



THE ACT GOVERNMENT

POLICY FRAMEWORK

FOR

CHILDREN AND YOUNG PEOPLE

WITH A DISABILITY

AND

THEIR FAMILIES

MAY 2009



dhcs|ACT



AUSTRALIAN CAPITAL TERRITORY
Education and Training

ACT GOVERNMENT POLICY FRAMEWORK FOR CHILDREN AND
YOUNG PEOPLE WITH A DISABILITY AND THEIR FAMILIES

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1. PURPOSE

This policy framework is for children and young people under the age of 18 who are living in the ACT, and who have a disability that results in an ongoing need for support in one of the core activity areas of mobility, communication and/or self care.

This framework draws together the principles and commitments of the key ACT Government agencies that provide services to children and young people with a disability, with the intention that:

1. It will provide a set of core principles that will underpin all services to children and young people with a disability and their families, including those provided as universal services.
2. It will provide clarity on the roles and responsibilities of agencies that provide services targeted at children and young people with a disability and their families.
3. It will provide guidance to agencies when a coordinated response to the needs of a particular child or young person with a disability is required.
4. It will establish the mechanisms to be utilised to ensure that there is joint planning to meet the future needs of children and young people with a disability.

2. INTRODUCTION

A child or young person with a disability needs to be recognised as child or young person first and accorded the same treatment as any other child or young person, including access to the same services and care that would be provided to any other child or young person. A child or young person with a disability may require additional support in recognition of their special needs and any particular forms of vulnerability arising from the impact of their disability.

The vast majority of children and young people with a disability are cared for by their families, who provide most of the additional support needed. Services to assist and sustain families in their caring role are therefore an essential element of the service system.

The United Nations Convention on the Rights of the Child (CRC) provides guidance and standards in respect to children who have disabilities:

Article 2 of the Convention stresses that all rights apply to all children without exception and it is the State's obligation to protect children from any form of discrimination, including discrimination on the grounds of disability.

Article 23.1 recognises the right of a child with a disability to enjoy a full and decent life in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Article 23.3 obliges States to ensure effective access to education, training, health care services, rehabilitation services, preparation for employment and recreation

opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development.

Australia ratified the Convention in 1990 and included it in the role of the Human Rights and Equal Opportunity Commission. Under the *Human Rights and Equal Opportunity Commission Act 1986* (Cth), the Australian Human Rights Commission has an official role to protect and promote children's rights.

The Australian Human Rights Commission also has the legal power to examine laws that may breach the CRC, conduct public inquiries into breaches of the CRC, provide policy advice, and promote public understanding of children's rights in Australia.

The *Disability Discrimination Act 1992* (C'wth) protects individuals, including children, across Australia from direct and indirect discrimination in many parts of public life, including education and access to premises.

In 2005 the Commonwealth Government introduced Education Standards which are subordinate legislation under the *Disability Discrimination Act*. The standards specify how education and training are to be made accessible to students with disabilities.

They cover the following areas:

- Enrolment and participation;
- Curriculum development, accreditation and delivery;
- Student support services; and
- Elimination of harassment and victimisation.

On 18 July 2008 Australia ratified the United Nations Convention on the Rights of Persons with Disabilities, making Australia one of the first Western countries to do so.

The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms for all people with disability, and to promote respect for their inherent dignity. Specifically, in relation to children and young people, Article 7 of the Convention states:

- parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
- in all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
- parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

By ratifying the Convention, Australia has joined other countries around the world in a global effort to promote the equal and active participation of all people with disability.

The ACT Human Rights Commission promotes the human rights and welfare of people living in the ACT and provides an independent, fair and accessible one-stop shop for complaints of unlawful discrimination, and complaints regarding health

services, services for older people, disability services and services for children and young people.

The Commission is working to promote improvements in service provision for the ACT community, to promote awareness of the rights and responsibilities of users and providers of services, and to promote understanding of and compliance with the *Discrimination Act 1991*, the *Human Rights Act 2004* and the *Health Records (Privacy and Access) Act 1997*.

2.1 BACKGROUND

2.1.1 Demographic information

The 2006 update of the Australian Institute of Health and Welfare (AIHW) report on children with disability concludes that nationally 4.3% of children (0-14) fall into the categories of always or sometimes needing support in one of the core activity areas of mobility, communication and/or self care. There are 84,067 children and young people under the age of 18 in the ACT (*Access Economics, June 2008*). An extrapolation of the national percentage gives an estimate of 3,600 children in the ACT who sometimes or always need support because of their disability.

