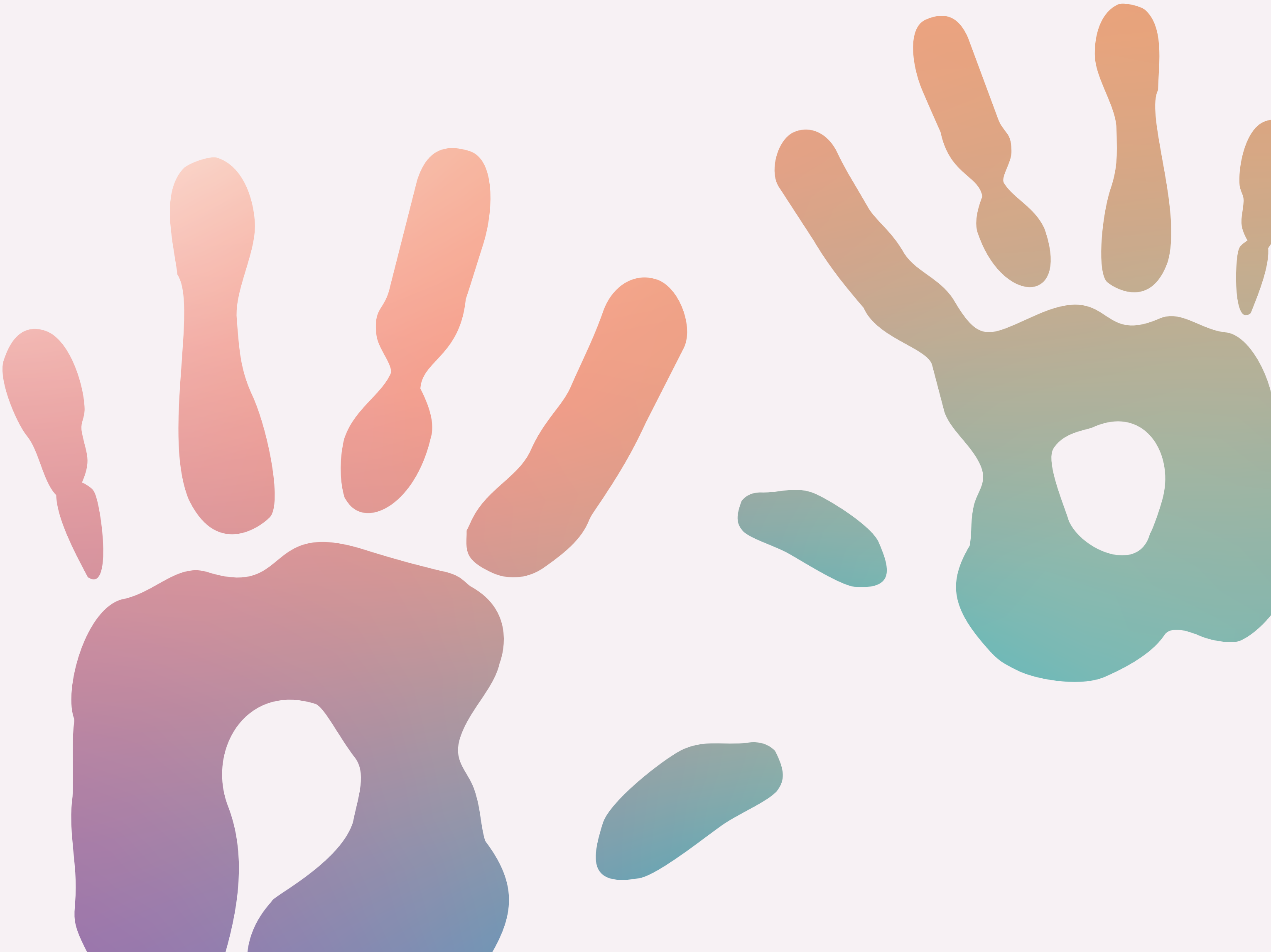
Government of South Australia
Department for Child Protection

# How disability and developmental delay is assessed

## A guide for carers



# Contents

# Who is the guide for?

This guide explains the steps involved in assessing disability and developmental delay for children and young people under the guardianship of the Chief Executive of the Department for Child Protection (DCP).

This guide is intended to support family-based carers to understand and participate in the assessment process.

In this guide, you will find clear and practical information about the steps that must be followed once someone in the child's care team identifies that the child may have a disability or developmental delay, and who will be involved. If you care for an Aboriginal or Torres Strait Islander child, there's information about how the case worker will support them to attend a Culturally safe service.

There is also information about why the impact of trauma for children and young people in care must be taken into consideration when scheduling assessments. Often the signs of trauma and disability can be very similar. To avoid misdiagnosis, it is important for the whole care team, including the carer, the child's case worker, the child or young person (where appropriate), education providers, service providers and medical professionals to share information and talk together about the appropriate steps regarding scheduling assessments and supports.

# How to use this guide

To best support carers, this booklet presents the same information in multiple formats including a quick read flowchart, example case studies of real children and carers and details about how DCP works with carers to obtain a disability and developmental delay assessment.

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|---|---|
| **Want to understand developmental delay, disability and the impacts of trauma in more depth?** | **Read Part 1: What you need to know (from page 5)** |
| **Have some time and want to learn more about the assessment process?** | **Read our disability and developmental delay assessment process (from page 11)** |
| **Only have 5 minutes to understand the assessment process?** | **Follow the flowchart (page 12)** |
| **Want to read real-life stories?** | **Check out our case studies (pages 10, 21 and 22)** |
| **Look after yourself!** | **Self-care and 'next-steps' information can be found on page 23** |

