

Senate Standing Committee on Community Affairs

Inquiry into the Adequacy of Existing Residential Care Arrangements Available for Young People with Severe Physical, Mental or Intellectual Disabilities in Australia

Children with Disability Australia
Submission – February 2015

Contents

Introduction	3
Background Information	5
Children with Disability Australia (CDA)	5
Human Rights and Policy Framework	6
Responses to the Inquiry's Terms of Reference	8
A) The estimated number and distribution of young people in care in the aged care system in Australia, and the number of young people who require care but are not currently receiving care	8
B) Short and long term trends in relation to the number of young people being cared for within the aged care system	8
D) The appropriateness of the aged care system for care of young people with serious and/or permanent mental or physical disabilities	9
H) The impact of the introduction of the National Disability Insurance Scheme (NDIS) on the ability of young people in aged care facilities to find more appropriate accommodation	9
C) The health and support pathways available to young people with complex needs	10
J) Any related matters	13
Relinquishment	13
Abuse and Neglect	13
Summary	15
Recommendations	15
References	16

Introduction

Children with Disability Australia (CDA) welcomes the opportunity to contribute to the Senate Standing Committee on Community Affairs *Inquiry into the Adequacy of Existing Residential Care Arrangements Available for Young People with Severe Physical, Mental or Intellectual Disabilities in Australia*. This submission focuses on issues of relevance to children and young people with disability. For the purpose of this submission, 'children and young people' refers to those aged 0-25 years and 'young people' are people under 65 years.

The disadvantage typically confronting most children and young people with disability across Australia is profound. Children and young people with disability typically contend with major barriers within society which compromise their opportunities and access to full participation and inclusion in all life areas.

For children and young people with high level medical and/or care needs it is extremely difficult to access adequate and appropriate support and housing. Consequently, some children and young people, albeit a small number statistically, live in residential aged care facilities. Recent statistics report 28 people aged under 29 years live in residential aged care in Australia.¹ It is unacceptable for any child or young person to live in residential aged care.

The Young People in Residential Aged Care (YPIRAC) initiatives operated from 2006-2011 and aimed to "reduce the numbers of younger people with disability living in nursing homes throughout Australia."² YPIRAC was a joint initiative that was co-funded by Commonwealth, State and Territory governments.³ While the YPIRAC initiatives provided some important first steps toward creating alternative housing options for young people with complex support needs, it provided only short term programs and funding.⁴

Recent years have seen the commencement of reform which will see significant change in the delivery of disability services and supports, with the introduction of the National Disability Insurance Scheme (NDIS). While the NDIS constitutes an important reform, it alone cannot prevent young people living in residential aged care settings.

The lack of appropriate housing and support options for young people with high medical and/or care needs is central to the issue of young people living in residential aged care and must be addressed. There are examples operating nationally and internationally of housing and support options for young people with high medical and/or care needs that are worthy of consideration. Two Australian examples are discussed in this submission.

¹ Australian Government Department of Health cited in Young People in Nursing Homes National Alliance 2012, *Statistics*, Melbourne, viewed 16 January 2015, <http://www.ypinh.org.au/statistics>.

² Australian Government Department of Social Services 2014, *Younger People with Disability in Residential Aged Care Initiative*, Commonwealth of Australia, Canberra, viewed 19 January 2014, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>.

³ Ibid.

⁴ See: Young People in Nursing Homes National Alliance 2011, *YPIRAC2: the next steps*, Melbourne, viewed 3 February 2015, http://www.ypinh.org.au/images/stories/pdf/ypirac2_rep_fahcsia.pdf, pp. 8-9.

It is important that a national strategy is developed that addresses the issue of young people living in residential aged care by expanding the housing and support options available. A critical aspect of this is the coordination of cross-sector expertise and resources. This is so that the options created are flexible and include the range of areas of any young person's life. A strategy should include clear outcomes and an evaluation process to allow progress and shortcomings to be measured. Further, unlike the YPIRAC initiatives, any new strategy must be long-term and not cease until agreed outcomes have been achieved.