For many of the children and young people the additional support required because of the disability will be provided by family, other natural support systems and the universal services available to all ACT residents. Families are included in the target group of the framework as they may need resources and support to sustain their caring role.

2.1.2 The number of children and young people receiving specialist services

As far as possible children and young people with a disability should have their needs met through mainstream services used by all children and young people and their families. These natural and normalised supports are the preferred option whenever possible because of their inclusiveness. Access to a specialist services system is required only when natural supports and the generic service systems are unable to provide the level of support necessary.

The National Minimum Data Set (NMDS) records 2,497 children under 15 years in the ACT as receiving services funded through the Commonwealth State/Territory Disability Agreement (CSTDA) in 2006-07. The major service types received are community support (predominantly therapy services), community access and respite services. Children under 15 years make up more than 70% of the total users of CSTDA services in the ACT.

The majority of CSTDA services to children are delivered through Therapy ACT that provides discrete therapy programs based on short term therapeutic goals. In 2006-07 Therapy ACT provided services to approximately 3,000 individual children.

In February 2008 the ACT Department of Education and Training (DET) census identified 1,759 students accessing special education programs across the ACT public

school system - 327 students attending a special school and 129 children enrolled in 11 early intervention units.

In 2007-08 there were estimated to be around 58 children with a disability in the care of the Chief Executive of the Department of Disability, Housing and Community Care.¹ The Office of Children Youth and Family Support (OCYFS) and Disability ACT jointly support a further three children who are not on care orders but whose families are unable to sustain them at home.

2.2 LEGISLATIVE AND POLICY CONTEXT

This framework is consistent with the goals and underlying principles of the following key ACT Government and national documents:

- *Building our Community The Canberra Social Plan (2004);*
- *The ACT Children's Plan 2004-14;*
- *Challenge 2014: A ten year vision for disability in the ACT;*
- *Future Directions: A framework for the ACT 2004-2008;*
- *Caring for Carers policy (2003);*
- *Disability Standards for Education (2005);*
- *The Best Start in Life: The importance of early childhood education (2007);*
- *National Public Health Strategic Framework for Children 2005–2008.*

This framework is compatible with the requirements of the following key pieces of legislation:

- *Disability Services Act 1991 (ACT);*
- *Children and Young People Act 2008;*
- *Disability Discrimination Act 1992 (C'wth);*
- *Discrimination Act 1991 (ACT);*
- *Education Act 2004;* and
- *Human Rights Act 2004.*

2.3 KEY THEMES

Four key themes relevant to the provision of support to children with a disability and their families emerge from policy and planning documents released in the ACT over the last three years. These key themes are:

- Community inclusion;
- A whole of government approach;
- An early intervention approach; and
- Support to families and carers.

Goal 2.4 of the Canberra Social Plan (2004) states that:

¹ This information is subject to qualification as it is based on the quality of accurate identification and recording of disabilities by child protection workers

“The Government will build community and agency support for the statement of Vision and Values for people with a disability, and implement the Access to Government Strategy for people with a disability”

The Vision and Values ...recognises that people with disabilities should enjoy the same access to services and other aspects of community life as other Canberrans, minimising the impacts of their disabilities and maximising their opportunities for independence.”

In 2004 the Disability Advisory Council and the ACT Government released *Challenge 2014: A ten year vision for disability in the ACT*. This document sets out the expectations of people with a disability including children, their families and carers. It challenges the ACT Government to have established by 2014:

“A whole of government approach to all issues affecting people with disabilities and their families; strategic planning based on accurate demographic information; a clearly understood government role ... and transparent processes around access, eligibility and funding arrangements”.

The 2006 Scorecard on progress toward the vision set out in *Challenge 2014* noted that:

“A start has been made on a whole of government approach to services for people with disabilities but much more needs to be done.”

The *ACT Children’s Plan* was also released in 2004 to provide a vision for the children of Canberra. The principles of the Plan are:

- prevention and early intervention;
- child-centred, family and community focused;
- collaborative and well coordinated;
- strengths-based and inclusive; and
- evidence-based and accountable.

It noted that:

“Children from vulnerable families and children with health, development and behavioural difficulties deserve particular attention and support. At various times in their lives these children and their families may need specialised help.

Working together, government, communities and families have the greatest impact on outcomes for children. This commitment requires joint planning, implementation and evaluation of services and facilities to ensure we make a real difference to the lives of Canberra children.”