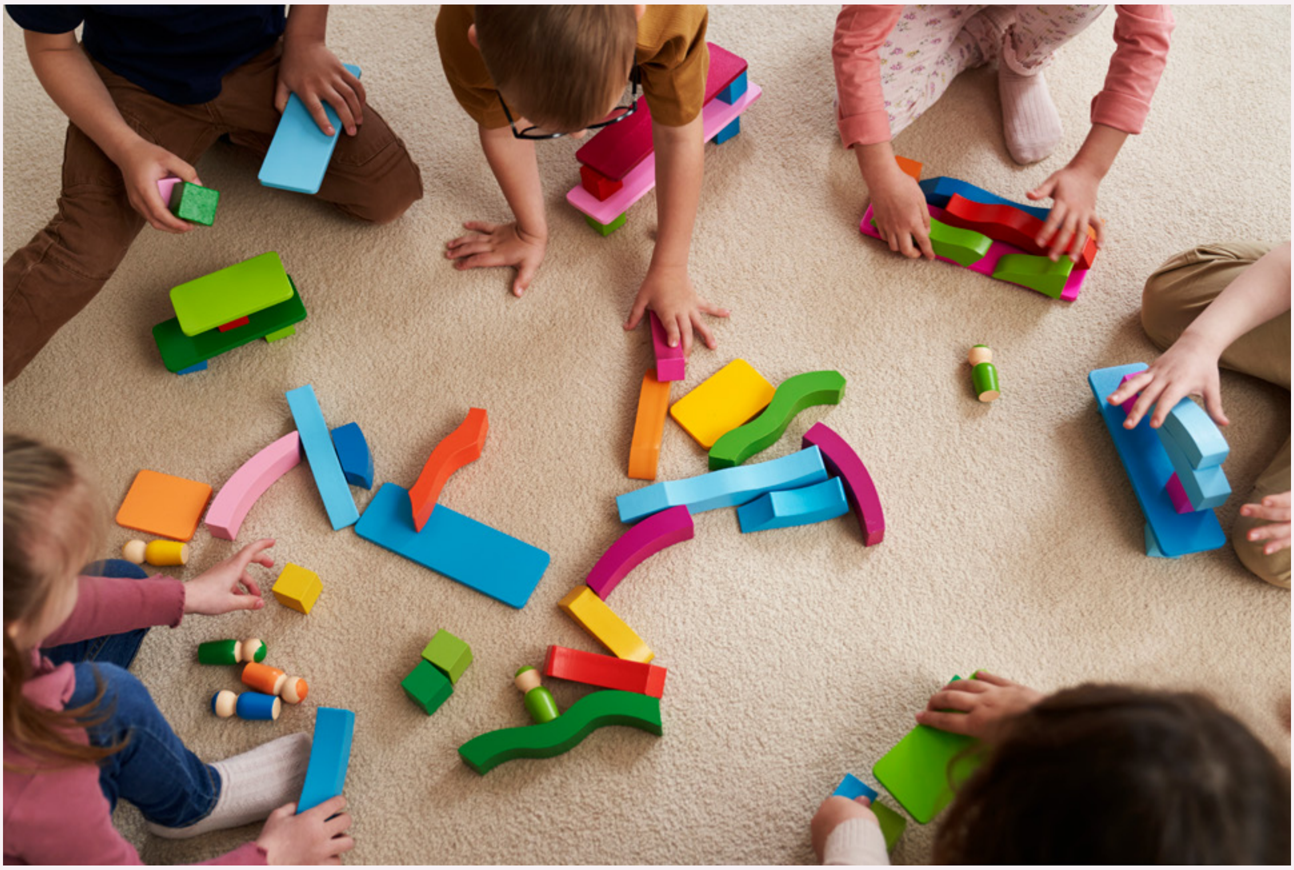
# Introduction

In Australia, developmental delay and disability are more common for children and young people in out of home care than in the general population. A significant number of children and young people in care have been diagnosed with disability or significant developmental delay and are being supported by National Disability Insurance Scheme (NDIS) plans.

The steps involved for assessing developmental delay and disability are not always easy and can be confusing to navigate. We understand that this can be frustrating or overwhelming. There are people who can help, including the child's case worker and other DCP staff.

Carers often know the child in their care better than anybody else and are an important part of the child or young person's care team.

DCP acknowledges the strength that carers show in consistently supporting the children and young people in their care to grow and develop and reach their potential.



# Part 1:
## What you need to know

## What is a developmental delay?

Developmental delay means that a child or young person has not yet gained the skills that are expected by a certain age. Delays can happen with speech and language, thinking and learning, movement and balance, and social or emotional ability. Children from birth to six years are described as having a developmental delay when they are not meeting their developmental milestones. Indicators of developmental delay in young children include (but are not limited to):

- reaching developmental milestones later than is typical for children of a similar age (for example, a three-year-old who has limited speech and is not following basic instructions)
- atypical behaviours for a child of their chronological age (for example, not making eye contact or not responding when called by their name)
- regression in previously learned skills, such as speech.

## Why do developmental delays happen?

There are lots of reasons why a child might experience developmental delay including:

- Genetic factors
- Disability
- Metabolic disorders
- Traumatic experiences
- Neglect
- Brain injury
- Exposure to toxic substances (like drugs and alcohol or lead poisoning)
- Serious infections

Children and young people under Guardianship are more likely to experience developmental delays and these are more likely to be identified later in life.

It is important to understand that these developmental issues are also present in children who have experienced trauma, poor attachment relationships or lack of stimulation.

For more information on understanding developmental delay, and how this is linked to trauma, please see the **'Information for carers: Understanding developmental delays: 0-5 years'** brochure by searching "Understanding developmental delays" in the DCP website search bar.

## Why is it important to check for developmental delays?

It is important to provide early support for any child that may have delayed development. Earlier supports often lead to the best outcomes. Children in care need a strong and supportive relationship with their primary caregiver in order to progress in their development and move forward in life.

It is also worth noting that there can be significant wait times before appointments become available for a developmental delay assessment. Being able to recognise developmental delays earlier on helps to get this process started as soon as possible for the child.

As a carer, you have the power to speak up for the child in your care and seek advice about how the child's development can be best supported within your home.

Child protection legislation ensures that you, as a carer, are entitled to participate in any decision-making process relating to the health, safety, welfare or wellbeing of the child or young person in your care. Additionally, DCP has committed to consulting with you and informing you of the progress of the assessment pathway through the **South Australian Statement of Commitment to foster and kinship carers**. You may find it useful to refer to a copy of the Statement of Commitment when speaking with the child's case worker throughout the disability and developmental delay assessment process.

## The link between developmental delay and disability

**Children under 7 years** of age who have significant delays in three or more areas of development, may be diagnosed (by a paediatrician or psychologist) as having global developmental delay.

