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| Child FIRST workbook  Course 4: Working collaboratively with the National Disability Insurance Scheme and other services |
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# The National Disability Insurance Scheme Learning and Development Program

With the implementation of the National Disability Insurance Scheme (NDIS), workers in the child and family system have an important role in identifying families with disability and helping them access and navigate the NDIS. This NDIS Learning and Development Program was developed for the Victorian Government Department of Health and Human Services by the Parenting Research Centre and aims to build the capacity of workers in the child and family system to improve outcomes for families with disability.

You will probably already be using some of the skills and knowledge covered in this course; others might be new. Whether you’ve been working in this area for a short or long time, this course aims to build on your existing skills and knowledge to improve the outcomes of children and/or parents and carers with disability.

The program consists of four sequential eLearning courses and corresponding workbooks. The courses are designed to be completed alongside the NDIS 101 eLearning course. The workbooks are designed for you to work through at the completion of each course – to give you the opportunity to apply what you’ve learned to your individual work setting.

Across the four courses the NDIS Learning and Development Program will build your knowledge, skills and confidence to:

* recognise and understand disability
* understand the NDIS and the support needs of families with children and/or parents or carers with disability
* engage families in conversations about their support needs, and support them through the NDIS access, planning and implementation stages
* work collaboratively with the NDIS and other services.

# About this workbook

This workbook gives you the opportunity to apply the skills and knowledge you learned in Course 4: Working collaboratively with the NDIS and other services. In it you explored:

* how your current work and responsibilities intersect with the NDIS
* how to collaborate effectively with other service providers around the NDIS
* how to link plans with other services
* strategies for working collaboratively
  + preventing or managing challenges to collaboration.

If you haven’t already completed the eLearning component of Course 4, please do so before attempting the exercises in this workbook.

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| Microsoft Word document icon | Remember, you can download a full transcript of Course 4 under the ‘Menu’ tab on the home page of the eLearning course. |

This workbook has the following sections:

* 1. Exercise 1: Family scenario. This exercise gives you an opportunity to apply your knowledge to a fictional family scenario
  2. Resources. This is a list of practice guides and other resources that might be useful in your work with families with disability
  3. Glossary. This is a list of definitions for key terms and acronyms used in the eLearning course

# Exercise 1: Family scenario

In the Workbooks from Courses 1, 2 and 3 we introduced you to a family similar to those you might encounter during your usual practice. A summary of what we know about the family is in Box 1. Read their story and apply your learnings from Course 4 to answer the questions below. If others in your workplace are also doing this course, you might like to work through the exercises together. We’ve provided some suggested responses at the back of this workbook.

This family scenario has been produced for educational purposes. Information provided about individuals is fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

## Box 1: Family scenario

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| What we already know about the family  Dana has a daughter, Sienna, who is 12, and a son, Alex, who is 10. The family recently moved to a new region as a result of many years of family violence. A current intervention order is in place against Dana’s former partner, the children’s father, who has no contact with the children and who does not provide financial support.  Alex has been significantly affected by the family violence perpetrated by his father and displays behaviours of significant concern. At home he is violent towards his mother and sister and has tried to harm the family dog.  Alex attends the local primary school, where staff are developing strategies to manage his behaviour in the school environment. His classroom teacher and the school nurse have also raised concerns with Dana about his development, noting that he’s well behind his peers in terms of his language, literacy and numeracy skills. He also seems to have difficulty remembering things.  Dana has a history of depression, anxiety and substance abuse. Having just moved regions, the family are socially isolated with no friendship networks or extended family nearby. The school contacted Child FIRST for support.  After being referred by the school and making contact with Dana, she confirms that Alex has an acquired brain injury (ABI). His ABI results in impulsiveness and he angers quickly. It has also become apparent to you that Dana may have a psychosocial disability or a possible cognitive impairment. You’ve noticed Dana has difficulties following your conversations.  Alex has had his NDIS access request accepted and a Support Coordinator has been funded in Alex’s plan to assist with implementation. During your work with the family, you note that Alex is missing many of his plan funded appointments.  Further information about the family  You have now also supported Dana through the NDIS access process to receive her own supports. She has developed her first plan and is starting to implement it. |

## Questions

1. What services are Dana and the family likely to be accessing?

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1. What can you do to support Dana’s successful implementation of both her own and Alex’s plan?

