, a willingness to over-medicate rather than manage through behaviour support strategies, or to refuse to vaccinate a child, because it is believed that vaccination may have caused the disability.
- Where there is cultural stigma in relation to disability, for a young child who is placed in such a cultural setting, whose disability is not apparent for some time, the placement may breakdown.

Resolution of potential cultural “tension” in the provision of care

- CALD carers bring openness and strong motivation to care. However, they may need support and guidance to appreciate the layers of practice requirements related to managing behaviours, working as part of a team, the value of behaviour management strategies which do not include ‘traditional’ modes of behaviour management.
- The layers of issues impacting individuals and groups within cultural groups, resulting from their personal and cultural history in their country of origin and/or their migration and settlement journey and experience may create tension with carer's expectations.
- Statutory Western system concepts of managing child protection may be at odds with concepts within some cultural groups or sub-groups, that parents or community leaders should have authority to make decisions about children's care.
- Managing privacy and confidentiality issues within small community subgroups and the possibility of a child in care experiencing unwanted or inappropriate proximity to family, that creates a risk to the child can be difficult.

3.5.2.1 Opportunities for consideration

Further exploration and consideration should be given to:

B. CALD Children and Young People	
No	Opportunities for consideration
a	Consider how best to engage community cultural leaders to co-design a strategy to change perceptions of disability, increase knowledge and awareness of disability, how to access relevant supports, and foster messages about the value of and need for culturally aligned foster carers.
b	Consider how the key components of the Settlement Services International (SSI) multicultural foster care model could be embedded within other NGOs. This would necessarily involve an assessment of the required resourcing, as well as considering how the model could be applied to residential care settings, together with identifying the implications for assessment processes relating to the ITTC model, TSIL transitions and restoration practice.
c	Consider how to ensure that assessment tools for carers are sufficiently nuanced to capture cultural considerations, including both opportunities and barriers, as well as making these tools available in community languages in order to validate responses.
d	Recognising that it is a fundamental right of CYP from CALD backgrounds to have their care arrangements effectively managed through the provision of adequate and ongoing funding to ensure that cultural planning, implementation and review processes, are being well executed by those with appropriate knowledge and expertise.
e	Ensure practical recognition to the vital importance of effective cultural planning, placement and support to increasing the prospects of family restoration.
f	Consider how to develop/enhance Information systems at a systemic level to capture relevant cultural information, including at the point of intake of a CYP into the system.
g	Consider how to ensure that DCJ and NGO staff are sufficiently trained to ensure that there is more rigour around cultural matching and cultural safety.

3.6 THEME 6: Transition Points – with a focus on Leaving Care

Children and young people in OOHC may experience several transitions points in their care journey through that may impact on whether a child’s disability goes undiagnosed.

Key transition points include:

- Coming into care – removal from family
- Change of foster carer
- Moving from foster care to residential care
- Restoration to family, and
- Leaving Care

Sadly, the circumstances of many transitions means that they occur hastily, without the opportunity for adequate planning. Transitions create instability and inconsistency for the child or young person with the possibility of further trauma, so that behaviours that could be indicators of disability may be missed or not fully investigated or assumed to be reflective of the impact of transition on the child.

Transitions also result in disruption to a child’s life and discontinuity in the people who may be most familiar with the child, as they change schools, change medical practitioners and have relationships with friends disrupted. In the absence of a comprehensive system for maintaining relevant

information, a child's 'story' can become fragmented, with important information lost, or filtered through a different lens, reflecting the lack of knowledge of the child or experience of trauma and disability by primary and allied health professionals, and educators.

During the project, providers related stories of children coming to them with minimal information, occasionally with a passing reference to disability but without any supporting evidence. With the focus on transitioning the child to the new environment, there may be limited consideration to further assessment or diagnosis. Relevant to this issue, through the project survey, participants identified the following factors that may contribute to a child's disability not being recognised:

- Inadequate assessment of a child on coming into care (95%)
- Disruption caused by multiple placement breakdowns (95%)
- Lack of capacity to effectively support young people leaving care (100%)
- Lack of effective information systems to share and maintain information (89%)
- Lack of capacity to assist and support parents through NDIS during restoration (84%)

While no reliable data is available, given what is known about the intersection between family breakdown and having a child with a disability, it is possible that a child's disability, if undiagnosed and inadequately supported, could contribute to the breakdown of foster care placements.

Each of the key transition points is explored further with a view to better understanding both the issue and the opportunity a transition point may afford for effective identification of a child or young person's disability. Some aspects have been explored in detail in other sections of the report. There is significant focus on leaving care, recognising the importance for the young person's life trajectory and opportunities.

a) Coming into care

The importance of adequate assessment, both initially and ongoing, has been discussed above. Given the risk focus and speed with which a removal may take place, there will be challenges in differentiating indicators of trauma and disability, reinforcing the importance of access to appropriately qualified and experienced medical practitioners and clinicians, and support for carers to understand and monitor the child from both developmental and behavioural perspectives.

This presents the earliest and most effective opportunity for identifying a child's eligibility for the NDIS Early Childhood Intervention pathway, or access to other health and disability support.

b) Change of foster carer

There are multiple reasons why a foster care placement may become unsustainable including death, illness or change of circumstances of the foster carer, to inability of the foster carer to adequately manage the support needs of the child, including behavioural support needs. Foster carers need casework support that will assist them to get appropriate assessments to enable them to access supports to prevent breakdown as far as possible. However, when the placement breaks down it is often in circumstances of crisis, requiring a quick response. In an environment where there is a shortage of foster carers, including short term carers, there may be limited opportunities to gather all relevant information, undertake comprehensive transition planning, including matching or ensuring that opportunities for a child's school and social networks are maintained.

c) Moving to residential care

Providers recognise that often for a young person over 12, a move from foster care to residential care may be on the back of a negative experience, and may occur quickly, even if the contributing

issues were long-term. Consequently, there are immediate priorities for safety with limited consideration of whether disability of the child has contributed to the circumstances catalysing the move. Introduction of the ITTC model may provide access to an assessment process. However, as noted above, the assessments are not currently designed to identify disability, and so will only pick up indicators in the hands of experienced practitioners.

The move from a family-based setting to residential care, which is far more institutional, is in itself likely to be traumatic and manifest in a way that mimics or masks disability. For example, it may be difficult to identify whether a child's failure to engage is due to unwillingness or incapacity. Assessments are generally safety and trauma focused but need to also consider the lens of potential disability.

d) Restoration to family

Where restoration of a child or young person to a family is being considered, it is imperative that the right supports are in place to maximise the success of the restoration. Given the extensive case work invested in the family restoration process, there is an opportunity to ensure that any issues of disability for the young person have been identified and adequate supports are in place, including supports through the NDIS. The likelihood of identification and appropriate diagnosis will depend significantly on the knowledge and experience of disability and the NDIS, of the caseworker. The planning and case work for restoration of a child or young person who has a disability will be more complex in order to adequately equip the parent/family to take on the responsibility of the ongoing relationship with the NDIS – including planning, advocating and reviews.

Providers also recognise the potential for the parent engaged in restoration to be affected by disability, without any or adequate NDIS support. Knowledge of the NDIS system by caseworkers may assist them to support the parent to access NDIS supports that will increase the likelihood of success of the restoration.

e) ITC-SD

In 2019, DCJ established the Intensive Therapeutic Care – Significant Disability (ITC – SD) program to better support eligible children and young people who have significant disability who require specialised or intensive supports to maintain stable care arrangements and are therefore unable to be adequately supported in other forms of residential care. The aim of ITC-SD is to ensure seamless access to therapeutic and disability supports, including those funded by mainstream providers and the NDIS.