In this submission CDA will respond to the Terms of Reference of relevance to the experiences of children and young people living in residential aged care.

Background Information

Children with Disability Australia (CDA)

CDA is the national peak body that represents children and young people with disability, aged 0-25 years. The organisation is primarily funded through the Department of Social Services (DSS) and is a not for profit organisation. Additional project funding is also currently received by the Australian Government Department of Education. CDA has a national membership of 5000 with the majority being families.

CDA provides a link between the direct experiences of children and young people with disability and their families to federal government and other key stakeholders. This link is essential for the creation of a true appreciation of the experiences of and challenges for children and young people with disability and their families.

CDA's vision is that children and young people with disability living in Australia are afforded every opportunity to thrive, achieve their potential and that their rights and interests as individuals, members of a family and their community are met.

CDA's purpose is to advocate systemically at the national level for the rights and interests of all children and young people with disability living in Australia and it undertakes the following to achieve its purpose:

- **Listen and respond** to the voices and experiences of children and young people with disability.
- **Advocate** for children and young people with disability for equal opportunities, participation and inclusion in the Australian community.
- **Educate** national public policy-makers and the broader community about the experiences of children and young people with disability.
- **Inform** children and young people with disability, their families and care givers about their citizenship rights and entitlements.
- **Celebrate** the successes and achievements of children and young people with disability.

The work of CDA is guided by the following principles:

- **Fundamental rights:** the rights and interests of children and young people with disability are CDA's highest priority consistent with Australia's obligations under the United Nations Conventions on the Rights of the Child and the Rights of Persons with Disabilities.
- **Having a childhood:** children with disability are children first and foremost and have a right to all aspects of childhood that children without disability are afforded.
- **Participating in decision making:** children and young people with disability have the right to participate, in whatever capacity, in decisions that impact on their lives.
- **An inclusive approach:** children and young people with all types of disability, from all cultural and religious backgrounds, living with all types of families and in all geographic locations are supported by the work of CDA.
- **Valuing families and care givers:** for the contributions made by families and care

givers to support the rights and interests of children and young people with disability.

- **Working in partnerships:** CDA works collaboratively with relevant government, non-government, private sector agencies and the broader community to promote the rights and interests of children and young people with disability.
- **Being accountable:** CDA operates accountably, effectively and ethically as the national peak body charged with the mandate of advocating for children and young people with disability.

Human Rights and Policy Framework

Australia has demonstrated its commitment to upholding the human rights of children and young people with disability through being a signatory of both the United Nations *Convention on the Rights of the Child (CRC)* and the *Convention on the Rights of Persons with Disabilities (CRPD)*. These conventions contain a number of articles that are relevant to the issue of children and young people who reside in residential aged care.

Article 19 of the CRPD requires State Parties to the Convention to ensure that “persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement” and that “persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”⁵

Article 3 of the CRPD sets out the right to “full and effective participation and inclusion in society” and article 26 obliges State parties to provide services and supports to “enable persons with disabilities to attain and maintain maximum independence.”

Additionally the CRC states, all children have the right to “be cared for by his or her parents” except in circumstances where this is not in the child’s best interests as stated in articles 7 and 9.⁶ Article 23 stipulates children with disability have the right to appropriate supports to assist the “child's achieving the fullest possible social integration and individual development.” Further, article 27 obliges State Parties to “take appropriate measures to assist parents and others responsible for the child” to ensure that every child has a “standard of living adequate for the child's physical, mental, spiritual, moral and social development.”

National policy also reflects Australia’s commitment to affording people with disability equal rights and opportunities. The National Disability Strategy (NDS) was developed by the Commonwealth, State and Territory governments through the Council of Australian Governments. The Strategy sets a 10 year reform plan from 2010-2020 for all Australian governments to address the barriers faced by Australians with disability. It seeks to ensure

⁵ United Nations General Assembly 2007, *Convention on the Rights of Persons with Disabilities*.