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1. What strategies might you use to work effectively with the other services Dana is engaged with?

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1. What are the benefits of establishing a collaborative relationship with these services?

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1. What are the risks of not working collaboratively?

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1. What can you do to make sure Alex and Dana’s plans are coordinated?

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1. Dana is finding her support requirements overwhelming – what might be contributing to this and what could you do to help address this?

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| Tick icon | You can find some suggested answers to these questions at the back of this workbook. |

# Resources

**Sharing information guidelines**

This links to a selection of guidelines developed to assist professionals from different sectors to know when to share information with each other.

[Department of Health and Human Services](https://providers.dhhs.vic.gov.au/sharing-information-guidelines) <https://providers.dhhs.vic.gov.au/sharing-information-guidelines>

**The Best Interests framework for vulnerable children and youth**

This document has been developed to support a consistent understanding of the Best Interests principles and their implications for practice by the child and family system sector.

[Department of Health and Human Services](https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf) <https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf>

# Glossary

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| Access Request Form (ARF) | Anyone wanting to access the NDIS has to complete an Access Request Form (ARF) to confirm their identity and answer questions about their disability and the impact on their daily life. |
| Acquired brain injury (ABI) | Acquired brain injury (ABI) is an injury caused to the brain since birth – for example, as the result of a fall, road accident, tumour or stroke. |
| Active listening | Active listening skills are key to building trust and rapport in a collaborative relationship, and include asking open-ended questions, paraphrasing and summarising, checking for understanding, and that your language and body language is appropriate in the cultural context that you’re working in. |
| Administrative Appeals Tribunal (AAT) | The Administrative Appeals Tribunal (AAT) reviews decisions made by Australian Government ministers, departments and agencies including the NDIA. |
| Advocating | Advocating means giving a voice to a person who might not be able to represent themselves. |
| Care Services | Care Services (formerly out-of-home care) refers to the living arrangements for children and young people who cannot live in their family home. These arrangements can be temporary, medium or long term and include foster care, kinship care, permanent care or residential care. |
| Care team | A care team is as a group of people who jointly care for a child and includes the child’s carers and all professionals involved with them. A care team is required for every child in out-of-home care, except for those in permanent care and adoption placements. |
| Carer | The term carer has a particular meaning in the context of disability. A carer is the person responsible for the majority of the day to day care of a person with additional needs. A carer can be a parent, partner, grandparent or kinship carer, foster carer, child, sibling, friend, or guardian. When a child is caring for a parent with disability, they’re called a young carer. Carers are not paid support workers. Some families have more than one person with disability, so a carer might be caring for more than one person. |
| Carer Statements | Carer Statements give carers the opportunity to tell the NDIA about the care they provide – for example how often they provide care, for how long and the level of support they provide. |
| Checking for understanding | Checking for understanding gives the parent or carer the opportunity to know that you have a shared understanding or not. |
| Child and family system (CFS) | The child and family system (formerly Children Youth and Families (CYF) division of DHHS) includes: Child and Family Services, Care Services (formerly Out-of-home care) and Child Protection. |
| Children Youth and Families (CYF) | Children Youth and Families (CYF), now known as the child and family system (CFS). |
| Choice and control | Choice and control means people with a disability are able to make their own decisions about what, where, how and by whom their supports are provided. It gives them greater decision-making power and places them at the centre. |
| Correspondence nominee | Correspondence nominee is a narrower role than that of the nominees. The role does not allow for changes to the NDIS plan or funds management, however they can receive correspondence and make requests regarding the NDIS participant. |
| Early Childhood Early Intervention (ECEI) | The Early Childhood Early Intervention (ECEI) approach replaces the Victorian government Early Childhood Intervention Services (ECIS) in NDIS rollout areas. |
| Early Childhood Intervention Services (ECIS) | Early Childhood Intervention Services (ECIS) are being replaced by ECEI in NDIS rollout areas. |
| Early Childhood partners | Service providers and professionals engaged in the early childhood sector |
| Families with disability | In this course, we refer to ‘families with disability’. This will be used to refer to families with a parent or carer with disability; families with one or more children with disability; families with both a parent and child with disability; and carers with legal responsibility for children with disability. |
| Family-centred | Family-centred means putting families at the centre of decisions and seeing parents and carers as being experts in their child’s life. |
| Functional impact | Functional impact is the impact of the disability or condition on the person’s life, including any impact on mobility, communication, social interaction, learning, self-care and self-management. |