DCJ anticipated around 80 children would meet the eligibility requirements, to be determined on a case by case basis, with highest priority given to young people in Alternative Care Arrangements (ACAs) and in long term special care. The program includes a significant increase in baseline funding to support additional 24/7 staffing, as well as access to other packages. The model continues to presume a 4 bedroom residential environment, while acknowledging that many eligible children would be transitioning from current individualised arrangements.

Guidelines for transition include expectation that the transition of eligible children would take 12 – 24 months. DCJ is incorporating a trial of an additional assessment process – the 'Independent Support Needs Assessment' (ISNA). The overarching transition principles of ITC-SD include:

- To maximise achievement of their longer-term outcomes

- To create stability, anticipating that the child will not move more than once, with continued focus on permanency.

Entry criteria for ITC-SD sets expectation that:

- The disability-related needs of the child have a significant global impact on daily living requiring a number of intensive supports
- Stepdown of support within 2 years is unlikely
- Mainstream ITC would be unsafe for the child
- Intensive support is required
- The child's disability-related supports require specialist Health, Education and Disability services
- The need for specialist support may continue into adulthood.

Without question, the introduction of ITC-SD has been welcomed by the sector. However, it remains unclear whether the availability of ITC-SD is adequate to meet demand. The review of the use of the ISNA is also awaited, as this may in fact be a more appropriate tool for use with all children.

One well established provider in regional NSW, now an accredited ITC-SD provider, is already experiencing significant uplift in the number of allocated placements. Notably, a large group of the young people in additional placements have significant behavioural challenges, including sexualised behaviours, which are difficult to accommodate appropriately in the proposed 4 bed model.

The provider reports that most of the young people entering ITC-SD from foster care have an NDIS package. However, the packages are often inadequate. Support Coordination is included but is inadequate to enable a review of the package to ensure that Behaviour Support is adequately funded to satisfy the quarterly review commitments required under the DCJ contract.

Some young people coming into ITC-SD have no package and there is limited access to appropriate local specialists, so a Sydney based paediatrician is flown in. The administrative burden is onerous, requiring the employment of two additional roles, with reporting obligations to DCJ, OCG and NDIS, including the requirement to be accredited as an NDIS provider, and the demands of completing Complex Needs Applications and going back and forth with Support Coordinators and planners who often do not understand the OOHC environment.

The provider reports that 45% of the young people in ITC-SD are Aboriginal, and the additional cultural considerations and challenges are present, including the removal of children from country and the lack of specialist Aboriginal staff.

There have been challenges in identifying responsibility for funding different elements of support as between DCJ and NDIS and long delays in receiving advice in response to requests.

While the model has merit in principle, it may not yet be achieving the intended outcomes, or reaching the full cohort of children and young people who require specialised supports.

f) Leaving Care

Nationally, there has long been acknowledgement of the importance of effective leaving care planning and support for young people in care who may be at higher risk of youth homelessness, unemployment and interaction with the Justice system. In NSW, Ministerial Guidelines have been revised, and DCJ has undertaken extensive work to develop best-practice models for leaving care planning. Positive initiatives such as After Care support packages and the Care Leavers' Assistance

Lines have been established, and there is a clear intention that leaving care planning commence from around age 15. The PSP Learning Hub is increasing the number of resources available to providers to assist in leaving care planning.

Yet, providers still experience multiple challenges and barriers in undertaking effective planning, and these are increased for a young person with a disability. Several providers have reported that it was through the leaving care planning process that a young person has been identified as having a disability, requiring over-stretched, inexperienced and often inconsistent case workers to manage the additional complexity of navigating the NDIS.

Effective leaving care planning requires an additional set of skills and knowledge for caseworkers, including ways to collaborate with carers and residential care staff who have a significant role to play as influencers and trusted supporters of young people. They further need to be knowledgeable and connected with a range of local networks and resources to support referrals to housing, employment and disability providers, and to support the maintenance of family networks where possible.

One representative noted that there has been a significant cultural shift from a “tick a box” approach to leaving care planning, to early engagement with the young person to explore with them ‘possibilities’ - the skills and gaps needed to get the young person ready to leave care, considering living skills, social skills, driving, financial skills, in a strengths-based model. This approach should help to identify the specific needs of a young person with a disability, but a critical question needs to be how to create the personal support networks that the young person will need in the absence of paid professionals. For Aboriginal young people, there is the additional support required to establish and/or maintain connections to cultural communities and role models who can support them.

A critical element of successful leaving care planning is the capacity to engage the young person, yet this still proves to be one of the most challenging aspects for providers, when young people are highly traumatised they may experience hopelessness and lack of trust in systems that they perceive have failed them, so engagement is difficult. For those who may have cognitive challenges, their limited capacity to understand the planning process and its intent, can create fear and uncertainty, undermining the intent of good planning. Providers recognise that a young person with mild intellectual disability, or chronic mental health may find themselves ineligible for NDIS support in the absence of strong advocacy. While mainstream support may be available, they are easily overwhelmed and this can have an adverse impact on a psychosocial disorder. Without adequate ‘up front’ support, the person may decline into chronic and long-term disability.

Effective leaving care planning will require, time, expertise, positive relationships with the young person and extensive knowledge of community mainstream and specialist resources. What does it take to implement this in practice?

The quality and effectiveness of leaving care planning has a direct correlation to the demand for support for young people through After Care programs. Further, providers would benefit from a better understanding of the way that they can, in conjunction with DCJ, continue to contribute to leaving care plans for young people, post 18 years old. It was reported that After Care providers are regularly engaged in advocating for young people with a disability because of the challenges they experience in engaging with the NDIA, in particular seeking plan reviews to ensure that the plan is adequate for the young person’s support needs in the context of leaving care.

Many young people in foster care who are between 15 and 18 years old, may have had the benefit of long-term, caring homes with foster families who in many cases may be willing to continue support, but in the absence of the Carer’s Allowance, may not have the means to do so.

Inadvertently, this is likely to impact Aboriginal carers to a greater extent than non-Aboriginal carers. In other jurisdictions, access to carer support payments beyond 18 years is available, enabling young people in to transition from care in a more normalised and potentially sustainable way, enhancing their long-term prospects.

As a substantial OOHC provider in NSW, Anglicare has committed to a formal organisational improvement plan to support young people leaving care who have a disability. A cornerstone of the model is the recent establishment of a self-funded, specialist internal “Support Coordination” role (distinct from NDIS Support coordination) which works as a specialist advisor, alongside caseworkers and carers, to provide additional support for every young person as they commence leaving care planning from 15 years old. The role specifically considers any special needs of the young person which has assisted in identifying young people who have not had an NDIS package, as eligible under the scheme.

The role works in an intensive case by case capacity to support the caseworkers and carers navigate the NDIS, including undertaking advocacy and negotiation with NDIS planners and Support Coordinators to ensure that packages are adequate to support the leaving care needs of the young person. The role works actively to engage each young person, to ensure their voice is considered in the leaving care and NDIS planning processes. The role is new and has the intended outcome of building the capacity of case workers and other staff, so that there may be decreasing reliance on specialist knowledge.

