



# Foundational theories and knowledge Working with caregivers with disability Practice Paper

## 1. Introduction

This practice paper provides DCP practitioners with an understanding of the principles of working with caregivers with disability. This practice paper uses the language ‘caregiver’ to refer to parents, carers and any other adult caregiver.

DCP practitioners must be responsive to the unique needs of children, young people and adults (including family members and caregivers) with developmental delay or disability, noting that individuals with developmental delay or disability have a range of abilities, strengths, interests and potential for development that must be recognised and supported. All assessments and interventions should consider the unique needs and strengths of people with disability. Adaptation is necessary to best support participation for caregivers with disability.

The term ‘disability’ in this practice paper refers to physical, intellectual, neurological and psychosocial disabilities, which may be present from birth and/or be acquired.

The nature and impact of disability varies significantly and it is recognised that many people with disability do not feel negatively impacted by their disability but instead locate the cause of difficulties in societal factors (such as services not being suitable or accessible to people with disability, buildings or other spaces being inaccessible and in the prejudices and discrimination people with disability often face). For some people with disability, their disability is part of their identity or culture.

This practice paper uses ‘person first language’ that is referring to ‘caregivers with disability’, but it is recognised that some people may prefer terms such as ‘being on the spectrum’ or ‘neuro diverse’. Practitioners working with caregivers with disability should enquire about how they refer to themselves and use the language preferred by the caregiver.

This practice paper should be read in conjunction with the [DCP Practice Principles, Relationship based practice- Practice Paper](#) and [Strengths Based Practice-Practice Paper](#).

## 2. Caregivers with disability

Many caregivers with disability are able to provide safe and supportive care to children and young people, while others may require significant support or are unable to provide safe care (for a variety of reasons). Like children and young people with disability, caregivers with disability can be vulnerable to harm and exploitation. People with disability have a higher risk of experiencing domestic and family violence (refer to the [Domestic and Family Violence Practice Paper](#) for further information).



Caregivers with disability may experience other risk factors which impact their parenting capacity (such as mental health difficulties or issues with alcohol and other drug use – refer to [Understanding mental health difficulties in a child protection context Practice Paper](#) and [Trauma lens Substance misuse by caregivers - Practice Paper](#) for more information). Assessment and intervention must be responsive to the caregiver's unique needs in the context of their disability.

Children and young people who live with a caregiver with disability (including another child or an adult) may have care responsibilities for that individual. In assessing whether the level of care a child or young person is providing is appropriate for them, consideration should be given to the child or young person's age, developmental stage, the care tasks the child or young person is carrying out, the unique needs of the child or young person and how performing these care tasks is impacting on the child or young person. Utilising specific care supports, such as support available through [Carers SA](#), may relieve children and young people of caring responsibilities that are above reasonable expectations.

### 3. Assessment considerations

The presence of disability for a caregiver is of significant relevance in assessment, case direction and planning. The impact of disability must be considered in assessment as disability can impact on functional ability and increase parenting challenges.

Thorough assessment is crucial as caregivers with disability may have strengths in some areas of parenting but lack skills or capacity in other areas. The extent to which disability impacts parenting capacity will vary depending on the nature of the disability and other risk and protective factors relevant to that individual. DCP practitioners must not make assumptions about how a disability may impact on parenting capacity (refer to [Bias in Child Protection Practice – Practice Paper](#)) and instead should explore with the caregiver how their disability impacts them and what supports they require. In some cases, a caregiver's capacity to understand and respond to their child's needs may be limited by disability. Refer to the [Assessment framework](#) for further information.

It is important to determine whether, with additional supports, a caregiver with disability can safely care for a child or young person. When caring for multiple children and young people, the capacity of the caregiver to care for each individual child or young person based on their own unique needs, as well as the capacity of the caregiver to meet the needs of all children and young people collectively, must be considered. Some caregivers with disability may have greater capacity to care for a child or young person at different ages and stages of their development, depending upon the nature of the caregiver's disability and/or the child or young person's disability or developmental level.

It may be necessary to undertake further assessment, such as a parenting capacity assessment (PCA) and/or an assessment of intellectual and academic functioning (for a child, young person or caregiver). Assessment of adaptive functioning undertaken by a psychologist or other suitable allied health professional may also be necessary for some caregivers, children or young people. For further information see ['Consider a referral for psychological assessment'](#) in the Respond to the child or young person key step and [Conduct additional assessments and interventions relating to parents and caregivers](#) key step in the Intake, investigation and assessment chapter in the Manual of Practice.



## 4. National Disability Insurance Scheme (NDIS)

The NDIS is a scheme for people with disability and provides funding for supports and services to eligible individuals (aged under 65 years). Further information is available on the [NDIS](#) website.