Some of these children will go on to be diagnosed with an intellectual disability when they are **7 years or older.** Cognitive assessments used for diagnosing intellectual disability are not undertaken until a child is 7 years old as some children under this age may show significant changes or improvements in their abilities as they develop.

Disabilities may impact movement, thinking abilities, communication and social skills, vision or hearing. The most frequently occurring disabilities for children in care are intellectual disability and Autism.

## The impact of trauma on assessment

Trauma is an involuntary response to a threatening experience that can overwhelm a person's capacity to cope. It can have a long-lasting impact on child development, health and wellbeing. Even a single experience of trauma can cause lasting effects.

Children and young people in care have often experienced multiple traumas over a lengthy period. They have also had these experiences at a time when their bodies and brains are growing, which makes them uniquely vulnerable to long-term effects. The impact of early, repeated trauma and loss is known as 'developmental trauma'.

Carers who look after children and young people who have experienced trauma may see many emotional, behavioural, social and developmental difficulties related to those experiences. Many signs of trauma are similar to those seen in children with developmental delay or disability. This can make it difficult to distinguish between trauma and an underlying disability.

The 'Information for carers: Understanding developmental delays: 0-5 years' brochure (see page 6) explains the potential signs of developmental delay for each age group and lists the major concerns for developmental delay at any age. This resource also lists the potential impacts of trauma on development.

Signs of trauma, often misinterpreted as developmental delay, can include:

- Avoidant, anxious or clingy behaviour
- General fearfulness
- Helplessness, passive, low frustration tolerance
- Restless, impulsive or hyperactive behaviours
- Difficulty identifying what is bothering them
- Inattention and difficulty problem solving
- Irritability
- Aggressive or sexualised behaviour
- Loss of recent developmental achievements
- Repetitive or post-traumatic play
- Reacting to reminders or trauma triggers
- Sadness and depression
- Poor peer relationships and social problems (controlling or over permissive)
- Overly friendly to strangers.

### Provide culturally informed care – Aboriginal and Torres Strait Islander children

Connection to family, culture, community and Country is crucial to the health, wellbeing and healing of Aboriginal and Torres Strait Islander children in care. It is important to be aware that when Aboriginal and Torres Strait Islander children experience trauma this may include impacts of inter-generational trauma within their family and community. A child needs support and motivation from their carer, family and community to start and continue their journey of healing. At the core of healing for Aboriginal and Torres Strait Islander children is strengthening their bonds, and where necessary re-connecting them, to Aboriginal and Torres Strait Islander people and culture.

**SNAICC – Supporting Carers to Care for Our Children** has resources that can support carers to understand trauma and provides advice on key issues for Aboriginal children and young people in care.

## Why is the assessment for my child or young person delayed?

For children and young people who have experienced trauma, development is often uneven, making it hard for those close to the child to understand their developmental level and how to respond to the child's behaviour. A child or young person who has experienced trauma may have delays in their development due to the impacts of trauma on their brain development. The impacts from trauma may present as learning difficulties and behaviours similar to children with Attention Deficit Hyperactivity Disorder (ADHD) or Autism.

It is important to carefully consider what best explains a child's delays or behaviours, as an incorrect diagnosis can lead to inappropriate treatments that do not address the underlying issues (for example, trauma is incorrectly labelled as ADHD, and the child receives ADHD medication instead of receiving a referral for trauma therapy). Additionally, a diagnosis is a significant label that can follow a child throughout their life. For this reason, any diagnosis should be made with great care to ensure it accurately reflects the child's challenges and experiences.

## The steps involved in separating trauma from disability or developmental delay

- The child's case worker will first consult with the carers to ensure that they have the most recent and up-to-date information about the child or young person.
- Then, to minimise the risk of misdiagnoses, the child's case worker will consult with DCP Psychological Services. They may advise that it is not the right time for the child to be assessed because of how trauma has impacted the child's ability to relate to others or to settle and concentrate on the assessment tasks.
- The DCP psychologist then advises the case worker when it is appropriate to undertake a disability related diagnostic assessment for a child or young person.
- The child's case worker will keep the carer updated on the progress of the process and will ensure that the carer's voice is heard and included throughout all steps of the pathway.

In some instances, a diagnosis may have been made prior to the child coming into care and with little understanding or acknowledgement of the maltreatment they had been experiencing. This can lead to the prescribed treatment having a medical or disability focus only and the impact of trauma is then not addressed. If you are concerned that this may have happened for the child or young person in your care, please discuss with the child's case worker in the first instance.

## Case study #1
## Example of a delayed assessment

8 year old Charlotte* had lived with her foster care family for 3 months when her carer suggested an assessment for Autism should be considered. Before coming into care, Charlotte experienced neglect, witnessed domestic violence and was exposed to substance misuse and mental health concerns. Prior to entering foster care, Charlotte was distressed, anxious, withdrawn and had difficulties communicating. Charlotte's teachers also noticed that she struggled with social interactions and that she had frequent emotional outbursts. Charlotte's foster carers became concerned about her behaviour and queried whether she may have Autism. Upon consultation between Charlotte's case worker and the carers, Charlotte was referred for an Autism assessment. However, before the assessment could be conducted, several important factors were considered.

1. **Trauma:** The assessment team recognised that Charlotte's traumatic experiences led to anxiety and distrust of adults and Charlotte would often not respond to them. The team acknowledged that there was a need to establish a safe environment for Charlotte before undertaking an assessment. This was discussed with Charlotte's carers as an explanation of why the assessment was delayed.
2. **Inconsistent behaviour presentation:** Charlotte's behaviour was inconsistent as her trauma responses often masked the delays in her development. The assessment team needed to be able to tell the difference between behaviours linked to trauma and those indicating Autism.
3. **Instability in living situations:** Charlotte had experience of changes in her foster care placements, which had hindered her ability to establish safe and trusting relationships. The assessment team recognised the importance of establishing stability for Charlotte and recommended delaying the assessment until she had been in her current placement for eight to twelve months. This timeframe aimed to ensure that the assessment accurately reflected her capabilities.
4. **Focus on immediate needs:** The assessment team determined it was necessary to postpone the assessment and prioritise Charlotte's emotional needs through targeted therapy sessions aimed at fostering trust, processing trauma and developing coping skills.