The appointee to the role brings extensive disability experience to the position, both as a support worker and support coordinator, with specialist knowledge of the NDIS. Given the relative newness of the role, Anglicare reports that there is considerable reliance on the role, anticipating it may take some time to establish the model of collaboration that is essential to its success. However, the establishment of the role is achieving positive outcomes for young people with a disability, ensuring they have access to requisite resources and support for planning and implementing their journey of leaving care.

CatholicCare Hunter Maitland has also established a self-funded, specialist role to support children and young people in care to access specialist support for diagnosis, eligibility, and services under the NDIS. While not limited to young people leaving care, the establishment of this role has also resulted in improved outcomes for children and young people in care with a disability, filling a gap that otherwise exists in the system.

The position acts as a first point of contact for people in Transitional Supported Independent Living or After Care Programs, including those who may have diagnoses such as ADHD, ODD, RAD, Borderline Personality Disorder, Anxiety or PTSD which may not meet the NDIS Access Criteria.

Part of the role is to stay up to date with the current changes being considered by the NDIS – including Independent Assessments, ‘capping’ of funding for people with ASD and Autism and changes to ECI and how these may affect the people we work with. The role provides access to staff at all levels across OOHC with disability and NDIS expertise.

A key responsibility of the role is to establish whether there is adequate documentation around the diagnosis to meet NDIS access criteria and what further evidence may be required.

One of the real challenges experienced by this role is the NDIS criteria of ‘LifeLong Disability’ which may not be possible to confirm for many young people leaving care. For example, it is unlikely that a clinician can confirm that Reactive Attachment Disorder (which would not meet the NDIS Access

Requirements) is lifelong. It is only diagnosed in children, but may lead to many associated mental health issues – including unsafe behaviour, self-harming and/or self-medicating on drugs and alcohol and then develop into a more serious mental health condition such as Schizophrenia. As it currently stands, the NDIS would not accept eligibility if it could be demonstrated that the Schizophrenia was lifelong, requiring extensive documentation, cost for reports and delay in accessing necessary support.

The NDIS Coordinator role at CatholicCare is one of a strong and knowledgeable advocate that is currently not available via existing mainstream services. CatholicCare has been fortunate to engage a person in this role who worked within the NDIS from the establishment of the NDIS Trial Site in 2013, thereby bringing extraordinary expertise.

Carers express concern about the inconsistency of their capacity to engage with the NDIS which goes beyond the leaving care planning process, but has particular relevance as a carer prepares the young person to potentially managing engagement with the NDIS independently. While recognising the obligations of the Minister to young people in care, there needs to be a greater understanding within the NDIA of the important quasi-parental role that carers play in the lives of young people in their care. They are often the person who knows and understands them best, the best source of information about functional capacity and challenges, and the person largely responsible for implementation of the NDIS plan on a day to day basis. Through the leaving care process, the responsibility for carers can become increasingly intense, and without provision of adequate support coordination, behaviour support and respite, the plan can ‘fall apart’, be under-utilised and contribute to breakdown of this vital relationship in the young person’s life at such a critical time.

Providers report that lack of clarity between the roles of caseworker and Support Coordinator can create challenges in planning and implementation under the NDIS. In some instances, the assumption has been made that because of the presence of a caseworker, there is limited or no need for support coordination, resulting in considerable additional responsibility on the caseworker who has no access to resources for plan review.

The DCJ Engagement and Family Support Team is making a valuable contribution through high level and regular engagement with the NDIA as well as case by case specialist support and advocacy to NDIA. However, the resources of that team to support individual cases are limited.

Access to safe, affordable and available housing is identified as one of the most important considerations for leaving care planning, and can often underpin or undermine the effectiveness of leaving care plans. The issue of housing can be further complicated for a young person with disability, considering their capacity to transition to the TSIL model and develop skills for independent living, and their eligibility for SIL or ILO support through the NDIS. Given the broader community concern in relation to youth homelessness, this requires an inter-governmental response at both state and federal level. New initiatives such as Homeshare, about to be piloted with support from the NSW Government, may present options for young people to find stable accommodation that balances independence with mutual support.

Some multi-disciplinary agencies report positively on their capacity to provide post-leaving care wraparound supports to a young person, with or without a disability, through the access to their other funded support programs, such as counselling, emergency relief or housing.

3.6.1 Opportunities for consideration

Further exploration and consideration should be given to:

No	Transitions points – with a focus on leaving care
a	Consider how to provide all CYP with access to adequate NDIS assessments, and sufficient knowledge to enable them to source appropriate experts and engage with the NDIA. This is likely to require additional resourcing as young people transition to adulthood.
b	Consider how to ensure that CYP with disability, including those who are diagnosed through the transition process, have access to reasonable advocacy and support coordination to ensure full utilisation of their NDIS plan, and to complement the work of their agency caseworker.
c	Consider how the current work of DCJ in enhancing information systems that will become the source of truth of a child's life story, can be leveraged to support identification and investigation of indicators of developmental delay and disability and consistency of approach to support the child's needs.
d	Consider how, through the restoration process, parents can be adequately supported to navigate the NDIS system to support the child, themselves and the resilience of their whole family.
e	Consider how, through the restoration process, parents can be adequately supported to navigate the NDIS system to support the child, themselves and the resilience of their whole family.
f	Evaluation of the ITC-SD model eligibility criteria and consideration as to whether the proposed Independent Supports Needs Assessment may have broader application to CYP in care.
g	Consider how after-care opportunities can be better leveraged to support young people leaving care, including supports for carers who are willing and able to continue to support young people they have cared for through their lives.
h	Consider leaving care planning and post 18 years arrangements in other jurisdictions to identify good practice initiatives for embedding in NSW.
j	Consider how the NGO sector can become better informed about the post leaving care options and supports available to young people through DCJ, NDIS and mainstream services, to contribute to better planning, including contingency planning, for young people with a disability leaving care.

3.7 The Voice of the Child

An acknowledged limitation of this project due to the timeframe, is the lack of a direct voice from children and young people. However, both the Create Foundation, the National Consumer Body that represents the voices of children and young people with an OOH experience, and Youth Action, the peak body representing young people and the services that support them in NSW, contributed to the project through interviews and via two valuable reports (see Appendix 6 for references). Each organisation has expressed an interest in progressing the outcomes of the project and facilitating opportunities for their youth representatives to take part in future consultations.

In May 2021, Create published the outcomes from its *2020 National Survey: "Transitioning to Adulthood from Out of Home Care – Independence or Interdependence"*. Of the 325 young people who responded to the survey, one third identified as having a disability.

Significantly, responses included:

- Only 36% of young people indicating they had a leaving care plan
- 30% of young people experienced homelessness in the first year after leaving care
- Of those who identified as Aboriginal, 80% said they had not had access to any culturally aligned support.

“ Communication with young people is really important, it is their life, so allow them to be more involved ... And never forget that kids are not numbers! We are people not data ... Get to know us personally, cause reading our file just doesn't cut it.” (see p.23)

Youth Action has identified youth homelessness as the most critical issue for young people as a determinant of positive future life outcomes. For young people with a disability, without the care and support of a family, navigating the complexity of options for sustainable housing is even more difficult. Youth Action advocates for greater participation and engagement by young people in decision-making – from day to day decisions through to policy makers, recognising that this requires a whole of government commitment to collaboration.

