

Intake: NDIS and children with a disability and/or complex medical needs

This procedure should be used by intake practitioners when additional information is required to formulate a risk assessment for a child with a disability and/or complex medical needs, based on the alleged protective concerns raised by a reporter.

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Introduction [hide content](#)

Disability and complex medical needs can significantly increase a child's vulnerability. When risk of harm issues are evident, thorough consultation and information sharing with all specialist disability and/or medical services involved with a child is required. This includes NDIS funded supports where the child has, or may require, a NDIS plan.

See procedure [Case management: NDIS and children with a disability and/or complex medical needs](#) and the [Practice guidelines for Child FIRST, The Orange Door, Integrated Family Services, Child Protection and Out-of-Home Care](#) for further information about working with children with a disability who require NDIS supports.

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Case practitioner tasks

Intake

Where the concerns relate to a child with complex medical needs residing in hospital

- Gather information from all relevant hospital staff and other medical professionals about the reported protective concerns and parental capacity to meet the child's health needs where the report relates to a child residing in hospital due to complex medical needs.

Where the concerns relate to a child with a disability

Establish if there is an NDIS plan and what disability supports are funded

- Search clients name on CRIS and check the common client layer (CCL) to see if the child has a Disability Client Services Record. Link the records where the child has a Disability Client Services record. If a NDIS plan exists in the child's Disability Client Services record, this information will be displayed automatically in Child Protection CRIS once the records

are linked. For more information on linking Disability Client Service and Child Protection CRIS records see the [Recording Disability and Complex Medical Needs Information CRIS Guide](#).

- Contact the Local Area Coordinator (children aged 7 – 18) or the local Early Childhood Partner (children aged 0 – 6) to clarify if a plan is in place for the child when CRIS or the reporter indicates the child does have an NDIS plan however details about plan are not evident. If the Local Area Coordinator or Early Childhood Partner are unable to assist, contact the National Disability Insurance Agency (NDIA) on 1800 800 110 to clarify if a plan is in place for the child and what supports are funded.

Local Area Coordinators (children aged 7 – 18), and local Early Childhood Partners (children aged 0 – 6) are local NDIS services that support people access the NDIS and help NDIS participants develop and implement their NDIS plans. The [NDIS website](#) has contact information for all Local Area Coordinators and Early Childhood Partners in Victoria.

- Identify with the Local Area Coordinator (children aged 7 – 18) or the local Early Childhood Partner (children aged 0 – 6) or the NDIA, what NDIS funded supports are in place. Confirm if the family is receiving support from an NDIS Support Coordinator.

Support coordination is a funded NDIS service that provides people with more intensive support to implement NDIS plans.

Where an NDIS plan exists

- Consult with the NDIS funded supports (including the NDIS Support Coordinator if one funded is the NDIS plan) and any other identified medical professionals as required about the child's disability/complex medical needs, engagement with services and their views about the reported protective concerns.
- Record information about the child's disability/complex medical needs in the LAC records on CRIS. For more information on recording disability and/or complex medical needs information in LAC, see the [Recording Disability and Complex Medical Needs Information CRIS Guide](#).
- If the reporter is requesting respite or an out-of-home care placement due to their child's or another child's disability needs, and no other protective concerns are identified, advise the reporter they may seek possible short term accommodation through the NDIS Support Coordinator (if funded in the child's NDIS plan), or Local Area Coordinator (children aged 7 – 18), or local Early Childhood Partner (children aged 0 – 6). Once you have provided this advice, classify the report as Wellbeing Advice Only and, in consultation with Team Manager, progress the case to closure.

Where an NDIS plan does not exist

- Contact any known disability and/or medical services, as well as any other known relevant service for information about the child's disability and/or complex medical needs, engagement with services and their views about the reported concerns where more information about the reported protective concerns is required to formulate a risk assessment.

- Where the reporter is requesting access to the NDIS for their child or another child, provide them with the contact details of the Local Area Coordinator (children aged 7 – 18) or local Early Childhood Partner (children aged 0 – 6) to enable referral where required.
- Record information about the child's disability/complex medical needs in the LAC records in CRIS if required. For more information on recoding disability and/or complex medical needs information in LAC, see the [Recording Disability and Complex Medical Needs Information CRIS Guide](#).
- Refer to the Local Area Coordinator (children aged 7 – 18), or local Early Childhood Partner (children aged 0 – 6) to support the family identify respite or short term accommodation options where the reporter is requesting respite or an out-of-home care placement due to their or another child's disability needs and no other protective concerns are identified. Once you have provided this advice, classify the report as Wellbeing Advice Only and in consultation with the Team Manager, progress the case to closure.

Unborn children with identified disability or complex medical needs:

- Refer to the [Unborn child report](#) procedure if the report is about a mother who will likely give birth to a child with complex medical needs and/or disability and may encounter difficulties providing the requisite level of care to that child.

Related procedureshide content

- [Case management: NDIS and children with a disability and/or complex medical needs](#)
- [Leaving care](#)

Additional informationhide content

- [Disability and complex medical needs - advice](#)
- [MOU with the Public Advocate](#)
- [Practice guidelines for Child FIRST, The Orange Door, Integrated Family Services, Child Protection and Out-of-Home Care](#)
- [Leaving care - advice](#)
- [Positive practice framework: A guide for behaviour support practitioners](#)
- [NDIS website](#)
- [Recording Disability and Complex Medical Needs Information CRIS Guide](#)