| Information Linkages and Capacity Building (ILC) | Information Linkages and Capacity Building (ILC) is an important part of the NDIS. It provides grants to organisations to undertake activities in the community for people with disability and their families. The aim of ILC is to build the capacity of the community to become more inclusive of people with disability and to enable people with disability to become more connected to their local community. |
| Intellectual disability | Intellectual disability involves problems with mental abilities that affect how a person learns and functions in everyday life, including difficulty understanding new or complex information and learning and applying new skills. A diagnosis of intellectual disability involves formal testing. This can be done by a psychologist. |
| Internal review | A participant or parent or carer can request an internal review if they’re unhappy with a plan. A senior NDIA staff member will decide whether to review the NDIS plan based on the information provided. |
| Learning difficulty | A learning difficulty refers to challenges that a person may experience in learning new skills or knowledge that would not be considered at the same level for someone at the same stage of development. |
| Local Area Coordinators (LAC) | Local Area Coordinators (LACs) work for local organisations in partnership with the NDIA, to help participants, their families and carers access the NDIS. LACs will help participants write and manage their plans. They will also connect participants to mainstream services and local and community-based supports. |
| National Disability Insurance Agency (NDIA) | The National Disability Insurance Scheme (NDIS) is administered by the National Disability Insurance Agency (NDIA). |
| National Disability Insurance Scheme (NDIS) | The National Disability Insurance Scheme (NDIS) is a single, national scheme that funds reasonable and necessary support to help people with disability reach goals throughout life. It also supports carers of people with disability. It replaces the state-based disability services previously run by the Victorian Department of Health and Human Services. |
| NDIA-managed budgets | These are budgets managed by the NDIA. The invoices are submitted to the NDIA and they pay the providers directly. Providers must be registered with the NDIS in this option. |
| Neurological disability | Neurological disability is caused by damage to the nervous system (including the brain and spinal cord) A person might have difficulty with memory, motor skills, speech, language, or organisational skills. |
| Nominee | A nominee acts on behalf of the plan participant. They can be nominated by the participant or NDIA. |
| Open-ended questions | Open-ended questions give you more information than a ‘Yes’ or ‘No’ answer. Questions usually start with ‘What’ ‘Where’ ‘Why’ and ‘How’. |
| Ordinary life | An ordinary life means having access to things like community, education, employment, and choosing who it is you want to be involved in your life. |
| Out-of-home care (OOHC) | Out-of-home care (OOHC) is now known as Care Services. |
| Paraphrasing | Paraphrasing is using your own words to reframe what you’ve heard, and also helps show parents and carers that you’re listening. |
| Permanent impairment/functional capacity | The disability or condition needs to be, or be likely to be, permanent. It also needs to result in a substantially reduced ability to communicate, interact socially, learn, get around, look after yourself, and organise your life. |
| Physical disability | Physical disability affects a person’s physical capacity and/or mobility. |
| Plan management provider | These are organisations who will manage the funds and pay providers on behalf of the person with disability. This method allows use of registered and non-registered providers. |
| Problem solving | Problem-solving involves collaborating with others to think of ideas together, and then considering the pros and cons of each, and selecting the best option. |
| Psychosocial disability | Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health issue will have a psychosocial disability but for those that do, it can be severe and longstanding. |
| Reasonable and necessary supports | The NDIS funds reasonable and necessary supports which means support must be directly related to the functional impact of the participant’s disability. All plan goals and supports must relate to the impact of the disability on the participant’s life. |
| Reflecting | Reflecting a person’s feelings demonstrates that you are listening and understanding the parent or carer’s emotional state. |
| Self-managed budgets | A person can choose to self-manage all or some of the budgets in an NDIS Plan. The NDIS will pay the participant (or their nominee) directly who will then pay the providers. |
| Sensory disability | Sensory disability is a disability of the senses – sight, hearing, smell, touch, taste. It can affect how a person gathers information from the world around them. |
| Specialist Support Coordination | Specialist Support Coordination includes all the activities available from a Support Coordinator, but is used in special circumstances where it is appropriate to have a specialist deliver Support Coordination-style activities, necessitated by specific high level risk in the participant’s situation. |
| Strengths-based | Strengths-based working is about using parents’ and carers’ skills to achieve goals or changes in behaviour. |
| Summarising | Summarising builds on what a parent has said and helps you check that you have understood the parent or carer. |
| Support coordination | Support coordination helps participants choose and access service providers and implement their plan. |
| Support Coordinator | A Support Coordinator is a person who helps participants choose and access service providers and implement their plan. |
| Team leader | Your team leader is your line manager or supervisor; the person who supports you in your role. |
| Victorian Aboriginal Community Controlled Health Organisation (VACCHO) | The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is the peak body for the health and wellbeing of Aboriginal people living in Victoria. VACCHO can support organisations in the child and family system to become culturally competent when working with Aboriginal and Torres Strait Islander people and families with disability. |
| Working collaboratively | Working collaboratively is about working in partnership, recognising the other person’s strengths and skills, and not seeing yourself as the expert. |