Opportunities for Consideration:

No	The Voice of the Child
a	Look for opportunities to engage with Create Youth Consultants and Youth Action to ensure that the voice of children and young people is heard on all issues and initiatives emerging from this project.
b	Consider how Create Foundation’s Ability Project, can be more effectively promoted to agencies to support young people leaving care.
c	Consider how Create Foundation’s ‘Supported Decision Making’ training could support initiatives emerging from this project.

PART 4 – RESPONDING TO THE OUTCOMES

4.1 NEXT STEPS AND PRIORITY ACTIONS

Outlined below are a set of priority actions to progress our work to the next stage, these are:

- Seeking feedback on the report from ACWA member agencies and other contributors to the project, including identification of relevant case studies to further evidence the issues identified, and prioritising the opportunities for consideration.
- Consulting with AbSec on the outcomes identified in the report, particularly those which relate specifically to Aboriginal children and young people, and developing a strategy for co-designing a response to these issues.
- Consulting with DCJ on the outcomes identified in the report, with a view to understanding and aligning current and proposed initiatives being led by DCJ that address issues covered in the report, and identifying further opportunities for collaboration.
- Leveraging the existing relationship between the NDIA and DCJ to engage the NDIA in discussions about progressing the issues identified in this report.
- Providing a briefing to the Minister in relation to the issues identified in the report and the proposed way forward following the above further consultations.
- Consulting with the Office of the Children’s Guardian on the outcomes identified in the report and consider opportunities for collaboration.

It will be critical for the second stage of the project to explore the type of governance processes needed to ensure that the agreed issues and actions are effectively implemented and there is a mechanism for resolving emerging issues on an ongoing basis.

4.2 OTHER OPPORTUNITIES FOR ACWA TO SUPPORT MEMBER AGENCIES

In addition to the Priority Actions recommended above, there are other ways that ACWA can make a direct and practical contribution to improving opportunities for children and young people with disability in OOHC, including:

- Advocacy and facilitation of conversations with multiple levels of government and relevant agencies
- Facilitating opportunities for member providers to hear from young people with lived experience of disability in OOHC, including those who have left care, in conjunction with partners
- Engagement with Aboriginal member agencies, AbSec and its members and communities
- Development of training, resources and support for OOHC staff, carers, NDIA, leveraging the capacity of CCWT and work currently being undertaken by DCJ and NDIS
 - Establishing communities of practice to facilitate ongoing discussion and shared problem solving, with invitations to DCJ and NDIA to contribute
 - Hosting round table sector meetings with DCJ/NDIA to enhance engagement and collaboration
 - Contributing to the enhancement of information systems, data collection & assessment processes
 - Evaluative research to monitor the impacts of good practice and outcomes.

4.3 CONCLUDING REMARKS

In a child protection service system environment that is largely crisis driven and constrained in resourcing, it can be challenging to effect the change that is required. In our view, taking a longer-term 'investment perspective' will help to realise the benefits for each individual child, in terms of life prospects, as well as broader community benefit and government benefit, as the future burden of unemployment, mental health and homelessness is more likely to be reduced.

In considering the findings of this project, it is important to return to the United Nations Convention on the Rights of the Child which states:

"All organisations working with children should work towards what is best for each child"
(Article 3)

"Children have the right to live a full life. Governments should ensure that children survive and develop healthily." (Article 6)

"Children who have any kind of disability should receive special care and support so that they can live a full and independent life." (Article 23).

APPENDICES

Appendix 1 - Survey

- a) Survey Template
- b) Summary of insights from the Survey

Appendix 2 - Workshops

“Falling through the gaps?” Ensuring the best outcomes for vulnerable children and young people with disability.

A project by ACWA

WORKSHOP PROGRAM

PROGRAM for each workshop:

1. Welcome & Acknowledgement of Country
2. Brief introductions – Who is on the line? What perspective do you bring?
3. Brief overview of the project work to date and principal themes emerging
4. Outline of the key issues to be explored (Refer to attached briefing paper)
5. Discussion of the issues and identified contributing factors.
Some guiding questions:
 - a) Do you agree that this is a significant issue?
 - b) Are there other considerations to add?
6. What do we need to do in order to address the issue?
Some guiding questions:
 - a) Are there examples of effective responses / good practice in organisations that could be shared / modelled across the sector?
 - b) What role can ACWA play, as the peak body, in supporting responses to the issue?
 - c) What challenges or barriers might we encounter? (How can we mitigate them?)
 - d) Who do we need to engage with to make progress?
 - e) What is the risk if we do not respond effectively to the issue?
 - f) How can we continue to collaborate on this issue?
7. What next?
 - a) Develop a summary and circulate for further feedback
 - b) Actions we can take now
8. Review and close

ACWA DISABILITY PROJECT – Background & Workshop Briefing

From discussions with providers and other stakeholders, there appears to be a real risk that children and young people in care arrangements who may have a level of disability, or are at risk of developing a psychosocial disorder, are missing out on the fundamental supports they need to ensure that they thrive and optimize their life outcomes.

Through this short project we are aiming to:

- Identify ways that we can better support children and young people in care who may have a disability
- Look at ways that ACWA can support member agencies through the development of practical tools and resources, and advocacy to achieve the best outcomes for this group of vulnerable children
- Work with member agencies and other key stakeholders to develop models of practice and systemic improvements for the benefit of children and young people in care who may have a disability.

A number of factors have been identified that individually and collectively may be contributing. Through the workshops, we are aiming to explore the key factors in more detail and from a range of perspectives, with an emphasis on what needs to change and how to address the issue.

WORKSHOP 1 – Intake, Assessment & Information

In Workshop 1 we are going to explore these questions (and others that participants may raise):

1. What are the current gaps in the assessment and intake processes when a child or young person comes into care which may result in a risk of disability not being identified? How can we improve those processes to fill the gaps and ensure that a child or young person's needs are adequately met from "Day 1"? What would a "best practice" model for information gathering, assessing and monitoring the development and progress of children and young people in care look like?
2. How can we support Carers to adequately monitor, assess and respond to a child's needs as indicators of a potential disability or developmental delay? Who are the players? What is their role? How is this appropriately resourced?
3. How can the NDIS Early Intervention Pathway be used to support younger children coming into care.
4. Young people entering residential care are subject to a raft of assessments to support the therapeutic model. Are these assessments adequate to identify issues of underlying disability, including the emergence or risk of psychosocial disability?
5. There appears historically to be information gaps about each child in care which make it difficult to have a full picture of a child's progression and development, so that indicators of disability may be lost. Ideally, what would an information management system look like that could capture the right information, but without creating an additional administrative burden on service providers?
6. How could improvements in this area better support:
 - a) Aboriginal children and young people
 - b) Young people as they approach leaving care.

In January 2021, service providers responded to a questionnaire distributed by ACWA. Responses relevant to this issue include:

- 74% of respondents did not believe that all children and young people in their service who would be eligible for NDIS had packages. For those children who do have packages, the packages were often inadequate to support the child's disability needs.
- 100% of respondents identified that it was difficult to access appropriate clinicians for assessment and support.
- 95% considered the assessments of a child or young person coming into care were inadequate.
- 99% recognized the complexity of trauma and how that can make assessment of disability more difficult. (Hence the importance of appropriate expertise).
- 100% felt that many health professionals on whom we rely for assessment, diagnosis and support have inadequate understanding of trauma and the context of the out of home care environment.
- 80-90% felt that there was a need to increase knowledge of disability and NDIS, including the Early Intervention Pathways, for Youth Workers, case Managers and Carers.
- 89% noted that there was a lack of effective information systems to manage, maintain and share information about a child to ensure consistency across the child's journey.