⁶ United Nations General Assembly 1989, *Convention on the Rights of the Child*.

that mainstream services and programs including healthcare, housing, transport and education, are accessible and address the needs of people with disability.⁷

The NDS includes policy areas of relevance to residential care arrangements for people with disability. One is to create “inclusive and accessible communities.” This section identifies the policy direction of “improved provision of accessible and well-designed housing with choice for people with disability about where they live.”⁸ Further, under the policy area “economic security,” the Strategy sets the policy direction of “access to housing options that are affordable and provide security of tenure.”⁹

Australia, through being a signatory to these United Nations conventions and through national policy, has demonstrated its commitment to realising the rights of all children and young people, regardless of circumstance, to full participation, inclusion in the community and equal opportunities. The rights afforded to children and young people with disability are compromised or denied and the intent of relevant national policy is not recognised if they live in residential aged care facilities.

⁷ Council of Australian Governments 2011, *National Disability Strategy 2010-2020*, Commonwealth of Australia, Canberra, p. 8.

⁸ *Ibid*, p. 32.

⁹ *Ibid*, p. 44.

Responses to the Inquiry's Terms of Reference

A) The estimated number and distribution of young people in care in the aged care system in Australia, and the number of young people who require care but are not currently receiving care.

Available Data

Statistics from the Australian Government Department of Health report that in 2010 there were 28 people aged between 20 and 29 years living in the aged care system.¹⁰ There were 16 people in this cohort living in New South Wales and 12 were in Victoria.¹¹ Between one and five people in this age group were living in aged care facilities in both Queensland and Western Australia, however exact numbers have been suppressed in order to protect the confidentiality of these individuals.

The 2010 statistics do not report anyone under the age of 20 living in aged care facilities. CDA believes that it is however important for the Inquiry to consider the experiences of children with high medical and/or care needs who live at home or other residential settings. Whilst these children may not be recognised in official data, CDA is concerned that this group are presently at high risk of living in residential aged care in the future because of the limited accommodation and care options available. Early intervention and planning could prevent this outcome.

Identifying Unmet Need

Identifying the number of young people who require high levels of care and who are at risk of entering into the aged care system is complex. The point at which people may be at risk of entering into residential aged care facilities will differ with each individual and may occur in a variety of contexts. For example, it may occur when a diagnosis of a degenerative condition is made, when a child is living at home but families are unable to cope or if a child or young person has been in hospital for an extended period. Identifying unmet need and taking steps to prevent children and young people from entering into residential aged care therefore needs to occur in a range of settings. The need for a cross-sector response to children and young people living in residential aged care will be discussed under Term of Reference C.

B) Short and long term trends in relation to the number of young people being cared for within the aged care system.

CDA notes that short term trends indicate the number of children and young people in aged care has been decreasing (from 44 in 2005 to 28 in 2010).¹² The precise drivers of this change, including the extent of the impact of the YPIRAC initiatives, have not been clearly established to CDA's knowledge. It would appear from analysing statistics that the targeting of specific age cohorts through YPIRAC has correlated with reduced incidence of residing in residential aged care, for example those under 29 years. It is unclear if other circumstances may have also contributed to the decrease in the younger cohorts of people living in

¹⁰ Australian Government Department of Health cited in Young People in Nursing Homes National Alliance 2012, *Statistics*.

¹¹ Ibid.

¹² Ibid.

residential aged care. Further consideration of the cause of this decrease should therefore occur as it may provide learnings around how to reduce the incidence of young people living in residential aged care.

D) The appropriateness of the aged care system for care of young people with serious and/or permanent mental or physical disabilities.

It is inappropriate for any child or young person to live in residential aged care. Residential aged care settings are unable to meet the range of needs that all children and young people have, including social, developmental and educational needs. Further, it is contrary to the commitment and obligations Australia has made under the CRC, CRPD and domestic policies.

H) The impact of the introduction of the National Disability Insurance Scheme (NDIS) on the ability of young people in aged care facilities to find more appropriate accommodation.