After a period of therapeutic support and Charlotte being in a stable care arrangement for several months, the assessment was conducted. The assessment concluded that Charlotte met the criteria for a diagnosis of Autism, alongside a diagnosis of Post Traumatic Stress Disorder (PTSD). Charlotte's case demonstrates the complexities of assessing and making a diagnosis of Autism in the context of childhood trauma. The delay in her assessment was necessary to ensure it accurately reflected her capabilities and that she received the correct diagnosis.

**Pseudonym used for confidentiality*

# Part 2:

# The DCP disability and developmental delay assessment process

# Quick Flowchart: Steps to seeking an assessment for disability or developmental delay

## DCP pathway

### 1 Concerns, signs or symptoms noticed

Someone close to the child or young person in care, including Carers, DCP staff, Carer support staff, Health professionals, Education or childcare staff has concerns for their development.

### 2 Concerns reported to the DCP case worker

The DCP case worker is informed of the concerns by one, or more, of the following people:

Carers | DCP staff | Carer support staff

Health professionals (including through the preliminary and comprehensive health checks)

Education or childcare staff

Carers can directly inform the DCP case worker about a child or young person's developmental concerns.

### 3 The DCP case worker will

1. **Consult DCP Psychological Services** to discuss the impact of trauma on the child or young person's health and development and appropriate timing of assessments.
2. **Consult the DCP Regional Disability team** for guidance and advice.
3. **Keep you informed of progress** and consult with you regarding the child or young person in your care.

**The role of the DCP Regional Disability team**

Assist case workers to identify and support the needs of children and young people with disability or delay.

Ensure children who are eligible have access to supports through NDIS.

### 4 Disability or developmental delay assessment

The child or young person in your care is referred to an appropriate health service for assessment. Services can include a Paediatrician, DCP Psychological Services, Flinders Medical Centre Child Assessment Team, or the Women's and Children's and Lyell McEwin Hospital Child Development Unit.

Upon assessment, the child or young person may or may not receive a disability diagnosis.

For Aboriginal children and young people, prioritise using an Aboriginal Culturally safe health service.

### 5 No diagnosis – ongoing support

**If there is no disability diagnosis**, the child's DCP case worker will continue to support you and the child or young person.

### 5 Diagnosis – potential referral to NDIS supports

**Upon disability diagnosis and** if made eligible, the child's DCP case worker will refer the child to NDIS and work closely with you and the DCP regional disability consultant to choose the best supports available.

## Public education pathway

### 1 Concerns, signs or symptoms noticed

Someone in the child or young person's school, kindy or childcare has concerns for their development.

### 2 Education staff discuss concerns with the child's carer and DCP case worker and together develop a personalised learning plan to address concerns.

### 3 Education staff implement the actions listed in the personalised learning plan

This may include changes to the child's curriculum or adjustments to their environment or level of support. Staff monitor how the child progresses with these changes. If staff believe that further support is required despite having initial supports and adjustments in place, then they may refer to Student Support Services staff for further investigation.

### 4 Education staff, with DCP consent, refer the child to the Department for Education Student Support Services to gather more information

This may include cognitive and adaptive behavioural assessments. Any findings will be summarised in a report, and a copy will be provided to the carer and DCP case worker to form part of any disability and developmental delay assessment process. Additionally, these assessments assist education staff to appropriately support the young person.

### 5 Finding the best supports for children with identified Global Developmental Delay or Intellectual Disability in education.

Education staff consider all available information to plan for the most appropriate supports and education pathways for the child's continued schooling, including any specialised placements for eligible students.

# Steps to seeking an assessment for disability or developmental delay

## Keeping you informed

The child's case worker must provide you, as the carer, with the relevant information about the child or young person's medical history (where known) which may include diagnosed physical health conditions, medication requirements, allergies and previous developmental delay or disability diagnoses.

The child's case worker is also expected to keep you informed of any changes to the child's health, plans for assessment, diagnosis or treatment and the contact details for all health care providers throughout the placement.

## If I suspect that a child in my care has a developmental delay, what do I do?

Every child is different and will reach some milestones earlier than others. For example, one child might learn how to talk really early but walk later than most children their age, whereas another might do it the other way around. Some variation is normal, but you may know the child better than anybody else. If you are seeing things in their development which worry you, and if you think there may be a delay, let the child's case worker know so that they can seek advice on the best pathway for support or assessment.

**Provide as much information as you can to your child's case worker about the delays you are noticing and how they are impacting on the child's abilities.** Keeping a written record of signs and symptoms over a set period of time may help you to more effectively communicate the signs of developmental delay to staff.

Once informed of your concerns, the case worker will be supported by a psychologist and a regional disability consultant to consider what type of supports the child is ready for and would benefit from.

**If you would like your observations directly considered during the meeting between the case worker and the DCP Psychological Services team**, we encourage you to fill out the 'carer observation record' (Appendix 1) or write a detailed email or letter to give to the child's case worker.

Ask the child's case worker to send your observations through to the psychologist prior to their meeting.

After the meeting between the child's case worker and the DCP psychologist, you can request feedback and an explanation of their outcomes and plan through the case worker.

## How are delays in children's development identified for children 0 to 5 years?

For children aged 0 to 5 years, regular screening assessments of development are undertaken by Child and Family Health Service (CaFHS). These assessments show if the child is delayed in their development but are not diagnostic assessments.

CaFHS offer health and development checks for the following ages:

- 1–4 weeks
- 8 weeks
- 6–9 months
- 12 months
- 18–24 months
- 3 years
- 4–5 years.

Some of these checks may also be done by your family GP or paediatrician. We recommend that you discuss attendance at a CaFHS clinic or booking a doctor's appointment with the child's case worker. During this conversation you can share what you have observed and inform your child's case worker of suitable times for appointments to be made.

CaFHS has a number of Aboriginal Cultural Child and Family Support Consultants (ACCFSCs) whose role is to support parents and carers of an Aboriginal identified infants with:

- access and engagement with CaFHS and staff
- home and/or clinic visits
- parent education
- child development
- linking families in to other services
- guiding non-Aboriginal CaFHS staff in providing culturally sensitive services to Aboriginal families.

## Preliminary and comprehensive health and developmental assessments

### Preliminary Health Check

A child or young person should receive a Preliminary Health Check within 30 days of first entering care. This Preliminary Health Check can be done by GP's, nurses or paediatricians. See the table below for more details.