WORKSHOP 2 – NDIS Processes, Systems and Capability

In Workshop 2 we are going to explore these questions (and others that participants may raise):

1. How can we facilitate access to NDIS for children and young people in out of home care who may have a disability?
2. What needs to be put in place
 - a) as individual providers and
 - b) as a service system
 to ensure that NDIS packages are adequate to meet the child's needs, taking into account the complexity of the trauma associated with their out of home care experience?
3. What knowledge and information are required for:
 - a) Staff and Carers in the service system and
 - b) NDIA staff and partners (LACs)
 to ensure children and young people have access to the appropriate support?
4. What do we need to do to address the issue that children and young people are not always fully utilizing their packages?

In January 2021, service providers responded to a questionnaire distributed by ACWA. Responses relevant to this issue are listed below. They reflect both direct and indirect challenges with the NDIA in terms of access, the adequacy of support packages and capacity to ensure the packages are used to achieve the best outcomes for the individual child.

Significantly, only 9% of providers felt that all children and young people with disability that they support had access to an adequate NDIS package to meet their needs. 74% were concerned that there were children in their service with a disability who did not have an NDIS plan. 27% said that although they felt confident that all eligible children in their service were accessing the NDIS, they did not believe that the funding packages were adequate.

- Difficulty in access to appropriate assessments and diagnosis (95%)
- Complexity of trauma impacting on the young person (100%)
- Complexity of diagnosing psychosocial disorder (95%)

- Limited knowledge of trauma and out of home care by NDIS agency (89%)
- Limited knowledge of NDIS processes by staff and Carers (79%)
- Lack of inclusion of support coordination in packages (89%)
- Lack of inclusion of funding for respite in packages (89%)
- Lack of awareness of early childhood intervention pathways (79%)
- NDIS information is difficult to understand for people from CALD backgrounds or those with literacy challenges (83%)
- Lack of NDIS focus on outcomes (73%)
- Allocation of a Plan Manager by NDIA 968%
- Lack of clarity in relation to funding some supports (83%)
- Disruption caused by placement breakdown (95%)
- Lack of provision of support for cultural planning within NDIS package (89%)
- Lack of role clarity in navigating the NDIS (as between case worker/ Carer / youth worker / NDIS staff) (96%)
- Waiting periods for access to specialists and clinicians for assessment and diagnosis

In addition, service providers expressed concern about the prospect of independent assessments and the lack of clarity of lines of responsibility between DCJ and NDIA. Red tap associated with navigating that area can result in substantial delays in access to services.

WORKSHOP 3 – Workforce and Carer Capacity Building

In this workshop we will consider what additional training and support the workforce and Carers may need to adequately and effectively support children with a disability in the out of home care system.

We will consider:

- Youth Workers
- Case Workers
- Managers
- Carers

We will also consider LACs and Support Coordinators.

Some questions to reflect on include:

1. Do we need to review Position Descriptions for these roles?
2. What is the core knowledge required in these roles, given the high incidence of children with a disability?
3. What is the most effective means of delivering training in order to close the gap?
4. Are there opportunities to be working more closely with colleagues in the disability sector, including those who provide voluntary out of home care?

WORKSHOP 4 – Supporting the needs and rights of Aboriginal children and young people

There is ample evidence of the fact that Aboriginal children and young people continue to be disproportionately represented amongst children in care. It is also well-established that Aboriginal children and young people are also over-represented amongst children and young people with a disability. Given the concurrence of these issues, we believe it is vital to explore the particular needs of these young people.

In Workshop 4 we are going to explore what the specific issues are in supporting Aboriginal children and young people, and how we can address them. We will consider these questions (and others that participants may raise):

1. We have identified a number of challenges and barriers to access to the NDIS for young people in care. What additional challenges are faced by Aboriginal children and young people, their Carers and workers who may be supporting them?
2. What specific knowledge, information and skills are required for:
 - c) Staff and Carers in the service system and
 - d) NDIA staff and partners (LACs)to ensure Aboriginal children and young people have access to the appropriate support?
3. What needs to be put in place
 - a) as individual providers and
 - b) as a service systemto ensure that NDIS access and support packages are adequate to effectively respond to meet the child's needs, taking into account the prevalence of intergenerational trauma in Aboriginal communities compounded by the complexity of the trauma associated with removal from family, kin, community and cultural connection for Aboriginal children and young people?
4. For Aboriginal children and young people who have access to an NDIS package, what do we need to do to ensure they are able to fully utilise their package in a culturally safe way that achieves the best outcomes?
5. What specific actions can you take to support Aboriginal children, young people and families to achieve their rights and increase access and equity to NDIS?

In January 2021, service providers responded to a questionnaire distributed by ACWA. Responses reflected both direct and indirect challenges with the NDIA in terms of access, the adequacy of support packages and capacity to ensure the packages are used to achieve the best outcomes for the individual child.

Providers were asked for information about the numbers of children in their services who are Aboriginal or Torres Strait Islander. 63% of providers responded that more than 25% of the children and young people they support are Aboriginal. We know that specialist Aboriginal service providers who are member agencies of AbSec support many more children.

In our discussions with providers and through our workshops, some specific issues have already been identified including building the cultural competence of all "players" in the care system.

Two areas of general concern, which also have particular relevance to Aboriginal children and young people are:

- a) the proposal by NDIA to introduce independent assessors/assessments *[Note: Subsequent to the workshops, Federal Government determined not to proceed with this proposal]* and
- b) the lack of clarity of lines of responsibility between DCJ and NDIA. Red tape associated with navigating this area can result in substantial delays in access to services.

WORKSHOP 5 – Transition Points (especially Leaving Care)

Through the journey of a young person in care, there may be a number of key transition points which can be particularly difficult for a child or young person with a disability, and which may create challenges which cause the impact of disability to be discounted. These include:

- Coming into care, which may occur at a variety of developmental stages
- Changes in care arrangements – foster care change / breakdown, movement into residential care, movement into TSIL
- Leaving care
- Disruption to care due to a young person being out of placement
- Restoration to family

In Workshop 5 we are going to explore what the specific issues are that face children and young people, Carers and agencies at these transition points and how we can address them. We will consider these questions (and others that participants may raise):

1. How do we ensure the most effective planning for and implementation of these transitions, that takes account of the child or young person's disability? This may include ensuring adequate consideration is given to the possibility a child or young person may have a disability.
2. What specific knowledge, information and skills are required for:
 - e) Staff and Carers in the service system and
 - f) NDIA staff and partners (LACs)to ensure that adequate support is available to a child or young person who is facing a major transition?
3. Are there good models service providers are currently implementing that can be shared?

In January 2021, service providers responded to a questionnaire distributed by ACWA which was designed to quantify key issues.

