



Childhood to Adulthood

Guidance on supporting young Lifetime Care participants
through key transitions

Lifetime Care

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1. Context and purpose

Lifetime Care recognises the complexities of working with children and young people with severe injuries and the impact this can have on all aspects of their development. Empowering children and young people to develop their independence, decision-making skills and emotional resilience to prepare them for adulthood is a key part of their treatment, rehabilitation and care and the formulation of appropriate rehabilitation goals.

This guidance document articulates Lifetime Care's approach to working with children and young people as they move into adulthood. It promotes the use of early planning for treatment, rehabilitation and care so that children and young people have the time and opportunity to acquire skills and capabilities they need to participate meaningfully in society. It confirms Lifetime Care's compliance with relevant NSW legislation, provides guidance on its position in relation to parental responsibility and consent and the provision of services without parental supervision. It also recognises the importance of collaboration between all stakeholders including schools, therapy teams and other relevant agencies and of regular assessment of strengths, support needs and goals so that children and young people are well-prepared as they transition into adulthood.

Scope

This guidance applies to:

- Participants of the Lifetime Care and Support Scheme who are children or young people and who require support as they transition into adulthood.
- Lifetime Care staff and service providers engaged by Lifetime Care, who are supporting participants who are children and young people with their injury-related needs.
- Lifetime Care staff making decisions about requests for treatment, rehabilitation and care services relating to a child or young person.

Definitions

Capability building - A systematic process or program for enhancing and expanding the skills, knowledge and abilities of the person

Child or young person - Under **The Children and Young Persons (Care and Protection) Act 1998**, a **child** is someone who is under the age of 16 years and a **young person** is aged 16 years or above but under the age of 18 years. For the purposes of this guidance document, the term "children and young people" will be used to describe the time from transition to high school activities in Year 6 (approximately 12 years of age) through to the early adult years (approximately 25 years of age).

Positive risk taking - An approach that recognises that in addition to potentially negative characteristics, risk taking can have positive benefits for individuals, enabling them to do things which most people take for granted. The desired outcome is to encourage and support people to achieve personal change or growth.

Risk enablement - An approach to support people with fluctuating decision-making abilities, to make choices and be involved in activities that may involve risk while minimising potential harm to themselves or others. A risk enablement approach promotes empowering support that enables people to live an engaged and meaningful life.

Safeguarding - A way of working, planning and interacting that prioritises the safety and wellbeing of everyone – primarily the person with disability – but also including staff, family members, services providers, other members of the person's support team and the broader community.

Supported decision-making - When someone gets help from others to make their own decisions, ensuring they have the necessary information and support without taking away their autonomy.

Transition plan - A comprehensive plan with associated goals and activities that are undertaken with the aim of setting up the young person to live a life of their own choosing, as independently as possible. Effective transition planning involves collaboration with a wide range of stakeholders.

Trauma informed practice - An approach that recognises and responds to the effects of all types of trauma. It emphasises understanding and responding to the signs of trauma to create a safe environment for individuals, avoiding re-traumatisation and promoting healing.

2. Principles for working with young people

2.1 Rights



- Each participant's rights are protected under the UN (UN) Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.
- There is a complex interaction between duty of care and dignity of risk. Injury-related supports should be balanced against parental responsibility, decision-making capacity consent and participant will and preference, particularly for participants who are under 18 years of age.

2.2 Child Protection



- Lifetime Care complies with all relevant child protection legislation and ensures children and young people are safe and protected from harm to the extent possible under its obligations. This includes complying with guidelines recognising the importance of Kinship Care for First Nations children and young people.
- Service providers working with children and young people must ensure they are appropriately qualified, hold a current Working with Children Check and comply with the requirements of any applicable child protection legislation relevant to the state or territory that the participant resides in.

2.3 Family Centred



- Lifetime Care works with children, young people and their families in trauma-informed ways to enable opportunities for planning, participation and community access.
- Lifetime Care recognises the broad definition of family for some cultural groups which may encompass extended family and kinship structures that have a key role in the young person's life.
- Lifetime Care works collaboratively with participants and their families and caregivers to adapt to their changing needs as they progress towards adulthood.

2.4 Quality of Life



- Transition planning is required to support participants to plan for the life they choose as they approach adulthood. Effective transition planning should include strategies to help participants build daily living skills and increase their independence in a safe and structured way.
- Lifetime Care embraces and respects the diversity of individuals regardless of culture, religion, language, sexual orientation, age or disability and considers these factors to the extent possible in the planning and delivery of injury-related treatment, rehabilitation and care.

2.5 Proactive Planning



- Lifetime Care adopts a proactive approach to transition planning with children and young people and recognises that successful planning should address a range of areas including (but not limited to) education, transition to work, life skills, community participation and relationships/sexuality.