The aim of this check is to record baseline health information such as height and weight, identify any areas of immediate concern and to provide early guidance and support in the areas of physical health, development, and social and emotional wellbeing.

### Comprehensive Health and Development Assessment

Following the Preliminary Health Check, children and young people who are new to out of home care are referred by the child's case worker to SA Health for a Comprehensive Health and Development Assessment (CHDA). The CHDA should occur within 3 months of entering care. If the child or young person is already engaged with a paediatrician, the case worker should consult with the paediatrician to determine whether the child or young person requires a CHDA or whether their involvement with the paediatrician is sufficient.

The CHDA identifies the child or young person's physical, developmental and psychosocial health needs and leads to the development of a comprehensive health plan outlining any further necessary assessments, treatments and interventions, and how and when these will occur. The child's case worker must prioritise Aboriginal Culturally safe health practices for Aboriginal children and young people.

All health assessment appointments are the responsibility of the child's case worker to organise and approve. As the carer, you will be involved in finding the most suitable time and days for these appointments to occur. If you would like the child or young person in your care to access private assessment services, it is encouraged that you discuss this with the child's case worker as early as possible. Please note, DCP may only cover the gap costs associated with private health cover/private health assessments when **pre-approved by DCP** and in specific circumstances.

If you are concerned that a Preliminary Health Assessment or CHDA has not been completed within the expected timeframe, contact the child's case worker in the first instance. If you are still concerned after speaking with the case worker, please contact the area supervisor or office manager to discuss.

Relevant office phone numbers are listed at the following webpage:
childprotection.sa.gov.au/contact-us/office-locations

*Table 1: Preliminary Health Check (PHC) and Comprehensive Health and Development (CHDA) Assessment – age, providers and location details*

| Assessment type | Age | Providers | Locations |
|---|---|---|---|
| **Preliminary Health Check** | 0–5 years | CaFHS, including Aboriginal Cultural Child and Family Support Consultants (ACCFSCs) for Aboriginal children and young people in care. | Multiple locations across South Australia |
| | 6–11 years | GP, Paediatrician, nurse practitioner or other specialty nurse or Aboriginal health worker as appropriate | Multiple locations across South Australia<br>Watto Purrunna Aboriginal Primary Health Care Service<br>Muna Paiendi |
| | 12–17 years | Metropolitan Youth Health Service<br>**OR**<br>GP, paediatrician, nurse practitioner or other specialty nurse or Aboriginal health worker as appropriate | Elizabeth Metropolitan Youth Health<br>Christies Beach<br>Metropolitan Youth Health<br>Angle Park Metropolitan Youth Health<br>Watto Purrunna Aboriginal Primary Health Care Service<br>Muna Paiendi<br>Wonggangga Turtpandi |

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| **Comprehensive Health and Development Assessment** | 0–11 years | Out of Home Care (OOHC) Clinic | Flinders Medical Centre<br>Women’s and Children’s Hospital OOHC Clinic<br>Lyell McEwin OOHC Clinic<br>Limestone Coast Local Health Network – Mount Gambier Country Health Connect |
| | 12–17 years | Metropolitan Youth Health Service | Elizabeth Metropolitan Youth Health<br>Christies Beach<br>Metropolitan Youth Health<br>Angle Park Metropolitan Youth Health |

If you would like to learn more about Culturally appropriate health services in your area, please contact the child’s case worker or visit the SA Health website **sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/aboriginal+health+services**

Aboriginal health workers are available in many hospitals across South Australia to ensure that services are accessible and meet your child or young person's Cultural needs.

The child’s case worker, together with the DCP psychologist, makes the decisions about the most appropriate service to undertake an assessment. As the carer, your experience and observations about the child or young person in your care will be taken into consideration during these discussions. Additionally, you can expect to be informed about when this discussion will take place, and about the outcomes of when assessments are scheduled for. The child’s case worker will ensure that the services used for assessments are trauma informed.

## Once developmental concerns are noticed, what's next?

Once concerns are noted and the child or young person's case has been discussed between the child's case worker, the carer, the DCP Regional Disability team and DCP Psychological Services, the case worker may then refer the child or young person for an appropriate health service assessment. Remember, you can have your experiences and observations heard during the meeting between the child's case worker and the DCP psychologist by sending your case worker the completed 'carer observation record' (Appendix 1) or a detailed email or letter.

**Only the child's case workers can refer a child or young person for a health service assessment.** Health service assessments can be made by:

- Paediatricians
- DCP Psychological Services
- Flinders Medical Centre Child Assessment Team
- Women's and Children's and Lyell McEwin Child Development Unit
- An Aboriginal Culturally safe health care practice.

**It is important to note that there may be significant wait times before a developmental delay and disability assessment appointment becomes available.** Depending on the service, this can take up to 2 years before being scheduled for an appointment. This is commonly due to community demand for the service. Upon assessment, the child or young person may or may not receive a disability or developmental delay diagnosis.

### Disability is diagnosed

Once a child is diagnosed with a disability and if they are eligible, the child's case worker will refer the child to the NDIS and work closely with you and the DCP regional disability consultant to choose the best supports available for the child or young person.

*Note: not all children diagnosed with a disability or developmental delay will meet NDIS eligibility criteria, for example, some children and young people with mild intellectual disability will not meet eligibility and most with a single diagnosis of Autism level 1 will not meet eligibility.*

### No disability is diagnosed

If there is no disability diagnosis made, the child's case worker will continue to support you and the child or young person through routine therapeutic supports and referring to free community services and groups.