Some insights relevant to this issue include:

- 76% of respondents felt that there may be children and young people in their service who are under-diagnosed in relation to disability
- 71% felt that it was likely that the children and young people in their services who did not have a diagnosed disability but may have some level of underlying disability
- 74% of respondents identified that not all children with a disability had an NDIS package
- More than 95% of respondents identified the following as factors contributing to inadequate identification and support of children and young people with a disability:
 - Complexity of trauma impacting on the young person (100%)
 - Limited understanding of the impact of trauma and the context of OOHC by health professionals (99%)
 - Inadequate assessment of the child /young person on coming into care (95%)
 - Disruption caused by multiple foster care breakdowns (95%)
 - Lack of capacity to effectively support young people leaving care (100%)
 - Lack of role clarity in navigating NDIS and accessing supports (95%)
- We have touched on a number of other issues in other workshops that are also relevant to consider: adequate systems to maintain information throughout a child's journey, adequate

access to support coordination, leaving care planning and support for young people post 18, clarity of responsibilities and requisite knowledge of Carers and workforce.

WORKSHOP 6 – NDIS, DCJ and agency interface

In Workshop 6 we will explore these questions in general terms (and others that participants may raise):

1. In what areas do there appear to be gaps between NDIS, DCJ and potentially other government agencies in the support for a child or young person in care with a disability? How can we bridge those gaps and ensure that a child or young person's needs are adequately met from "Day 1"?
2. What would a "best practice" model for information gathering, assessing and monitoring the development and progress of children and young people in care look like, which enabled all key stakeholders to have access to up to date and consistent information?
3. When a child or young person in care has a disability or there is a possibility they have a disability, who are the players supporting their needs, what are their respective roles, and specifically, how can we ensure there are not gaps in funding?
4. How can we support staff and Carers within agencies to navigate and work effectively across two systems in supporting a child with a disability?
5. How can we bridge the gaps in funding, with particular reference to:
 - Costs associated with assessments and evidence for NDIS
 - Interim costs for specialist therapy, additional staffing pending assessment by NDIA
 - Access to specialist respite for children with mild to moderate disability, who may not be eligible for NDIS
 - Accommodation arrangements where the child or young person in care is unable to be effectively supported in the general PSP model (e.g. 4 person residential) and this is significantly due to a disability (e.g. autism)
6. How can we create mechanisms for establishing a support network around a child or young person in care, that includes NDIA as a stakeholder?
7. How can the NDIS Early Intervention Pathway be used to support younger children coming into care?
8. Young people entering residential care are subject to a raft of assessments to support the therapeutic model. Are these assessments adequate to identify issues of underlying disability, including the emergence or risk of psychosocial disability, so as to ensure access to NDIS where eligible?
9. There appears historically to be information gaps about each child in care which make it difficult to have a full picture of a child's progression and development, so that indicators of disability may be lost. Ideally, what would an information management system look like that could capture the right information, but without creating an additional administrative burden on service providers?
How could improvements in this area better support:
 - a) Aboriginal children and young people
 - b) Young people as they approach leaving care.

These issues are inter-related and have been explored from different perspectives in other workshops. The key focus of this workshop is how to work effectively across systems with the child or young person's well-being at the centre.

In January 2021, service providers responded to a questionnaire distributed by ACWA. Responses relevant to this issue include:

- 74% of respondents did not believe that all children and young people in their service who would be eligible for NDIS had packages. For those children who do have packages, the packages were often inadequate to support the child's disability needs.
- 100% of respondents identified that it was difficult to access appropriate clinicians for assessment and support.
- 95% considered the assessments of a child or young person coming into care were inadequate.
- 99% recognized the complexity of trauma and how that can make assessment of disability more difficult.
- 100% felt that many health professionals on whom we rely for assessment, diagnosis and support have inadequate understanding of trauma and the context of the out of home care environment.
- 80-90% felt that there was a need to increase knowledge of disability and NDIS, including the Early Intervention Pathways, for Youth Workers, Case Managers and Carers.
- 89% noted that there was a lack of effective information systems to manage, maintain and share information about a child to ensure consistency across the child's journey.

Other observations relevant to this issue include:

- Limited understanding of trauma and the context of out of home care by NDIS staff (89%)
- Lack of clarity in relation to funding some supports for children and young people who have a disability (83%)
- Lack of advocacy to NDIS for children and young people in care
- Lack of inclusion of adequate Support Coordination in NDIS Plans (89%)
- Lack of inter-departmental collaboration including information sharing at Government level (70%)
- Lack of capacity to support effective transition for young people leaving care (99%)
- Limited resources of providers to provide supports to fill the gaps in the service systems (100%)
- Lack of inclusion of funding for respite in NDIS packages (89%)
- Inadequate service system focus on the best interests of each individual child (79%)
- Lack of clarity of role and expectations of Support Coordinator, case manager and youth workers in navigating NDIS and supports (95%)
- Concern was expressed about the impact of the proposed move to independent assessments for this group of children and young people.

Service providers have also offered ideas for solutions:

- Consistent training and information for all staff across service sector to fill respective knowledge gaps
- Identification and allocation of specialist support coordinators, with knowledge of trauma
- Opportunities for "round table" collaboration which includes NIA, DCJ and service providers to consider and respond to the needs of individual children and young people

- Funded specialist roles in provider organisations to support NDIS navigation and advocacy (Some agencies are self-funding these roles)
- Specialist planners within NDIA
- Development of a best practice model for collaboration around the needs of a child or young person with a disability / potential disability.

I look forward to you sharing your first hand experience of some of these challenges, as well as strategies you may have devised for reducing or eliminating them!

Lyn Ainsworth

Appendix 3 – Contributors to the Project

ORGANISATIONS

AbSec
ACWA
Allambie Care
Allowah
Anglican Community Services NSW
Aruma
Barnados
Burdekin
Care South
Caretaker's Cottage
CASPA Services
CatholicCare Diocese of Broken Bay
CatholicCare Social Services Hunter Maitland
CatholicCare Wollongong
Cerebral Palsy Alliance
Challenge Community services
Create Foundation
Creating Links
Department of Communities and Justice
Family Spirit
FAMS
Foundations Care
IDRS
KARI
Key Assets
Legal Aid - Children's Civil Law Service
Life Without
Barriers
Lifestyle Solutions
Marist 180
McKillop Family Services
My Forever Family
OzChild
Samaritans
Settlement Services International
Social Futures
The Disability Trust
Tresillian
Uniting NSW ACT
Valid
Wesley Mission
Westhaven
William Campbell Foundation
Youth Action

INDIVIDUALS

Ariana Kenny - Clinician and Behaviour Support Specialist

L'Chelle Garland - LAC Trainer

Phil Bird -Clinician & behavior Support Specialist

Professor Sally Robinson

Robyn McCall - Carer & Carer's Advocate

Appendix 4 - Opportunities for Consideration

(Extracted from the Report)

1. Intake, Assessment and Information	
<p>It is highly likely that when a child or young person comes into care it is against a background of crisis and trauma – family breakdown, abuse and neglect – with the process of removal adding to the trauma being experienced by the child or young person. Often, there is little information available about the child, and parents are either reluctant or not capable of providing important information that assists in determining the child’s needs, including whether there may be indicators of disability or developmental delay. Case file information available to DCJ may also be limited as the immediate focus is finding a placement for the child.</p>	
No	Opportunities for Consideration
a.	Ensuring that every child or young person entering OOHC has access to appropriate cognitive and functional assessments that, among other things, identify whether a CYP has indicators of potential disability, to ensure the right supports can be provided in a timely way. The issue of who funds these assessments needs to be clarified so that it is an accepted part of the process and does not become an impediment to access. Particular attention needs to be paid to ensuring that for Aboriginal children assessments are undertaken in culturally informed ways, including using Aboriginal assessors where possible.
b.	Assessment tools, processes and practitioners need to reflect appropriate cultural practice, with particular consideration for Aboriginal children and families to reduce cultural bias and enhance cultural safety.
c.	Ensuring that further appropriate assessment be undertaken at any major transition point in a child’s life.
d.	Ways to enhance the capability of those health practitioners and allied health specialists undertaking assessments. This would need to include an understanding of trauma, disability, and the intersections with mental health, as well as understanding of culturally safe and appropriate practice for Aboriginal children and young people and those with a CALD background
e.	How the supply of relevant experts can be increased to ensure timely access to relevant professionals. This is particularly an issue in regional and remote areas. For example, whether telehealth can be leveraged without reducing the validity or appropriateness of the assessment.
f.	Establishment of an effective information management systems and process to ensure access to the right information for the right people, and that this information forms part of the child’s life story.