3. Working with young people in Lifetime Care


When supporting children and young people with their injury-related needs as they transition into adulthood, Lifetime Care recognises the key role of families, carers and guardians and the need to balance family and person-centred approaches proportionate to the young person's age throughout the transition planning process.

Similarly, Lifetime Care recognises the importance of a collaborative approach with stakeholders including schools, therapy teams and other relevant agencies. Lifetime Care respects the role of other involved agencies such as the NSW Department of Communities and Justice and works collaboratively with them to ensure supports and services are delivered cohesively. Lifetime Care also applies the relevant principles of related icare policies, such as the Capability and Safeguarding Policy and Child Protection Policy.


A successful transition to adulthood requires careful planning and regular assessment of strengths and support needs to provide children and young people with the time and opportunity to develop skills to identify and achieve their goals. When planning for injury-related support, engagement in a wide range of mainstream and age-appropriate activities is strongly encouraged to enable young participants to access similar opportunities to their peers, thereby reducing implications of stereotyping and minimising gaps between typically developing and severely injured young people.

4. Capability, supported decision-making and safeguarding

Lifetime Care seeks to build the capability of participants through supported decision-making and risk enablement approaches to empower them to be active and engaged and maximise their quality of life. This includes children and young people, who, as they grow older and become more responsible for different parts of their lives, should be presented with opportunities to express their will and preferences and be involved in all aspects of their rehabilitation to the extent possible.



This changing balance between guiding children and young people's needs and encouraging independence will enhance autonomy, confidence and resilience, in turn building self-protective skills and self-worth into the future.



Safeguarding is also an important element of building capability and there is a need to balance appropriate protections to ensure duty of care while upholding rights of young participants to make choices and take reasonable risks.

5. Parental responsibility and consent

Lifetime Care recognises the complexities of consent for minors and that the approach often varies across agencies, legislation and contexts. Lifetime Care complies with all legal requirements and respects the role of the parent or alternate decision maker (such as Parental Responsibility under the Minister), encouraging an environment of joint and supported decision-making that involves the child or young person to the extent possible.

Parental responsibility in relation to children is defined in the Family Law Act 1975 to mean all duties, powers, responsibilities, and authority which, by law, parents have in relation to children. These responsibilities include decisions relating to a child's health and medical treatment. Parents retain parental responsibility for their children up until the age of 18 years. From age 18 years, the participant has the legal right to provide or withhold consent on their own behalf including the right to consent to exchange of information or for their information to be kept confidential from their parents.

While parents retain parental responsibility up until 18, it is generally accepted that as children become older and more mature, they can make their own decisions about a wide range of issues before reaching 18.

NSW does not have legislation specifying when a child or young person has the capacity to consent to their own medical treatment. A young person under the age of 18 may have the capacity to give consent to medical treatment depending on their understanding of the proposed treatment and its consequences, the intensity of treatment and their level of maturity. A health practitioner must make a case-by-case assessment of whether the child or young person under the age of 18 has a sufficient understanding (with or without support) to enable him or her to fully understand the implications of what is being proposed in order to provide informed consent. If a young person has the capacity to consent to medical treatment on their own behalf, they are generally entitled to confidentiality in relation to the treatment as well. Consideration should be given to development opportunities for the child or young person to increase their independence and decision-making skills in this area, including learning about their rights under the law. For more specific guidance for NSW please see the NSW Health Guidance: [NSW Health Consent to Medical and Healthcare Treatment](#).

If it is determined by an external party that the person will provide their own consent in relation to medical treatment, then this should be formally documented and communicated. Lifetime Care will also retain a record of this consent on the participant's file.

6. Mandatory reporting

As a mandatory reporter, Lifetime Care is required to operate within relevant child protection legislation. In meeting this requirement, Lifetime Care's intent is to support young people to experience the dignity and learning that occurs with taking reasonable risks and making mistakes, which is a natural and important component of growing up.

Where there is an identified risk of significant harm, Lifetime Care has an obligation as a mandatory reporter to complete the NSW Department of Communities and Justice Mandatory Reporting Guide and follow advice and/or report this via the Child Protection Helpline.

Lifetime Care is responsible for facilitating safeguarding processes specifically related to treatment, rehabilitation and care services funded due to the motor accident injury. Lifetime Care is not responsible for the safeguarding processes of service providers, partners or other involved agencies or organisations.

Service providers delivering services to Lifetime Care participants have an obligation to report concerns of risk of significant harm and must report via the appropriate channels. Providers and organisations working with children and young people are also compelled to operate within the Child Safe Standards developed by the Office of the Children's Guardian NSW.