## Supports for children and young people who do not qualify for NDIS support

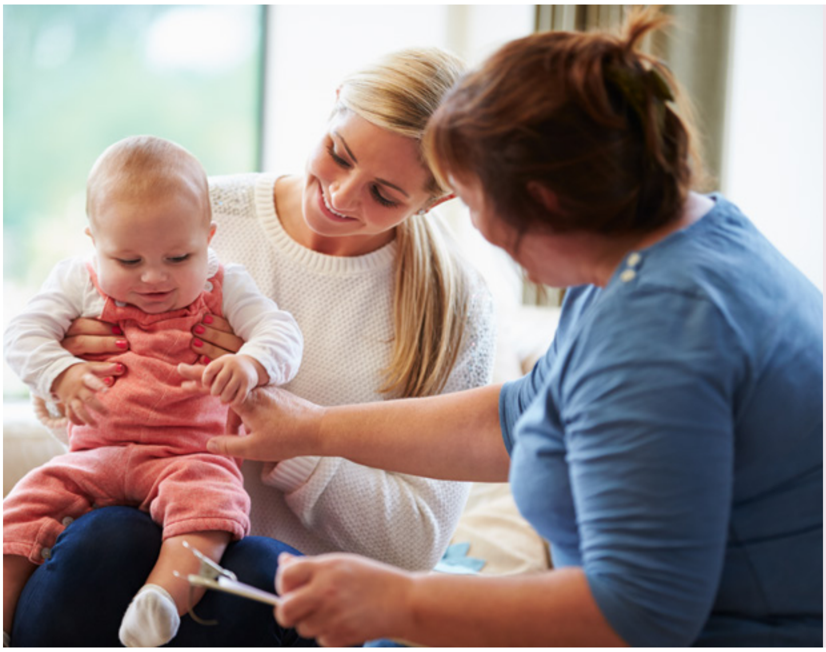
If the child or young person either:

- Does not have a diagnosis of disability or developmental delay, or
- Has a diagnosis that does not qualify for NDIS supports

then the child's case worker will support you and the young person with alternative therapeutic supports and referrals to community services. While the types of supports available will look different depending on the child's needs and your location, common examples of these types of supports include:

- Referral to DCP Therapeutic Carer Support Services
- Local playgroups
- Kindergyms
- Baby sensory programs
- Library activities and programs (e.g. story times and Words Grow Minds programs. Some libraries offer Auslan story times for toddlers and children)
- We Rock the Spectrum Kid's Gym or similar
- Community groups and community health centres
- Raise Your Spirit: creative disability supports
- Information resources through Raising Children website (**raisingchildren.net.au**)
- MyTime: peer support group for parents and carers of children with complex needs
- Local sporting clubs
- Seeking culturally sensitive supports through local Aboriginal Community Controlled Organisations
- Positive Partnerships (**positivepartnerships.com.au**): free supports for autistic school-aged students
- Mental health supports including Headspace, Kids Helpline, Beyond Blue and Sane Australia
- Spectrum Connect Australia.

DCP case workers can consult with early childhood services (Kudos) and Local Area Coordinators from the NDIS, who provide guidance regarding the mainstream services available in your area.

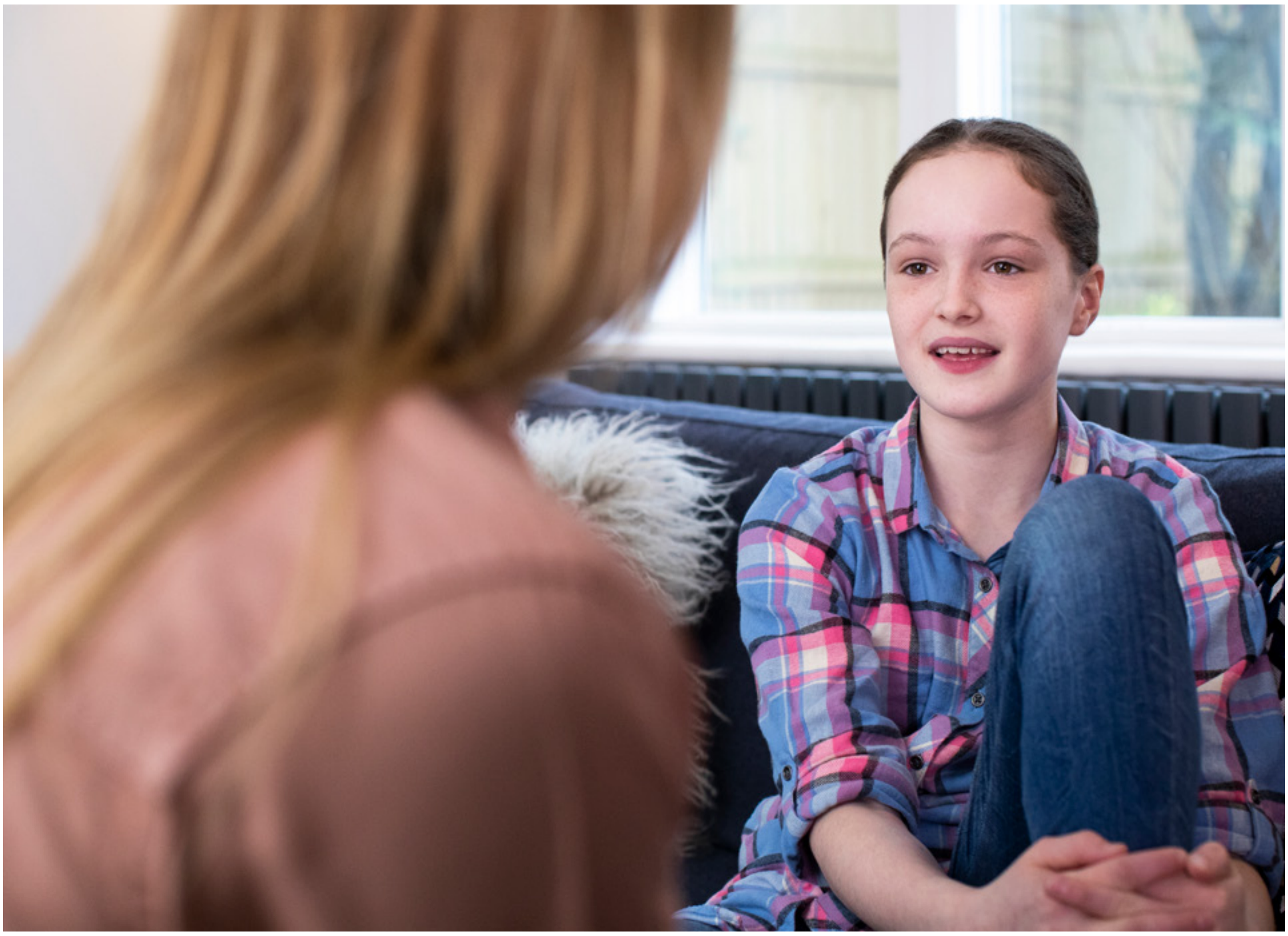


For information relating to the NDIS process, please speak with the child's case worker or visit the following DCP webpages via scanning the QR code below.