The recent introduction of the NDIS has seen the commencement of significant change in the delivery of disability services and supports. The NDIS is a shift from block funding, where service providers are funded to provide disability supports, to portable and individualised funding. The overarching aim of the Scheme is to allow people with disability choice and control over the supports they receive.¹³

In relation to residential care arrangements, the NDIS provides some supports to assist with housing and independent living. It will fund home modifications, as well as support with personal care and domestic tasks.¹⁴ In cases where the cost of housing is higher the standard rental cost, the NDIS “may also contribute to the cost of accommodation in situations where the participant has a need for specialised housing due to their disability.”¹⁵ The NDIS also states that supports “funded by the Scheme will also assist some participants who may be living in an inappropriate setting to move back to the community” including younger participants living in residential aged care.¹⁶

The increased services and supports available through the NDIS will not by itself resolve the issue of young people living in residential aged care. This was highlighted in research by the Summer Foundation and PricewaterhouseCoopers. The study developed projections of unmet need of young people living in residential aged care in the NDIS launch sites. It found that the NDIS alone will not be able to provide the resources for housing and support that will resolve the issue of young people living in aged care.¹⁷

¹³ National Disability Insurance Agency 2014, *What is the National Disability Insurance Scheme*, Geelong, viewed 5 February 2015, http://www.ndis.gov.au/sites/default/files/documents/what_is_the_ndis.PDF.

¹⁴ National Disability Insurance Agency 2014, *Mainstream Interface: Housing and Independent Living*, Geelong, viewed 21 January 2015, http://www.ndis.gov.au/sites/default/files/documents/fact_sheet_supports_ndis_fund_housing_ind_living.pdf.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ D. Winkler, L. Callaway, S. Guthrie 2013, *National Disability Insurance Scheme Launch Sites: Projection of the Number of People in Residential Aged Care*, PricewaterhouseCoopers, Summer Foundation, Melbourne, Sydney, p. ii.

It is important that the current changes taking place as the NDIS is implemented are accompanied by broader thinking and action around housing and support options for people with high medical and/or care needs. The lack of flexible housing options will undermine the NDIS's underlying principles of giving participants' choice and control over the supports they receive and facilitating independence. More options are therefore needed.

As the NDIS moves to full rollout, there are some measures that can be taken to assist in the expansion of housing and support options. *Shaping the Future Today: Transforming Housing Policy for Australians with Disability*, a policy discussion paper by the Young People in Nursing Homes National Alliance (YPINH) seeks to "inform thinking about housing and lifestyle options for people with disability."¹⁸ This paper recommends that the National Disability Insurance Agency collect information from NDIS participants concerning their housing preferences.¹⁹ CDA supports this recommendation as a critical interim step to inform future development of flexible housing and support options for people with high medical and/or care needs.

C) The health and support pathways available to young people with complex needs.

Housing

The aged care sector has become a default safety net to fill the service gap in flexible, accessible and affordable housing options. As previously discussed, it is important that broader thinking around the housing options available for people with high medical and/or care needs occurs. Critically, there is a need for social and community connections to be an explicit consideration in housing design that is accessible to all Australians, including people with disability.²⁰ Further, it is critical to adopt an inclusive approach to housing design that values the preferences and needs of people with disability, including children and young people and their families.²¹

There are a number of housing and support options for children and young people with high medical and/or care needs that presently operate in Australia and internationally. It is important that learnings and evidence from currently operating housing options informs the development of a wider range of housing and support options across Australia. If there is a strong evidence base for particular programs, it is also critical to identify any barriers that will need to be overcome for the options to become more widely available. The *Family Choice Program* and the *Benambra Intentional Community* are examples housing and support options that are flexible to the needs of children and young people with high support needs.

Family Choice Program

The Royal Children's Hospital's *Family Choice Program* runs across Victoria and provides "home based support to families of children with high levels of complex ongoing medical care needs."²² The overarching aim of the program is to ensure children can remain at home

¹⁸ Young People in Nursing Homes National Alliance 2014, *Shaping the Future Today: Transforming Housing Policy for Australians with Disability*, Melbourne, p. 3.

¹⁹ Ibid, p. 31.

²⁰ Ibid, p. 10.

²¹ Ibid, p. 28.