These same themes have echoed through the community consultations conducted in the development of these key policy documents; by Disability ACT in the development of the family support service for families with a child with a disability (AFFIRM), and the most recent consultations into the Review of Role of Government as a Disability Service Provider.

3. THE POLICY FRAMEWORK

3.1 PRINCIPLES

3.1.1 Service principles

- A child with a disability should be recognised as a child first with similar needs to other children.
- A child with a disability should have access to the services, supports and education programs that are available to all children.
- Children with a disability should be welcomed into their community and supported to participate in social, educational, sporting and recreational pursuits.
- Children with a disability should grow up in stable, secure, loving and nurturing families.
- Families have the primary responsibility for the care and protection of their child with a disability.
- Agencies should recognise the expertise of families regarding their child's needs and their own lives and circumstances.
- Services should be designed to recognise and build on the strengths of families and increase their resilience.
- Services should be available as early as possible – early in the life of the child and early in the life of a problem.
- Children with a disability should be given the opportunity to participate in all aspects of interventions that affect them.

3.1.2 Principles of collaborative practice²

- Trust, openness and transparency of communication and processes.
- Respect for the privacy of individuals.
- Mutual respect for the capacity and capabilities of each party, and recognition of their limitations.
- Responsibility in the relationship and accountability for the process and outcomes.
- Innovation and continuous improvement in government processes and in the planning and delivery of services.

3.2 THE SUPPORT AND SERVICE SYSTEM

The service and support system is represented diagrammatically at [Attachment A](#).

3.3.1 Families and natural support systems

More than 99% of children and young people with a disability live with their family who provide for most of their support requirements. Families may seek additional support from their natural support networks, community agencies, generic services, and from specialist service providers as they require them. This is in accord with the principles set out above in relation to the primary role of families and the inclusion of children and young people with a disability in the general community.

² Adapted from the Service Partnership Agreement Template (www.dhcs.act.gov.au)

3.3.2 First contact services

In order to sustain this natural caring role and to build the capacity and resilience of families, the service system needs to provide a focus on early effective support to children and families. The pathways to this support need to be readily available locally through the existing support systems that children and families are likely to already be using or to approach in the first instance.

Almost any service used by children and families may be the first contact point and should be able to provide information on where support can be obtained. Material with key information and contact details should be developed and widely disseminated in the community to ensure that it is available at any likely contact point.

The agencies with a local community presence most likely to be approached by families with a child with a disability are Regional Community Services, Child and Family Centres, Community Health Services, Child Care Services, preschools, School Counsellors and local General Practitioners. All of these agencies require the capacity to provide information on the range of supports available, to actively support families to make these links and, to follow up to ensure that vulnerable children and families have received support.

Disability ACT, as the lead agency for disability information services has a role in ensuring that the first contact agencies have accurate information and sufficient training in a family relationship model of support to listen to and respond to the needs of families.

A small percentage of families are not able to provide appropriate support for their child or young person with a disability and these children and young people can, in rare cases, be at risk. The first contact agencies need the capacity to recognise these vulnerable children and young people and to provide appropriate supports and referrals, including reporting requirements associated with risk of harm as defined in care and protection legislation.

3.3.3 Generic community services and supports

Children and young people with a disability and their families, as part of the general ACT community, may seek services available from any ACT Government Department or agency, including funded service providers.

The *Access to ACT Government Strategy*³ requires ACT Government agencies to prepare and implement action plans to ensure that people with a disability have the same access to public services as other people in the community. Promoting the inclusion of people with a disability into the community is one of the goals of the Canberra Social Plan.

³ www.dhcs.act.gov.au

3.3.4 Targeted specialist disability services and supports

Children and young people with a disability and their families may require additional supports and services because of the impact of the disability. It is noted that for those who do require targeted or specialist disability services this support may be one off, intermittent or ongoing. All targeted services have eligibility and /or priority of access criteria, which may require an assessment process.

An integrated service system will not require that children, young people or their families are familiar with the responsibilities of various ACT Government Departments or agencies but that any Department or agency will be able to provide the linkage to the access point for services.

3.3.5 Roles and responsibilities of departments and agencies

The roles and responsibilities outlined in this section may be directly provided by ACT Government Departments and agencies or incorporated into the service contract with a non-government service provider.