2. Workforce and Carer capacity building	
<p>The OOHC workforce consists of skilled and committed staff with expertise in child protection, trauma-informed support for children at risk and with an increasing focus on therapeutic models of support. However, it would appear from the consultations undertaken that it is rare that they have had training in understanding indicators of disability, including how any identified disability intersects with the child’s care experience, as well as the type of additional supports the CYP may need and the best way to access them.</p>	
No	Opportunities for Consideration

a	Consideration could be given to the implementation of dedicated (and funded) “Senior Caseworker – Disability Specialist” roles to provide guidance, information, specific case support and oversight for children and young people with a disability whose care arrangements are being managed by agencies. For smaller organisations, this role could be embedded within an existing Case Work role, or potentially shared across agencies operating in the same or nearby locations.
b	Consideration could be given to a joint NGO sector/DCJ forum to deepen our collective understanding of the work that is being carried out for CYP with disability in OOHC, with a view to developing appropriate systemic strategies to respond to the issues identified (including the issues identified through this project).
c	Consideration could be given to how ACWA could partner with My Forever Family to make available to carers, valuable tools to facilitate their support of children with a disability, including developing the <i>Joshua House</i> Prototype. ⁶

3. NDIS Systems & Processes	
The evolving nature of the NDIS is well documented. Agencies with disability expertise and specialist staff have difficulty keeping up with changes to the NDIS systems and processes, including the additional regulatory requirements of the NDIS Quality and Safeguards Commission. Without dedicated in-house disability expertise, most OOHC agencies and their carers find it extremely challenging to navigate the NDIS system to better support CYP in their care	
No	Opportunities for Consideration
a	Consider how the established networks between DCJ and the NDIA could be more effectively leveraged to facilitate discussion with the agency in relation to developing ongoing collaborative responses to existing issues and to new issues as they emerge.
b	Consider how the positive work of the DCJ Engagement and Family Support Team could be better leveraged across the NGO sector, potentially through a community of practice approach.
c	Consider how the concept of having “NDIS Specialists” could be more effectively embedded within the NGO sector and resourced.

4. Intersections between systems – Child Protection, Disability and other systems	
In order to effectively support a child or young person with disability in OOHC, a number of service systems need to be working in an integrated way to achieve a holistic and child-centred support model – Child Protection, OOHC, Health (including mental health), NDIS and other disability, Education, and the youth justice systems.	
No.	Opportunities for Consideration
a	Consider ways in which Agencies can be supported to better understand and leverage the NDIS initiatives relating to psychosocial disability.
b	Engage with DCJ to facilitate discussion with NDIA in relation to the issues identified, with a view to seeking clarity and commitment to the provision of specialist Support

⁶ A prototype resource has been developed by Joshua House, in conjunction with DCJ with the support of My Forever Family, from the perspective of the carer, which provides both a step-by-step guide to the NDIS and its processes, as well as “go to” for finding additional information and support.

	Coordination and Short Term Accommodation (respite) in NDIS for children and young people in Out of Home Care.
c	Engage with DCJ to explore how funding for assessments may be streamlined to facilitate determinations of eligibility for NDIS funded supports.
d	Consider ways in which the sector can have greater access to practical advice and support for caseworkers, carers and others to guide them through the labyrinth of NDIS / DCJ / mental health and other systems, to ensure young people in care have access to timely and adequate supports.
e	<p>In partnership with Education and relevant peak bodies, further consider the NSW Ombudsman’s 2017 report into <i>Behaviour Management in Schools</i>, and align the relevant proposals in that report with the further actions taken in response to this project. In particular, the proposed ‘education standing committee’, which if established, could consider critical practice and policy challenges relating to meeting the educational needs of vulnerable children, along with tracking the outcomes, to enable the sector as a whole to assess how effectively we are responding to these challenges. A committee of this type could include a focus on the following vulnerable groups:</p> <ul style="list-style-type: none"> • children who appear before the Children's Court who are chronic absentees from school • vulnerable children in OOHC, in youth refuges, and in vulnerable family environments • vulnerable children with disability, and • vulnerable Aboriginal children. <p>While there are particular challenges associated with meeting the needs of each of these groups, there is also a significant degree of overlap in relation to providing better educational support to each of them. For example, the data that the ACWA CEO in his former role as NSW Community and Disability Commissioner analysed, when conducting his Inquiry into Behaviour Management in Schools, showed that, of the children in residential OOHC who missed substantial periods of schooling in 2016, more than half had a disability; and those suspensions, expulsions, and delayed enrolments featured significantly as the causes of their absence from school</p>

5. Cultural considerations in supporting the needs of children and young people with disability in out of home care

A. Supporting the needs of Aboriginal children and young people with disability in OOHC

It is well documented that there is a disproportionate representation of Aboriginal children and young people in OOHC, the proportion of which is increasing based on the latest available data. Coupled with a high incidence of disability amongst this group of CYP, and a lack of culturally appropriate services, there is a high likelihood that the specific individualised needs of Aboriginal CYP, including addressing their cultural safety, will not be met. Other elements of disadvantage experienced by Aboriginal communities serve as further inhibitors to the capacity of the system to effectively support this group of CYP.

Without additional and tailored support, the disadvantage often experienced by this group of CYP will be further heightened and their future prospects for a full and positive life are likely to be far more limited. Demonstrably better outcomes for this group can only be achieved through effective partnerships between Aboriginal and non-Aboriginal OOHC agencies and relevant child and family/disability peak bodies, with the government sector across the relevant portfolios,

with a focus on prioritising the expansion and capacity of the Aboriginal community controlled service sector.

No	Opportunities for consideration
a	Consideration should be given to developing consistent data collection and reporting process relating to children with disability in OOHC broken down by Aboriginality.
b.	Consideration should be given to DCJ and the NDIS working collaboratively with AbSec to develop a dedicated strategy to address the issues facing Aboriginal CYP and their carers in supporting children with disability (including agencies with case management responsibility).
c.	AbSec and ACWA, in consultation with DCJ, should consider developing a joint strategy for supporting caseworkers to understand and embed in their everyday case work practice, the principles of the <i>Aboriginal Case Management Framework</i> with a view to agency compliance with this framework being used as a key success measure for agencies who are supporting the care arrangements of Aboriginal CYP.

B. Supporting the needs of CALD Children and Young People

While many opportunities in this area are reflective of the type of cultural considerations necessary for Aboriginal CYP, the particular needs of this group need to be viewed through their lens of their specific immigrant, refugee and settlement experience, and be addressed accordingly.