²² Royal Children's Hospital 2015, *Programs*, Melbourne, viewed 20 January 2015, <http://www.rch.org.au/hacc/programs>.

while receiving support and medical care. The Royal Children's Hospital provides an example of a child who would be eligible for the program:

*a child with a tracheostomy...requiring frequent suction to clear secretions, tube feeding, frequent delivery medication via the feeding tube, and constant monitoring and management of frequent seizures with medication.*²³

The care provided is flexible and considers closely individual care and developmental needs of each child and their family. This means that care can be provided in a range of settings, such as school or pre-school, as well as in the home. While this is a medical program, it has potential to be adapted to suit children and young people with high support needs who are at risk of residing in residential aged care. However, this would involve careful consideration of what is required to identify and implement this model of care to other circumstances. For example the Family Choice Program is coordinated through the Royal Children's Hospital and therefore applies a medical training model for family and carers (including unpaid and paid carers and those in other settings such as integration aides in schools).

Benambra Intentional Community

The *Benambra Intentional Community* provides an innovative example of how young people with complex support needs can be supported to live independently. Significantly, it is modelled around providing choice and control to the three young men with disability who live there and creating a "community that have intentionally chosen to live near them"²⁴. The Benambra Intentional Community is a group of 25 public housing units in the inner suburbs of Canberra. Each of the three young men lives in his own home with a co-resident and the remaining units are available to clients of mainstream housing services, provided they support the values of the Community.²⁵

Co-residency refers to a model of support where one or two people live with a person with disability to provide major support.²⁶ The co-resident is chosen by the person with disability and receives remuneration.²⁷ The Benambra Intentional Community aims to foster a "neighbourly, welcoming place to live where residents respect, help and are friendly to each other."²⁸ Key to the development of the Benambra Intentional Community was the work of the families of the three young men who live there. Critically, the community was created through the partnership of a number of services, including disability and housing.

Further examples of flexible housing options are also provided in the YPINH housing policy discussion paper.²⁹ These, together with the above two examples illustrate there are a wide variety of approaches to housing and support for people with high medical and/or care needs.

²³ Royal Children's Hospital 2015, *Programs*.

²⁴ S. Richards, T. West 2014, *A Place to Call Home: The Story of the Benambra Intentional Community*, Getting a Life Family Governed Group, Canberra, p. 11.

²⁵ Ibid, p. 11.

²⁶ Ibid, p. 12.

²⁷ Ibid, p. 12.

²⁸ Ibid, p. 12.

²⁹ Young People in Nursing Homes National Alliance 2014, *Shaping the Future Today: Transforming Housing Policy for Australians with Disability*, pp. 49-77.

Cross-Sector Strategy

Creating housing and support options for children and young people with high medical and/or care needs cannot be achieved by a single sector. Housing developments that meet the needs of people with complex support needs are best achieved through a national, cross-sector strategy that emphasises partnership and integration between services.³⁰ In particular, it is important to ensure that previous models of segregated housing do not re-emerge, as has typically been the case when disability services alone determine and design housing for people with disability.³¹

The sectors involved in a national strategy should reflect the range of services that all young people use, including children. While not all sectors involved will be used by every person, the development of cross-sector partnerships should facilitate the development of flexible housing and support options that are tailored to the needs, wants and circumstances of each person. This should take into account a broad range of factors such as age, cultural and linguistic diversity or different family structures, as well as care needs. Sectors that should be represented in any strategy include:

- Disability;
- Health;
- Aged Care - to ensure that young people living in residential aged care are supported to transition to the community;
- Housing;
- Education;
- Employment; and
- Children and family services.

Any action taken to address the issue of young people living in residential aged care will therefore require careful planning of interface issues and co-funding arrangements. This will require a clearly articulated strategy with targets and time frames. It will also be necessary to identify who will be responsible for overseeing and implementing the strategy. Governance and evaluation processes will be required to ensure targets are met and any shortcomings are identified. Clearly articulating the underlying principles of any strategic effort to address the issue of young people living in residential aged care will be essential. Any strategy should adopt a rights-based and person first approach that emphasises the choice, independence and the need for social connections that all people have. Children's rights to family, to access and participate in a range of age appropriate circumstances and access educational will also need to be part of a national strategy

³⁰ Young People in Nursing Homes National Alliance 2014, *Shaping the Future Today: Transforming Housing Policy for Australians with Disability*, p. 7.