Some of the functions listed below have not previously been the responsibility of any particular ACT Government Department or agency. This policy framework now allocates these new functions to Departments and agencies with the understanding that additional resources have not been provided for them and that therefore there are likely to be limits to the resources available to carry them out. Where the function includes service delivery, it is not intended that there will be an entitlement to access the service but that, for those with the highest priority, resources may be diverted from other functions or sourced on a one-off basis.

(a) The Department of Disability, Housing and Community Services (DHCS) provides services for children with a disability and their families through the business units of Disability ACT, Therapy ACT and the Office of Children, Youth and Family Support (OCYFS), which includes the Care and Protection Service, Youth Services and the Early Intervention and Prevention Unit.

Disability ACT will take primary responsibility for the following functions for children with a disability and their families:

Policy - ensuring that the needs and views of children and young people with a disability and their families are considered in government policy. Liaison with other agencies and governments, including the Australian Government, to develop, implement and monitor service responses. Included is responsibility for the implementation, monitoring, review and updating of this policy framework.

Planning - researching and collating information about children and young people with a disability and their families. Gathering data about the current levels of service delivery, unmet needs and gaps in services. Convening the annual planning meeting and collating the data update.

Community awareness - promoting the rights of children with a disability to be accepted into their community and supported to be active participants in community life.

Information - providing information relevant to the support of children with a disability to families, carers, community agencies and other government agencies. Developing information materials and disseminating them within the community to places likely to be in contact with families and children. Providing education to community agencies about the services and supports available. Collating and maintaining an accessible database of information on services and how to access them. Assisting children, young people and families gain access to services through active referrals.

Service coordination - coordination of services and supports for children with a disability and their families in the community through the Local Area Coordination (LAC) service. For those with the highest priority or complex needs, responsibility for planning, sourcing and coordination of services by Disability ACT, during establishment and transition phases.

Family support - strengthening the resilience of families with a child or young person with a disability through the provision of information, skills development, planning, the development of informal support networks, referral to appropriate services and advocacy.

Respite and respite effect - providing opportunities for the carers of a child or young person with a disability to have a short break, whether in an out-of-home facility (centre based respite), in the family home or the community (flexible respite) or through the development of new service options including host family respite and shared care arrangements. It is noted that a significant proportion of the flexible respite for carers of children and young people with a disability is provided through the Home and Community Care (HACC) program administered by ACT Health. Disability ACT is to ensure there is a coordinated plan for the provision of respite services.

Accommodation support - providing alternative accommodation arrangements where the family is unable to provide the level of support required, except in circumstances where the child is at risk of abuse or neglect and the Court has ordered that the child be placed in the care of the Chief Executive of the Department of Disability, Housing and Community Services. Developing new service models of accommodation support including specialist foster care, shared care arrangements and residential care options.

Therapy ACT is to take responsibility for the following functions for children with a disability and their families:

Access to therapy and advisory service - the provision of information to families when a child has been born with a disability, is not developing in accordance with normal milestone expectations or has been recently diagnosed with a disability, including information about the disability, the child's expected development and the supports and services available.

Counselling and support - professional support to assist families come to terms with the diagnosis of disability and the grieving process it may trigger, including support to the siblings of a child with a disability.

Assessment - conducting clinical (non-medical) assessments of the child or young person's functioning by either one or more professional disciplines in order to plan appropriate therapeutic interventions, including assessments of children with pervasive development disorders (autism).

Equipment - assessment, trial and prescription of equipment for seating, mobility, self care, transport or communication support needs. Loans of equipment during the period where funding is being sourced and equipment supplied.

Therapy - provision of therapy services in the areas of speech and language therapy, physiotherapy, occupational therapy, psychology, and social work. Services may be provided by one or more disciplines, including the coordination of services where more than one discipline is providing services.

Case management or co-ordination - the provision of professional case management for children, young people and families with intensive needs requiring the development, implementation and monitoring of an individual plan and the coordination of services across agencies. This does not generally include circumstances where a child under 18 is at risk of abuse or neglect and the Court has ordered that the child be placed in the care of the Chief Executive of the Department of Disability, Housing and Community Services, although joint casework may occur.

The Office for Children, Youth and Family Support (OCYFS) works in partnership with the community to provide care and protection services to children and young people, and family and community support. The Office is also responsible for youth justice services and the monitoring and licensing of children's services.

The **Care and Protection Service** has primary responsibility for the following functions:

Care and protection of children with a disability - where there is risk of harm from abuse or neglect.

Assessment of risk - the special vulnerability of children with a disability is considered in the intake, assessment and substantiation processes.