## Who is responsible for what in the assessment process?

| | |
|---|---|
| **The carer:** | • cares and advocates for the best interests of the child or young person in their care<br>• communicates observed behaviours, symptoms or concerns in a clear, timely and respectful way with the child's case worker<br>• can request to meet with the child's case worker and a DCP regional disability consultant to discuss your concerns<br>• receives updates from the child's case worker regarding the progress of the assessment process<br>• takes the child or young person to appointments, which have been made in partnership with the child's case worker and the extended care team. |
| **The child's case worker:** | • works in partnership, and communicates in a clear, timely and respectful way, with the carer and other care team members to identify concerns about the child or young person's development and functioning<br>• considers whether further assessment, diagnosis or therapy may be required, including psychological assessment or therapy where it is suspected that the child's developmental delay may be trauma-related<br>• where concerns are present (even those that appear minor), raises these with a DCP regional disability consultant<br>• after consulting with the carer to ensure up-to-date information, consults with DCP Psychological Services to discuss the impact of trauma on the child or young person's development<br>• seeks out culturally supportive assessment pathways for Aboriginal children and young people where these are available<br>• makes and records referrals as appropriate<br>• routinely updates the carer with the status of the assessment process, including what recommendations have been made after speaking with DCP Psychological Services, referrals are made for assessment and outcomes of the assessment. This includes informing the carer of any barriers which may be delaying the progress of assessment. |
| **The DCP Psychological Services team:** | • provides advice to the child's case worker regarding appropriate timing of assessments and potential impact of trauma on the child's presentation<br>• may provide psychological assessments for the child or young person, with a referral from the child's case worker<br>• upon receiving a referral, will allocate the assessment to an internal DCP psychologist or outsource it to an approved external psychologist. External psychologists are approved by DCP Psychological Services as psychologists in the community with experience in assessment of children with trauma. |

| | |
|---|---|
| **DCP regional disability consultants assigned to all DCP Offices:** | • assist case workers to identify children and young people with developmental delay or disability<br>• provide advice on what further assessment or diagnosis is required to ascertain whether the child or young person has a developmental delay or disability<br>• ensure that children and young people who are eligible have access to supports through the National Disability Insurance Scheme (NDIS).<br>*The decision to seek further assessment or diagnosis and request access to the NDIS should be discussed with the child or young person (where developmentally appropriate), their carer and other care team members.* |



## Case study #2

## Example of a routine assessment

Josephine* came into care when she was 3 years old after experiencing neglect. Josephine had been with other families before coming to live with her carer 4 months ago at the age of 4.

The carer and Josephine's case worker had initial concerns and noticed that Josephine was displaying some delay in her development. This included delays in her ability to undertake activities using her hands (fine motor skills), like drawing, cutting, pasting, and puzzles, and activities requiring larger coordinated movements (gross motor skills) like kicking and catching balls. Her vocabulary was also limited, using just two to three worded phrases to communicate.

### Early intervention phase

After consulting with the carer, the case worker referred Josephine to a paediatrician and the CaFHS nurse, both of whom identified similar delays for Josephine. The carer was advised that these referrals were taking place and was consulted regarding the best time and day for appointment to take place. From this, initial interventions were recommended. Appointment times were arranged by the case worker with consideration to the best times and days for the carers. This included 6 months of occupational therapy and speech therapy. After 6 months of therapy, developmental delays were still evident.

**Note: to access the early intervention support program via the NDIS, you must first show records of at least 6 months of therapy or intervention prior to application.*

The therapists provided a report to Josephine's case worker and the carer, outlining the therapeutic support provided to Josephine and highlighting the ongoing delays across 3 developmental areas. Josephine was diagnosed with Global Developmental Delay and given her history and age, an early intervention support program was submitted to the NDIS, which was successful.

### Formal diagnosis phase

Later when Josephine was 6 and a half years old, her paediatrician recommended a cognitive assessment. The case worker consulted with a DCP psychologist who undertook the assessment. Before making a formal diagnosis, the psychologist took into consideration Josephine's early childhood trauma experiences, her biological family's history, time spent with her current carer and genetic testing. A formal diagnosis of intellectual disability was confirmed, which meant that Josephine would have access to the NDIS disability pathway and related supports.

Josephine's case highlights a typical process when applying for early intervention supports and ongoing access through NDIS.

**Pseudonym used for confidentiality*

## Case study #3
## Example with no formal diagnosis for NDIS

9 year old Aaron* was removed from his mother's care hours after birth. The child protection concerns related to substance misuse, domestic violence, and the unhygienic state of the home. Aaron was placed in the care of his aunty.

A paediatric assessment at 8 months old did not raise any concerns. Aaron's aunty continued to take Aaron to yearly paediatrician reviews which noted difficulties with sleep and some sensory issues. An Autism and ADHD screening was performed, but at the time Aaron did not meet the criteria for either condition.

When commencing school, concerns regarding Aaron's development increased. His teacher observed that Aaron struggled to engage in group time and was not able to engage in learning without one-on-one support. Aaron was constantly moving, inattentive and struggled to remain focused. In consultation with Aaron's aunty, to best support Aaron and help him address his needs, his case worker arranged for Aaron to receive appropriate therapeutic supports, funded by DCP.

Aaron was re-referred to the Out of Home Care Clinic with the support of the case worker. Aaron's aunty and schoolteacher completed questionnaires prior to the paediatric review. Information provided by Aaron's aunty and his teacher included Aaron's adaptive behaviour, communication skills, problem solving, academic achievement, motor skills and emotional regulation skills. Based on the information provided, Aaron was diagnosed with ADHD. Aaron also underwent an Autism assessment but did not meet the criteria for a diagnosis. Further assessments determined that Aaron had above average intelligence but experienced difficulties with using language.

Due to Aaron not having an intellectual disability or Autism he was not eligible for NDIS. Aaron's aunty reported that Aaron was continuing to have difficulties with emotional regulation, communication, and fine motor skills and so it was recommended that Aaron continue to access therapeutic support. These therapeutic supports were organised by the child's case worker and accessed via a Chronic Disease Management Plan** and a Mental Health Care Plan***, with DCP funding the gap.