## 5. Caregivers with disability caring for children or young people with disability

Children and young people with disability are particularly vulnerable to harm. In addition, where a child or young person with disability is cared for by a caregiver with disability their vulnerability may be increased further depending on the nature of the caregiver's disability and how this impacts their parenting capacity.

There are a variety of reasons why caregivers with disability may be challenged by providing care to children and young people with disability, including:

- the additional emotional, physical and financial demands that may be experienced by caregivers raising a child or young person with disability in addition to managing their own disability
- children, young people and/or caregivers with disability living in communities that are not suitably accessible or inclusive contributing to social isolation and reduced formal and informal support networks
- social or financial disadvantages resulting from reduced employment capacity of caregivers due to caregiving commitments and/or lack of accessible and inclusive work opportunities
- caregivers experiencing difficulties accessing required resources and support in relation to their own disability and/or for children and young people with disability
- intellectual, neurological or psychosocial disability impacting the caregiver's capacity to understand appropriate boundaries in relationships or protective behaviours
- intellectual, neurological or psychosocial disability impacting the caregiver's capacity to understand strategies to manage challenging behaviours appropriately
- intellectual disability and/or disability impacting on communication impacting the caregiver's capacity to communicate about their own or their children's needs.

The [DCP Disability and Development Services](#) provide specialist support to assist DCP practitioners and caregivers to respond to the specific disability needs of children and young people and support caregivers with disability to care for children and young people.

## 6. Intervention considerations

Assessment will assist in identifying whether caregivers have capacity to provide safe and responsive care for children or young people, what supports are required and the intensity of those supports. When determining necessary services to support a caregiver with disability in their parenting, the capacity to provide tailored support that is responsive to the caregiver's unique needs and context, including the needs of the children and young people in their care, is critical. Some caregivers with disability may be able to access supports through a NDIS plan in addition to community based or universal supports. Caregivers with disability can experience barriers to accessing support services and given this, ensuring services are accessible is essential.



In order to ensure that interventions appropriately meet the support needs of children, young people and caregivers with disability, areas for consideration include whether:

- a diagnostic assessment has occurred to identify disability type and severity
- an assessment of the impact of the disability on the individual's day to day functioning has occurred
- the individual would benefit from the support of a Disability Advocate
- the individual would benefit from supports accessed through a NDIS plan or the individual has a NDIS plan that adequately meets their needs
- the NDIS plan would benefit from review
- adaptation is needed for communication access (such as communication aids including the use of pictures rather than written language, communication advocates, Easy English resources, communication boards, visual conversation or concept maps, lists or comic strip conversation supports)
- the individual has been linked to mainstream supports if not eligible for NDIS support or in addition to support funded by NDIS
- services can provide the intensity of service that is required to support the caregiver to address the child protection concerns and to provide safe care for a child or young person (where the caregiver has a disability).

It is essential that intervention acknowledges the strengths of the caregiver with disability, rather than focusing solely on deficits (refer to [Strengths Based Practice Practice Paper](#)). Intervention should be useful in the caregiver's context.

## 7. Working with caregivers with disability

Active efforts are required to support participation of caregivers with disability. Consideration must be given to:

- type of disability, including physical, intellectual, neurological and psychosocial, and the associated adaptation needed to ensure accessibility
- investing necessary time, attention and tools to promote participation based on individual need (such as different mediums, formats, methods of engagement, technologies and spaces)
- whether advocates or support people should be present.

## 8. Cultural considerations

### 8.1 Considerations for working with Aboriginal caregivers with disability

When working with Aboriginal caregivers with disability, it is imperative to apply the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle (ACCP). Active efforts to support Aboriginal caregivers with disability to continue to care for children and young people should consider providing integrated, culturally safe supports that address the full range of Aboriginal children, young people and family's needs, including those of the caregiver (refer to [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#) for more information). In addition to working in partnership with the family, DCP practitioners should collaborate with Principal Aboriginal Consultants, Aboriginal family Practitioners and other appropriate Aboriginal representatives as well as Aboriginal Community Controlled Organisations (ACCOs) and other culturally appropriate service providers who provide NDIS services. Family



Led Decision Making should also be utilised to enable participation of the caregiver with disability, children, young people, families and community members in decision making relating to the care of the children and young people (refer to [Family Led Decision Making for Aboriginal families Framework](#)).

## 8.2 Considerations for working with caregivers with disability from culturally and linguistically diverse (CALD) backgrounds

DCP practitioners should consider the most culturally appropriate referral pathway for caregivers with disability from CALD backgrounds (refer to [Working with Diversity - Culturally and Linguistically Diverse people - Practice Paper](#)). The [Multicultural Services](#) team can provide cultural advice and further support to DCP practitioners.

When working with caregivers with disability from different cultural backgrounds it is important to consider whether an interpreter is required. Refer to [Engage with children and young people, their families and carers when sharing or gathering information](#) key step in the Information sharing and information gathering chapter of the Manual of Practice.

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