Supervised home placements - monitoring of the well being of children, including children with a disability who are in the care of the Chief Executive of the Department of Disability, Housing and Community Services and are placed with their family.

Out-of-home care - placement of children and young people who are in the care of the Chief Executive of the Department of Disability, Housing and Community Services in kinship care, foster care or residential care arrangements as a result of substantiated risk of harm. This may include a range of 'wrap around' supports, such as respite and counselling. Children with disabilities in these circumstances may need specialised care arrangements.

Case management or coordination - the planning, sourcing, monitoring and coordination of services to children and young people with a disability where there is a substantiated risk of harm from abuse or neglect.

Permanent care and adoption services - a range of services for children and families involved with adoption and permanent care. These include the provision of information, mediation and counselling services for those affected by adoption, the processing of adoption and permanent care applications and arranging of assessments.

Children's Services has primary responsibility for the provision of funding for after school care and vacation care for adolescents with a disability.

Youth Services has primary responsibility to ensure that youth policy and youth services, including youth justice services, provide for the needs of young people with a disability. Youth services provides case management or coordination to plan, source, and monitor services to at risk young people with a disability who are involved with the justice system.

Child and Family Centres provide universal early intervention services, including the provision of integrated front line services to vulnerable families with a focus on children less than 8 years of age living in the communities they service. These families include families with children with developmental delays. The services available or coordinated through the centres include those provided by Therapy ACT, Maternal and Child Health and other agencies. The Child and Family Centres deliver services directly to the community through programs such as:

Playgroups - community based playgroups that are inclusive of children with a disability and their parents.

Parenting programs - including assistance in the management of children with behavioural difficulties.

(b) The Department of Education and Training (DET) has primary responsibility for ensuring that students with a disability can access and participate in education.

The Department of Education provides the following support to students with disabilities:

Early intervention programs - the provision of special prior to-school programs designed to assist young children with developmental delays in their development of language, cognitive, social and physical skills.

Special education programs - the education of students with disabilities in special classes, units or schools with specialised teaching and additional support to meet the assessed individual need.

Programs in schools - the provision of additional support to children with a disability and their teachers to enable the achievement of educational goals in an inclusive setting. Supports may include attendance at Learning Support Units (small classes), consultancy support for teachers and additional support to enable inclusion.

Technology Support - the provision of technological aids to support students with a disability to attain educational outcomes.

Transport assistance - assistance for students with a disability who are unable to use public transport to attend school whose parents /carers are unable to transport them to school.

Post school transition planning - individual planning for students in the final two years of schooling and students attending the Canberra Institute of Technology, to develop a transition plan, including coordination with the Disability Liaison Officer (Australian Government) and Disability ACT.

(c) **ACT Health** provides health services for children and young people with a disability as part of the universal health services available through the Public Hospitals and Community Health services, including the Home and Community Care program. In addition, ACT Health has responsibility for the following specialist services for children with a disability:

Mental health services for children and young people - assessment and clinical management of children and young people who are experiencing moderate to severe mental illness. Support to families of these children and young people.

Psychological support services – therapeutic intervention for children and young people with severe behavioural issues in conjunction with other relevant agencies, particularly where medical intervention is required to complement psychologically based approaches.

Specialised care services for children with chronic medical conditions - in home support services for children with chronic medical conditions which require nursing level support, including children who are oxygen dependent.

Equipment services - the provision of subsidies to enable the purchase of prescribed equipment, including assistance with the modification of equipment for individual need and maintenance of that equipment.

(d) **The ACT Human Rights Commission** promotes the rights of people to be free from discrimination in the provision of services, access to premises, education (and other areas) on many grounds, including disability and age; and to promote community discussion, and provide education and information about human rights, and provide advice to the government.

Through the Disability and Community Services Commissioner and the Children and Young People Commissioner the Human Rights Commission has the mandate to deal with complaints about the provision of disability services and services for children and young people. Specifically, the Human Rights Commission promotes:

- improvements in the provision of disability services and services for children and young people;
- the rights of users of disability services and services for children and young people; and

- an awareness of the rights and responsibilities of users and providers of disability services and services for children and young people.

(e) **The Public Advocate of the ACT** has a complementary role to the ACT Human Rights Commission in providing advocacy services both to individual children and young people and their families and to groups of services users. The Public Advocate of the ACT is a statutory oversight agency and has a role in relation to advocacy, fostering the provision of services, supporting establishment of organisations, and dealing with entities providing services, as detailed in the *Public Advocate Act 2005*.