*Pseudonym used for confidentiality*

**Chronic Disease Management Plan

A Chronic Disease Management Plan (CDMP), sometimes known as a GP Management Plan, can help people with chronic conditions manage their care by offering an organised approach to care services. CDMPs often involve a multidisciplinary team of healthcare professionals and identifies the patient's health and care needs, sets out the services to be provided and lists the actions the patient can take to manage their condition. An associated Team Care Arrangement in the CDMP can provide access to Medicare-subsidised care from selected allied health care providers for individual treatment services.

***Mental Health Care Plan

A Mental Health Care Plan is for people with a mental health condition. A mental health treatment plan lets people claim up to 10 individual and 10 group sessions with a mental health professional each calendar year. The plan helps people access free or subsided sessions. Because health professionals set their own fees, Medicare may only cover some of the cost. Mental Health Care Plans can be arranged by a GP, psychiatrist or a paediatrician.

# Self-care

## Look after your own wellbeing

Your wellbeing is essential to your role as a carer. There are many resources to assist you in maintaining your wellbeing and practicing good self-care.

- **Ask for help.** One of the most effective ways you can look after yourself is to use the support of your support worker and connect with other carers.
- **Take time for yourself.** The Anna Freud National Centre for Children and Families has some helpful tips and strategies explaining why this is so important and how to manage this in your busy life. Visit: **annafreud.org/resources/family-wellbeing/self-care-for-parents-and-carers**
- **Building your community of care.** Connecting with other carers is a great way to do this, and Connecting Foster and Kinship Carers SA can help you with this. Visit: **cfc-sa.org.au**
- **Managing stress** is an important element of self-care and you need to find what works for you. There are even phone apps like Smiling Mind with guided meditation and mindfulness techniques. There are also some great tips and additional resources on the **Raising Children Network**.

Identifying and preventing burn out is key to your wellbeing and there are some resources on avoiding burnout on the **DCP website**. If you are feeling stressed, we encourage you to speak with your support worker or your child's case worker (or supervisor) and organise a care team meeting. You can also speak with the office manager to express your concerns and have them resolved in a safe, respectful and efficient manner.

If you feel very stressed and need urgent help or advice, call:

**Lifeline:** 13 11 14

**Beyond Blue:** 1300 224 636

**13Yarn:** 13 92 76

# Where to go for further information

## Speak to a DCP worker

To begin this process, it is recommended to speak with the child or young person's case worker in the first instance. You can also ask your child's case worker, if you and the case worker can meet with the regional disability consultant allocated to your child's office to discuss your concerns. If you are feeling stuck, you can also talk with the senior practitioner or supervisor of your local office. You can then escalate your concerns to the office manager of your local office if required.

Relevant office phone numbers are listed at the following webpage: **childprotection.sa.gov.au/contact-us/office-locations**

## Complaints, concerns and feedback

We know that it can be stressful and upsetting when issues arise. We want to best support you through this time and will address any concerns or complaints in a timely and efficient way. We hope this reduces the impacts of any concerns and will help to maintain respectful and professional relationships within the care team.

If you have a complaint, we recommend following the DCP complaints and feedback procedure. Search '**Complaints process for carers**'.

To speak with staff in the DCP Complaints and Feedback Management Unit (CFMU) directly, please contact them through the details below:

Department for Child Protection,
GPO Box 1072, Adelaide SA 5001

Telephone: 1800 003 305

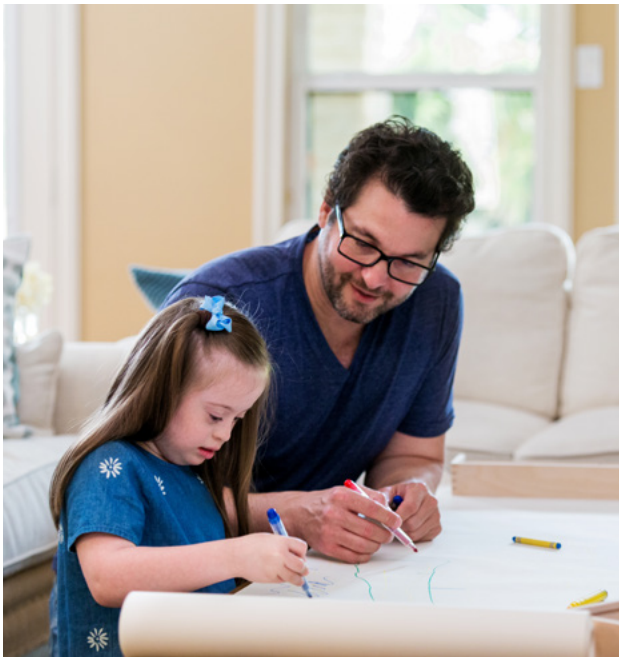
## Connecting Foster & Kinship Carers – SA Inc. (CF&KC-SA)

Did you know that Connecting Foster & Kinship Carers SA provides advocacy and support to foster and kinship carers across South Australia?

CF&KC-SA is the independent peak body for approved South Australian foster and kinship carers. They provide systemic and individual advocacy to carers, helping them to access information, exercise their rights and entitlements, amplify their voice, and fulfill their aspiration and commitment to providing safe and secure family homes for the children in their care.

To chat with a carer advocates, make a free call to 1800 732 272 or email CF&KC-SA at: **support@cfc-sa.org.au**

To keep up to date on CF&KC-SA's systemic advocacy work and other opportunities for carers and their families, become a member. Visit: **cfc-sa.org.au/join-us/become-a-member/**



Appendix 1

# Carer observation record

*Family based carer observations of possible signs of developmental delay in a child or young person in care. To be considered during planning meetings between the case worker and DCP Psychological Services staff.*

## Child or young person details

Name:

Age:

Gender:

## Carer details

Name:

Phone number:

Email address:

## What I have noticed: (signs of developmental delay in the child or young person as observed by the carer)

## When I first noticed these signs or symptoms:

## What else I'd like you to know: (this can include what early childhood or community supports have been started, factors which might impact on the signs/observations noted above or anything you think would help the care team to make plans for the child or young person in your care).

**Government of South Australia**
Department for Child Protection

GPO Box 1072
Adelaide SA 5001
**childprotection.sa.gov.au**

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