No	Opportunities for consideration
a	Consider how best to engage community cultural leaders to co-design a strategy to change perceptions of disability, increase knowledge and awareness of disability, how to access relevant supports, and foster messages about the value of and need for culturally aligned foster carers.
b	Consider how the key components of the Settlement Services International (SSI) multicultural foster care model could be embedded within other NGOs. This would necessarily involve an assessment of the required resourcing, as well as considering how the model could be applied to residential care settings, together with identifying the implications for assessment processes relating to the ITTC model, TSIL transitions and restoration practice.
c	Consider how to ensure that assessment tools for carers are sufficiently nuanced to capture cultural considerations, including both opportunities and barriers, as well as making these tools available in community languages in order to validate responses.
d	Recognising that it is a fundamental right of CYP from CALD backgrounds to have their care arrangements effectively managed through the provision of adequate and ongoing funding to ensure that cultural planning, implementation and review processes, are being well executed by those with appropriate knowledge and expertise.
e	Consider how to ensure practical recognition to the vital importance of effective cultural planning, placement and support to increasing the prospects of family restoration.
f	Consider how to develop/enhance Information systems at a systemic level to capture relevant cultural information, including at the point of intake of a CYP into the system.
g	Consider how to ensure that DCJ and NGO staff are sufficiently trained to ensure that there is more rigour around cultural matching and cultural safety.

6. Transitions points – with a focus on leaving care

A number of the children and young people who enter the OOHC system go on to experience a number of transitions during their care journey – removal from family, failed attempts at restoration, change of care placement, breakdown of care placement, entry into residential care and/or alternative care arrangements. Arguably, the most important of these transition points, is

the transition towards independence, that is, when the young person is close to reaching 18 years of age. For many, this can be a period of significant uncertainty, impacting on a young person's mental health and potentially creating additional trauma. A young person with a disability leaving care faces additional challenges, not the least of which, is potentially grappling with the impact of their disability on their capacity for employment and independent living, and the need to navigate the NDIS in the absence of a carer family or advocacy support.

No	Opportunities for Consideration
a	Consider how to provide all CYP with access to adequate NDIS assessments, and sufficient knowledge to enable them to source appropriate experts and engage with the NDIA. This is likely to require additional resourcing as young people transition to adulthood.
b	Consider how to ensure that CYP with disability, including those who are diagnosed through the transition process, have access to reasonable advocacy and support coordination to ensure full utilisation of their NDIS plan, and to complement the work of their agency caseworker.
c	Consider how the current work of DCJ in enhancing information systems that will become the source of truth of a child's life story, can be leveraged to support identification and investigation of indicators of developmental delay and disability and consistency of approach to support the child's needs.
d	Consider how, through the restoration process, parents can be adequately supported to navigate the NDIS system to support the child, themselves and the resilience of their whole family.
e	Consider how, through the restoration process, parents can be adequately supported to navigate the NDIS system to support the child, themselves and the resilience of their whole family.
f	Evaluation of the ITC-SD model eligibility criteria and consideration as to whether the proposed Independent Supports Needs Assessment may have broader application to CYP in care.
g	Consider how after-care opportunities can be better leveraged to support young people leaving care, including supports for carers who are willing and able to continue to support young people they have cared for through their lives.
h	Consider leaving care planning and post 18 years arrangements in other jurisdictions to identify good practice initiatives for embedding in NSW.
j	Consider how the NGO sector can become better informed about the post leaving care options and supports available to young people through DCJ, NDIS and mainstream services, to contribute to better planning, including contingency planning, for young people with a disability leaving care.

7. The Voice of the Child

Consistent with the NSW Child Safe Standards for Permanent Care, it is fundamental right of children and young people to have a say in their own care and support. In order to effectively contribute their views, a child or young person with a disability is likely to need additional support.

No	Opportunities for Consideration
a	Look for opportunities to engage with Create Youth Consultants and Youth Action to ensure that the voice of children and young people is heard on all issues and initiatives emerging from this project.
b	Consider how Create Foundation's Ability Project, can be more effectively promoted to agencies to support young people leaving care.

c	Consider how Create Foundation's 'Supported Decision Making' training could support initiatives emerging from this project.
d	Consider how AbSec's Youth Ambassador program could be leveraged to ensure the voice of Aboriginal children and young people is heard.

Appendix 5 – Glossary of Acronyms

ACWA	Association of Children's Welfare Agencies (NSW)
DCJ	NSW Department of Communities and Justice
NDIS	National Disability Insurance Scheme
NDIA	National Disability Insurance Agency
ITC	Intensive Therapeutic Care - Residential model under the Permanency Support Program Intensive Transitional Therapeutic Care - A short-term residential model under the
ITTC	Permanency Support Program
PSP	Permanency Support Program
NGO	Non-government organisations
ITC-SD	Intensive Therapeutic Care - Specialist Disability - Residential model under the Permanency Support Program
ECI	
Pathway	(NDIS) Early Childhood Intervention Pathway
CALD	Culturally and Linguistically Diverse
OCG	Office of the Children's Guardian
CCWT	The Learning & Development arm of ACWA

Appendix 6 – References & Resources

PUBLICATIONS			
AbSec	Hearing the Voices of Aboriginal People in Child Welfare - Case Study Report	Report	Oct-20
ACYP	The Voices of Children and Young People with a Disability - Consultation Report 2020	Report	
Australian Institute of Health & Welfare	Child Protection Australia 2019-2020	Report	May-21
Davis, Megan Prof et al	Family is Culture: Report on the Independent Review of Aboriginal Children and Young People in Out of Home Care	Report	Oct-19
McDowell, J.J.	Findings from the 2020 Create National Survey: Transitioning to Adulthood from Out of Home Care: Independence or Interdependence	Report	May-20
Mental Health Coordinating Council	Embracing Change Project Report: Applying NDIS Practice Standards in Psychosocial Disability Services	Report	May-21
NSW Ombudsman	Inquiry into Behaviour Management in Schools: A Special Report for Parliament under S31 of the NSW Ombudsman's Act 1974	Report	August 2017
Powell, M.A et al	Children and Safety in Australian Policy: Implications for organisations and practitioners (Australian Journal of Social Issues 2020, 1-25)	Article	
Powell, M.A et al	Child safety in policy: Who is being kept safe from what? (Social Policy Adm 2020:1-19)	Article	
Royal Commission into Violence, Abuse, Neglect & Exploitation of People with Disability	Interim Report	Report	Oct-20
SNAICC & Barnados – Terri Libesman	Cultural Care for Aboriginal and Torres Strait Islander Children in Out of Home Care	Report	2011
Their Futures Matter	Forecasting Future Outcomes - Stronger Communities Investment Unit 2018 Insights Report	Report	
Tune, D.	Report on Independent Review of the Out of Home Care System in NSW	Report	Jun-18
Victorian Children's Council	Victorian State Disability Plan 2021-25: Implications for Young Children with developmental delays and disabilities	Submission	May 2021
Youth Action	Snapshot 2020 - NSW Youth Sector	Report	May-21

WEBSITES & Annual Reports			
Contributing Agencies			
AbSec			
SNAICC			
Their Futures Matters			
OTHER RESOURCES			
Family Advocacy	Disability Royal Commission: Sharing Positive Stories of Inclusion	Webinar	8-Jun-21
Mental Health Coordinating Council	Future Directions for NDIS: Psychosocial disability, quality and safeguards	Webinar	27-May-21