3.4 A COLLABORATIVE APPROACH

Interagency collaboration will assist ACT Government to provide support services at the earliest possible time and will contribute to better long term outcomes for children and young people in the ACT. Interagency collaboration is an important strategy to encourage the co-ordination of supports for children and young people with a disability and their families. By sharing information, resources and expertise, agencies can make a powerful impact. Working collaboratively can result in significantly better outcomes and improved quality of life for children, young people and their families. Improved service delivery, more efficient use of resources and a means for agencies to share responsibility are also feature of this approach.

ACT Government Departments and agencies providing targeted services to children with a disability and their families will work collaboratively in order to:

- Ensure that children and their families are viewed holistically.
- Share data and information for service planning that meets the current and future needs of children with disabilities.
- Make services more accessible to children and families by ensuring there is adequate information available in all agencies about all the services available.
- Ensure the smooth transition of children from one service system to another at important stages in their lives, eg. when commencing and leaving school; when going from hospital to home; or from home to out-of-home care.
- Reduce the number of separate assessment and priority setting processes that any child or family undertakes, whilst conforming to privacy principles.
- Ensure that children and families who are particularly vulnerable or have intensive needs have a support plan that will provide the necessary services from all agencies in a coordinated way.

3.4.1 Information sharing

The families of children with a disability need access to accurate information on the services and supports available to them, including eligibility criteria and priority setting criteria. DHCS, through Disability ACT and Therapy ACT, has primary responsibility for the provision of this information and for ensuring there is active support to families to access the services they require.

Other ACT Government Departments and agencies are responsible for ensuring that relevant information is forwarded to the Information Service in Disability ACT for inclusion in information databases.

3.4.2 Integrated planning

There is currently no single data base on the number of children and young people with a disability and their characteristics available to assist ACT agencies plan future service delivery. ACT Government data collection, monitoring and utilisation of data on children and young people is currently being progressed through the *ACT Children's Plan* implementation.

In the short term, DHCS will develop a mechanism by which existing data sets can be brought together to enable informed service planning across ACT Government Departments and agencies. Annual data workshops will be convened to progress this work by:

- aligning data definitions;
- developing reporting formats that will allow for collation of information; and
- contributing to an annual summary report on both demand and supply data and the gaps in the service system.

3.4.3 Personal Information Privacy

All ACT Government Departments and agencies aim to ensure that the personal privacy of individuals is protected, and that access to records is provided in compliance with relevant legislation.

The Commonwealth *Privacy Act 1988* gives rights to people in relation to how information is handled by Australian and ACT Government Departments and agencies. ACT Government Departments and agencies must comply with the 11 information policy principles set out in Section 14 of the *Privacy Act 1988*.

The *ACT Health Records (Privacy and Access) Act 1997* provides for the privacy and integrity of, and access to, personal health information.

For further information, please refer to the *Privacy Act 1988*, *Health Records (Privacy and Access) Act 1997*.

3.4.4 Coordination of services

Some children and families require a range of services provided by different government and community agencies. For these children and their families, services are to be provided in a coordinated way by the service agencies who will:

- Identify children, young people and families who meet a threshold of the numbers of services engaged with the family or the complexity of issues such that a coordinated response is required.
- By consent and in accordance with relevant legislation, share assessment and service provision information.
- Conduct a case conference to develop an individual plan for that child or young person.

- Nominate the most relevant agency as the lead agency for that child and his or her family.
- The nominated lead agency will be responsible for facilitating access to other services through an active referral process.

3.4.5 Integrated individual service planning

A very small number of children and young people with high and complex needs will require an integrated response. This response will be provided in accordance with the protocols developed through the *Memorandum of Understanding for multi-agency responses for clients with complex need*, and, *Sharing Responsibility, A Framework for service collaboration for the care, protection and well-being of children and young people in the ACT*.

The Management Assessment Panel (MAP), under the auspice of the Public Advocate of the ACT, works with young people with complex needs in relation to coordination of service delivery. The role of the MAP will need to be considered in the development of interagency protocols.

The development of integrated service planning practices and protocols will require:

- The appointment of a senior contact person within each ACT Government Department or agency.
- The establishment of triggers that will result in the protocols being evoked.
- The nomination of a lead agency for each child or young person identified.
- The sharing of relevant information in accordance with the relevant legislation.
- The conduct of a case conference.
- The development of a single service plan.
- The monitoring and review of this service plan.
- Cooperation between agencies to meet the resource requirements of the service plan.

