### Children with disability under care Protection Orders

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<th>Policy Number: SDMS ID:P2011-0016-001</th>
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This policy replaces existing policy:

- Yes
- No [✓]

If Yes Policy Number is: DS

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<th>Date of Effect: 19 July 2011</th>
<th>Date of Review: July 2014</th>
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**Signature:** *Ingrid Ganley*

**Date:** 19 July 2011

*Ingrid Ganley*

*Director Disability and Community Services*
Overarching Principle

- Ensuring the best interests of the child is paramount in all child protection practice.

Definitions of terms

- The terms ‘with disability’ and ‘assessed as having a disability’ refer to children and young people who meet the definition of ‘disability’ under the Tasmanian Disability Services Act 1992 and are therefore eligible for specialist disability services.

- Broadly speaking, this policy and practice advice applies to children with disability where there is permanent or long term reduced capacity in certain areas such as communication, learning and mobility.

Essential Procedures

- If the initial assessment of a notification about a child with disability indicates that the family requires support rather than the child being at risk of harm or neglect, the notification should be referred to Gateway Services.

- Children with disability who are on care and protection orders will have a Case and Care Plan. Where access to specialist disability services is required for the child or young person, the Child protection worker should make a referral to the Gateway.

- It is essential that where specialist disability services will be required by a young person with disability once they turn 18, referral to the appropriate Gateway Service needs to occur as soon as possible to ensure effective transitional planning for the young person concerned.

Key points

- Gateway Services provide information and advice including information about universal and specialist services available.

- Access to specialist disability services is via the Gateway Services.

Considerations for Good Practice

- Early intervention is the most effective means for maximising support to children and families and achieving positive outcomes.
- Children and young people with disability are more likely to develop their potential if they remain in a stable, nurturing and stimulating family environment.
- Collaborative practice that values family members and draw on the strengths within the family and available support services in the community, including mainstream educational and child care services, contribute to the maintenance of stable family environment for children with disability.
- Harnessing informal support networks and mainstream services contributes to good practice.

Procedures

Notifications received by Intake (Child Protection Services) concerning children with disability

- If the notification involves an allegation of abuse or neglect, Intake must respond in the same way as it does to other notifications.
- If the notification relates to concerns about a child as a consequence of the parents’ capacity to provide appropriate care because the child has been assessed as having a disability, the assessment of the notification must recognise that the concerns for the child are likely to be ongoing and that without appropriate supports the child’s stability is likely to be jeopardised.
- If there have been previous notifications, Intake must assess if the pattern of notifications could indicate the potential for cumulative harm.
- The assessment should focus on the child’s developmental needs including the likely impact of the ongoing strain of caring for a child with disability.
- If the initial assessment indicates that the child is not at immediate risk of harm or neglect but that the parents require support to care for the child, a referral should be made to the relevant Gateway Service.

Children on care and protection orders who are also clients of a funded disability service

- Child Protection Services are responsible for the development of the child’s case and care plan.
- Specialist disability service providers (including respite services) must be actively involved in the development of the case and care plan, its implementation and review processes.

Children on care and protection orders whose parents are clients of funded disability service

- Child Protection Services is responsible for the development of the child’s case and care plan.
- Disability service providers (including Advocacy Services) that are directly involved with a parent of the child must be involved in the case and care planning process.
- Where possible, a parent with a disability should be supported by their disability services worker during formal discussions and meetings about the child’s future.
Planning for transition from out of home care

- Young people with disability are likely to require ongoing support after they are turn 18 years of age.
- Planning for transition from care must commence well before the young person turns 18 years of age depending on the individual circumstances of the person. Ideally this would be three years in advance of the date of their predicted ongoing support needs. Planning might involve a referral to the relevant Gateway Service depending on the young person's current situation and the services they might be receiving.
- If a disability service that has the capacity to support the young person’s transition to independence has not been nominated within six months of a referral to the Gateway Service, the young person’s case manager will refer the matter to the Area Manager – Disability and Community Services.
- The Area Manager – Disability and Community Services will liaise with the relevant Child Protection Manager / workers to ensure accommodation and ongoing services are in place.

Related documents

- Operational Framework For Disability Services February 2009
- Review of Tasmanian Disability Services – Final report 2008
- Eligibility Guidelines for Access to Specialist Disability Services (DS 005A)

This advice replaces the former:
- Service Provisions to Children and Young People who have Disabilities and Child Protection Concerns Policy & Guidelines (April 2008)