³¹ Ibid, pp. 9-11.

J) Any related matters.

Relinquishment

While there is no national data available on relinquishment, CDA is concerned that there may be some children with disability who are relinquished and due to their specific care needs enter into the aged care system. The term 'relinquishment' is problematic as it conveys that families have 'given up' or abandoned their children. It is the experience of CDA members, as well as being reflected in the available literature, that relinquishment is an absolute last resort by families who are at breaking point due to the lack of support they receive to care for children.

The fear that children with disability who are relinquished may end up in an aged care facility can place additional stress on families who are already in crisis. This issue is illustrated in the Victorian Equal Opportunity and Human Rights Commission's report *Desperate measures: The relinquishment of children with disability into state care in Victoria*. This report includes testimonies from families, with one foster mother stating:

I am really worried that the only option (for my foster son) will be a nursing home because of his high medical needs – I could not bear that. It would be inhumane for such a young boy to end up in a place like that.³²

While there is no typical family that relinquish care, a common feature is extended and sustained failures to receive services for children with high and complex support needs. This is an important consideration for this Inquiry.

Abuse and Neglect

A critical consideration for children and young people living in residential aged care is the risk of experiencing abuse and neglect. International research has found that children with disability are over three times more likely to be abused and neglected than other children.³³ Children and young people with communication difficulties and high behavioural support needs have a heightened risk of abuse.³⁴ Society's attitudes and assumptions, inadequate services and factors associated with impairment have been shown to make children and young people with disability more vulnerable to abuse.³⁵

Research on the abuse and neglect of children and young people with disability has identified a number of environmental factors that increase the risk of abuse of children and young people with disability occurring in an institutional setting. These include where children and young people have:

- Little or no choice or control over their lives;
- Have multiple care providers;

³² Victorian Equal Opportunity and Human Rights Commission 2012, *Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria*, Carlton, p. 88.

³³ P. Knutson, J. Sullivan 2000, 'Maltreatment and disabilities: A population-based epidemiological study,' *Child Abuse and Neglect*, Vol. 24, No. 10, p. 1257.

³⁴ S. Robinson 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Children with Disability Australia, Melbourne, p. 10.

³⁵ Ibid, pp. 10-13.

- Rely on others for intimate personal care;
- Live or spend significant time in settings where they are expected to be always compliant and well behaved;
- Rely on alternative forms of communication;
- Are viewed negatively by others; and
- Are less able to name abuse.³⁶

CDA is concerned that children and young people who are living residential aged care facilities are extremely vulnerable to abuse. This is a further reason as to why there is a critical and urgent need to provide and develop other care and housing options. The large scale policy changes that are occurring, including the implementation of the NDIS, provide an opportunity to transform and strengthen protections against abuse and neglect for children and young people with disability.³⁷ Creating new housing and support options for children and young people with high medical and/or care needs must involve the development of built in prevention strategies that safeguard children and young people with disability from abuse.

Approaches to safeguarding children and young people with disability from abuse and neglect are discussed in CDA's issues paper, *Enabling and Protecting: Proactive Approaches to Addressing the Abuse and Neglect of Children and Young People with Disability* (Appendix 1). The paper draws from recent research about abuse and neglect and from national policy approaches in child protection and disability to better understand the causes, experience and responses to maltreatment of children and young people with disability.

³⁶ Robinson 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 12.

³⁷ See: S Robinson 2014, 'Preventing Abuse of Children and Young People with Disability under the National Disability Insurance Scheme: A Brave New World?' *Australian Social Work*.

Summary

Currently in Australia there are limited housing and support options for people, including children and young people, with high medical and/or care needs. Without addressing this fundamental issue, young people will continue to be placed in residential aged care and have limited or no choice about where they live. While the NDIS will see significant changes to the delivery of disability services and supports over the coming years, it alone cannot address the limited range of residential care arrangements for people with high medical and/or care needs.