3.5 GOVERNANCE

Responsibility for the implementation, monitoring and evaluation of this policy framework rests with the Chief Executives of the Department of Education and Training and ACT Health, with the Chief Executive of Department of Disability, Housing and Community Services to take the coordinating role.

4 IMPLEMENTATION

Implementation of the framework is to commence in 2009-10 and will involve:

- dissemination of the policy framework to government and non-government service providers and publication on ACT Government Internet to enable broader community access;
- development of integrated support and service pathways across ACT Government Departments and agencies;

- development of a single service planning framework;
- development of mechanisms to support the cooperation between agencies;
- negotiation and signing of Service Partnership Agreements between the relevant ACT Government Departments and agencies, in relation to specific activities, such as mechanisms for interagency collaboration, data sharing, and joint planning;
- consultation with relevant non-government agencies regarding their interface with ACT Government Departments and agencies in relation to service planning for children and young people with a disability;
- development of avenues for consultation with children and young people regarding their views on the way services are provided in order to meet their needs;
- development and maintenance of an accessible database of information on services and how to access them;
- development of information systems and arrangements including sharing of information, data collection and reporting, consistent with privacy principles;
- collation and analysis of information about the current levels of service delivery, unmet needs and gaps in services;
- identify existing resource allocation to children, young people and their families and determine if current resource allocation is aligned with the new policy framework; and
- ongoing implementation, monitoring, review and updating of the policy framework.

4.1 COLLABORATIVE MECHANISMS

The collaborative approaches underpinning the Policy are to be codified and operationalised through the negotiation and signing of Service Partnership Agreements between the relevant ACT Government Departments and agencies.

4.2 EVALUATION

The effectiveness of this policy framework in facilitating the outcomes will be evaluated two years after implementation. As the lead agency, the Department of Disability, Housing and Community Services will commission the evaluation and ensure that there is input from all key stakeholders, including children and young people with a disability and their families.

GLOSSARY OF TERMS

Child/ren - children and young people under the age of 18. It is acknowledged that young people with a disability may be dependent on family support on an ongoing basis after they have turned 18.

Disability - for this policy framework the International Classification of Functioning, Disability and Health (ICF) description of disability is utilised. This describes disability as a multi-dimensional concept, relating to the body functions and structures of people; the activities they do; the life areas in which they participate, and the factors in their environment that affect these experiences (WHO 2001).

Levels of disability restriction - the level of disability is defined by the amount of support required to undertake one or more activities of daily life. Ten groupings of activities have been considered in the ABS Surveys of 1998 and 2003. These are self-care, mobility, communication, health care, housework, meal preparation, paperwork, property maintenance, transport and guidance. The first three ie self-care, mobility and communication are considered as core activities and it is the degree of support required to undertake these that is utilised to define the levels:

Profound core activity restriction - the person is unable to do or always needs help with a core activity task.

Severe core activity restriction - the person sometimes needs help with a core activity task; or has difficulty being understanding or being understood by family or friends; or can communicate more easily using sign language or other non-spoken forms of communication.

Case management is the umbrella term that reflects the work performed by staff who work and form a relationship with children, young people and their families on an ongoing basis and encompasses a number of activities with related roles to achieve defined outcomes. Case management includes the following activities:

- coordinates activities and services;
- meets regularly with the child(ren) / young people and gets to know them and what their values and aspirations are and what is important to them;
- works with the adults with parental responsibilities and the wider family to develop trust and rapport;
- evaluates the needs of the child or young person and their family;
- builds a good working relationship with any natural supports and other professionals working with the child and family who would be part of any case conference;
- performs or delegates direct case work;
- builds networks;
- decision-maker or can ensure decisions are made on a timely and appropriate basis.

Case coordination is part of case management and reflects the activities, normally performed by the case manager, to systematically manage multiple agencies and services in a collaborative manner.