# Suggested responses to Exercise 1: Family scenario

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| 1. What services are Dana and the family likely to be accessing?   Given the breadth of difficulties that the family is experiencing, it is possible that the family will have contact with a range of other services, including:  other CFS agencies  justice system and police  Family Court staff, including counsellors  school staff, including school psychologist or student welfare representative  a doctor and paediatrician  a psychologist or psychiatrist  alcohol and other drugs practitioners  Centre Against Sexual Assault services  Care Services if respite is an option  Local Area Coordinator  Support Coordinator.   1. What can you do to support Dana’s successful implementation of both her own and Alex’s plan?   You can:  lead the collaboration with the other professionals engaged with the family and bring together, or be a member of, the care team  work in partnership with other care team members to take part in joint planning meetings and regular progress review meetings to ensure the plan is being applied, goals are being achieved and any barriers and challenges are being addressed  communicate regularly and respectfully with other care team members to ensure you’re all working toward the same outcomes without overwhelming Dana and the family with multiple and conflicting plans and activities.   1. What strategies might you use to work effectively with the other services Dana is engaged with?   You can:  actively participate in case planning and review meetings to ensure the care team is focused on the same goals, plans and activities  ensure that all your work is underpinned by the Best Interests framework and principles  make joint home visits  participate in case consultation sessions  make regular contact with the family’s Support Coordinator or LAC  encourage a shared understanding of your role and responsibilities and those of the other care team members  communicate regularly with other care team members and the family in a respectful manner  be open and flexible in the way you meet the family’s needs and achieve their plan’s goals  be clear about your statutory responsibilities and limitations and know your agency’s conflict management approach in case you have a disagreement with another care team member.   1. What are the benefits of establishing a collaborative relationship with these services?   By working collaboratively, you will:  establish a more effective plan  have a stronger joint commitment to the plan  have a greater understanding of everyone’s roles and responsibilities  be more likely to achieve the goals  be less likely to experience barriers between your agency and other services, get in each other’s way and overwhelm or confuse the family.   1. What are the risks of not working collaboratively?   The risks of not working collaboratively are:  overwhelming and confusing the family with conflicting plans and goals  doubling up in your work and activities or leaving gaps in service provision to the family because members of the care team are uninformed or unsure  not achieving the family’s goals  experiencing conflict with other services.   1. What can you do to make sure Alex and Dana’s plans are coordinated?   You could work with Dana to ensure that her own and Alex’s plan have support coordination built in so that all services are able to participate in care team meetings. You could then work with the Support Coordinator or LAC, as appropriate, to establish a care team and call a meeting to ensure everyone is informed about the various plans with a view to consolidating them. Together you could coordinate and plan your activities so that you are not working at cross-purposes.  You could also ensure that regular care team meetings are conducted to monitor progress and pre-empt any challenges or barriers or address them should they arise.   1. Dana is finding her support requirements overwhelming – what might be contributing to this and what could you do to help address this?   There are lots of potential reasons for Dana feeling overwhelmed, including:  her mental health (depression, stress, anxiety, etc.)  her history  isolation  confusion  the amount of responsibility she has, including the care of Alex and Sienna.  You can help to address this by working with the other members of the care team to ensure that Dana is:  an active member of the care team and feels confident to speak up about her concerns and questions and has ownership of her plan  is clear about the plans that are in place and can describe who all the members of her care team are and what they all do  getting the support she needs for any specific health issues  establishing or linking with a supportive social support network outside of her formal support system.  You could also work with the other members of the care team to ensure you coordinate your contacts with Dana and the family so they’re not having constant and unplanned visits. |