It is the view of CDA that a national cross-sector strategy dedicated to expanding the range of flexible housing and support options for people with disability will be the most effective way to enact widespread and meaningful change in this area. Additional considerations around relinquishment and safeguarding children and young people with disability from abuse and neglect should also feature in any strategy going forward. This Inquiry provides a significant opportunity to identify what action can be taken to expand the housing and support options available to children and young people with high medical and/or care needs.

Recommendations

1. The National Disability Insurance Agency collect information about NDIS participants' housing and support preferences to inform future development of these options.
2. Work is undertaken to identify existing, evidence-based policies and programs that can be adapted and made widely available to children and young people with high medical and/or care needs.
3. Creation of a national, cross-sector strategy to address the issue of young people in residential aged care and expand the range of flexible and accessible housing and support options for people with high medical and/or care needs.
4. Specific consideration and research is undertaken to identify the circumstances of relinquishment in order to provide timely and effective support for families to provide care for children at home.
5. Ensure that any approach to developing housing and support options for children and young people with complex support needs has built-in protective measures to safeguard children and young people from abuse and neglect.

Thank you for the opportunity to provide a submission to this inquiry. Please do not hesitate to contact CDA if additional information or clarification is required.

Contact: Stephanie Gotlib, Chief Executive Officer
Suite 3, 173 Queens Parade, Clifton Hill, VIC 3068
Phone 03 9482 1130 or 0425 724 230
stephanieg@cda.org.au
www.cda.org.au

References

Australian Government Department of Health cited in Young People in Nursing Homes National Alliance 2012, *Statistics*, viewed 16 January 2015, <http://www.vpinh.org.au/statistics>.

Australian Government Department of Social Services 2014, *Younger People with Disability in Residential Aged Care Initiative*, Commonwealth of Australia, Canberra, viewed 19 January 2014, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>.

Council of Australian Governments 2011, *National Disability Strategy 2010-2020*, Commonwealth of Australia, Canberra.

P. Knutson, J. Sullivan 2000, 'Maltreatment and disabilities: A population-based epidemiological study,' *Child Abuse and Neglect*, Vol. 24, No. 10, pp. 1257-1273.

National Disability Insurance Agency 2014, *Mainstream Interface: Housing and Independent Living*, Geelong, viewed 21 January 2015, http://www.ndis.gov.au/sites/default/files/documents/fact_sheet_supports_ndis_fund_ho_using_ind_living.pdf.

National Disability Insurance Agency 2014, *What is the National Disability Insurance Scheme*, Geelong, viewed 5 February 2015, http://www.ndis.gov.au/sites/default/files/documents/what_is_the_ndis.PDF.

S. Richards, T. West 2014, *A Place to Call Home: The Story of the Benambra Intentional Community*, Getting a Life Family Governed Group, Canberra.

S. Robinson 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Children with Disability Australia, Melbourne.

S Robinson 2014, 'Preventing Abuse of Children and Young People with Disability under the National Disability Insurance Scheme: A Brave New World?' *Australian Social Work*, pp. 1-14.

Royal Children's Hospital 2015, *Programs*, Melbourne, viewed 20 January 2015, <http://www.rch.org.au/hacc/programs>.

United Nations General Assembly 2007, *Convention on the Rights of Persons with Disabilities*.

United Nations General Assembly 1989, *Convention on the Rights of the Child*.

Victorian Equal Opportunity and Human Rights Commission 2012, *Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria*, Carlton.

D. Winkler, L. Callaway, S. Guthrie 2013, *National Disability Insurance Scheme Launch Sites: Projection of the Number of People in Residential Aged Care*, PricewaterhouseCoopers, Summer Foundation, Melbourne, Sydney.

Young People in Nursing Homes National Alliance 2014, *Shaping the Future Today: Transforming Housing Policy for Australians with Disability*, Melbourne.

Young People in Nursing Homes National Alliance 2011, *YPIRAC2: the next steps*, Melbourne, viewed 3 February 2015,
http://www.ypinh.org.au/images/stories/pdf/ypirac2_rep_fahcsia.pdf.