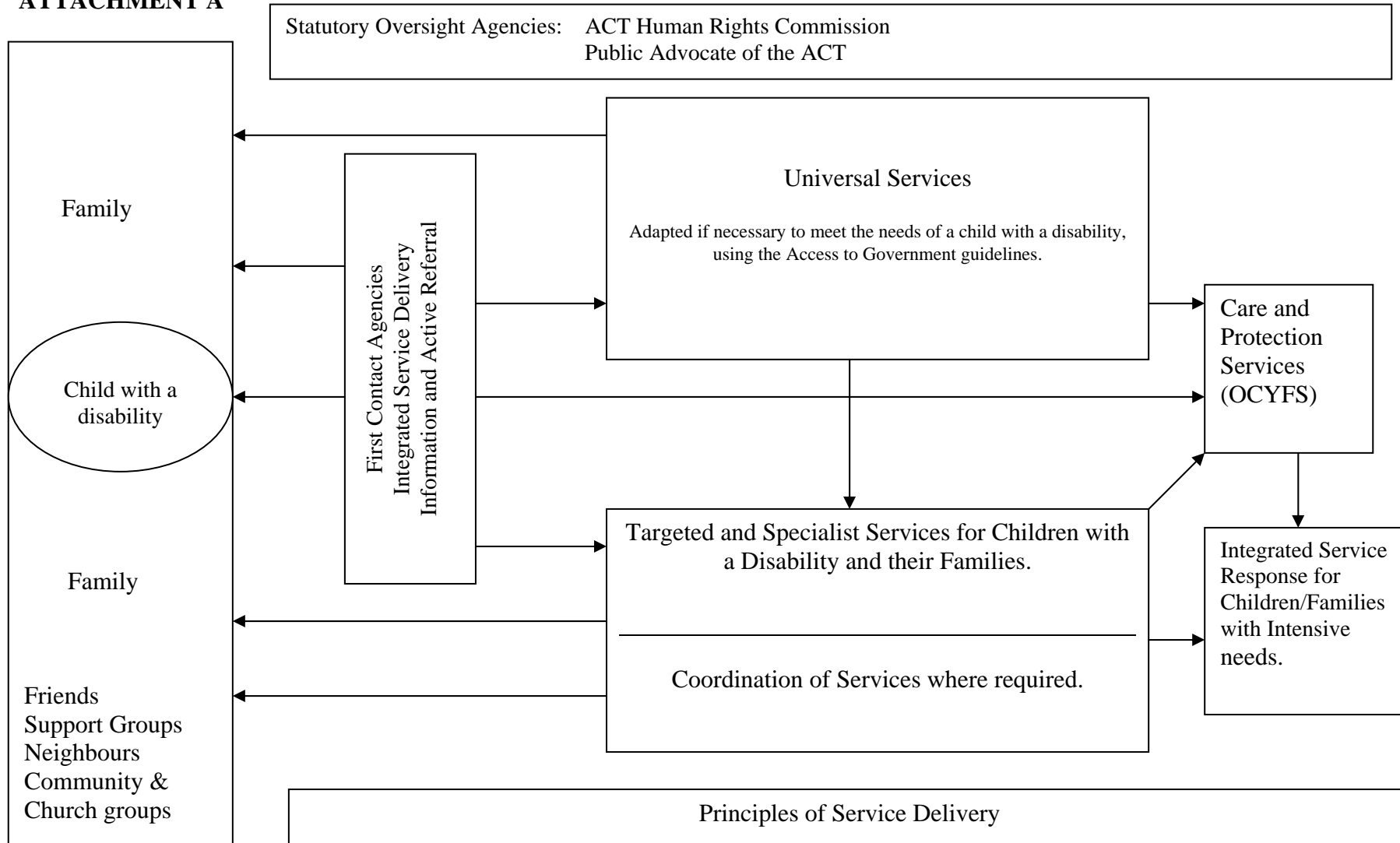
Service coordination - activities undertaken to systematically manage agencies and services in a collaborative manner, where the person undertaking these activities is not the case manager and does not have an ongoing direct relationship with the client.

ACRONYMS

ABS:	Australian Bureau of Statistics
AFFIRM:	A Flexible Family Focused Individual Response Model. A family support service funded by Disability ACT and operated by a community agency, for families at risk of relinquishing care of their child with a disability.
AIHW:	Australian Institute of Health and Welfare
CSTDA:	Commonwealth State/Territory Disability Agreement
DET:	Department of Education and Training
DHCS:	Department of Disability, Housing and Community Services
HACC:	Home and Community Care
NMDS:	National Minimum Data Set

ACT GOVERNMENT POLICY FRAMEWORK FOR CHILDREN AND
YOUNG PEOPLE WITH A DISABILITY AND THEIR FAMILIES

ATTACHMENT A



ACT GOVERNMENT POLICY FRAMEWORK FOR CHILDREN AND
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