It is important for Lifetime Care and service providers to collaborate effectively when working with participants who may be in the child protection system to ensure appropriately tailored support is provided. This includes recognising the additional consideration required when working with a participant who has an active case or who has been placed in foster or out of home care. This may include support and training for foster carers, exploration of funding available via NSW Department of Communities and Justice and extends to consent, duty of care factors and kinship care for First Nations participants.

Lifetime Care expects that any service provider working with participants of the Scheme takes appropriate safeguarding measures, including creating child-safe environments and ensuring all workers have a valid Working with Children Check.

7. Service provision without parental supervision

In NSW there is no clear direction as to the age a minor can be left home alone. This is the parent/carer/guardian's responsibility, and they have a legal obligation to ensure the children in their care are safe and properly looked after. Parents should use their judgement, taking into account their own family circumstances and the age and maturity level of the children when determining the circumstances in which they may leave their children at home.

Lifetime Care may approve services, primarily attendant care, without parental supervision in specific and limited circumstances, such as when it is requested to provide an opportunity for young people to upskill in preparation for adulthood in a structured and safe environment. This may include developing

independent living skills, accessing the community or developing interpersonal skills. Generally, Lifetime Care considers that the potential for services to be delivered without parental supervision may be considered from transition to high school onwards. For children under the age of 12 years, these requests will not generally be considered.

Requests for services to be delivered without parental supervision must demonstrate that the service or support has been requested for the purpose of building independence and skills and/or be typical for somebody of similar age to undertake without parental supervision. The purpose is not to provide an alternative to parental supervision in lieu of parental responsibility. When assessing requests of this nature, Lifetime Care will make determinations on a case-by-case basis that consider parental discretion, individual provider policy and NSW (or relevant state) Health Policy for therapy or medical services. It is also expected that service providers delivering these services are highly skilled in guiding, mentoring and supporting this cohort given their unique needs and circumstances; it can be detrimental to the transition if skillsets are not matched accordingly.

Where services without parental supervision are approved, parents retain responsibility for the young person. Lifetime Care expects that appropriate safeguarding measures will be put in place and that the roles and responsibilities of all stakeholders are clear. It is also expected that a comprehensive risk assessment will be completed with appropriate mitigation strategies.

8. Goal setting and transition planning

Transition planning refers to a comprehensive plan that documents the goals and activities to be undertaken to support the young person to live a life of their own choosing, as independently as possible. It is a working document, reviewed and adjusted regularly, particularly in the later teenage years when key life decisions are often made. It should include information on the participant's strengths, interests, goals and support needs and cover all areas of life including education, work, independent living, social life, sexuality and relationships, and community involvement.

Typically led by the Case Manager, the participant is central to the transition planning process, which may also include family, schools and teachers, the participant's treating team, Lifetime Care and other agencies, as well as key informal stakeholders important to the participant or transition process. Identifying all involved stakeholders and confirming their roles and responsibilities as early as possible will create a strong network around the participant. As stakeholders may change over time to align with changing participant goals, it should remain a priority to re-clarify roles and ensure clear communication channels are well established.

This includes consideration for the changing role of parents/carers/guardians as the young person moves through the various developmental and key transition phases. The young person will be developing their skills, becoming more independent and transitioning to services or informal networks for support rather than their parents. This role will likely require a gradual transition a well with many pre-emptive conversations from early in the transition process about expectations, benefits and redefining their role, with consideration of family norms, participant preferences and cultural factors.

9. Funding support

Lifetime Care can pay for reasonable and necessary treatment, rehabilitation and care services that relate to the injury sustained by the participant in the motor vehicle accident.

Requests for funding for children and young people relating to their transition to adulthood can be made by any appropriate member of the treating team or a Care Needs Assessor and should be supported by detailed information that addresses:

- how the requested service will develop the participant's capacity and independence
- the causal relationship between the injury, developmental gaps and transition support needs
- how safeguards related to service provision will be implemented
- involvement of child/young person in the development of the request
- parental responsibility as related to the request
- consultation with a wide network of relevant stakeholders who are suitably qualified and experienced
- a structured plan relating to the transitional support need and how the goal/s will be achieved
- how the need for support will be reviewed

When reviewing requests for treatment, rehabilitation and care services related to planning for transitional into adulthood, Lifetime Care may consider:

- the extent to which the request demonstrates the causal relationship between the support need and the injury
- the age, developmental phase and other contextual factors relating to the participant
- the presence of any pre-existing or concurrent non-injury related health conditions that may impact the participant's development
- evidence of engagement with mainstream and other non-disability specific services or supports.

10. Resources

- [United Nations Convention on the Rights of Persons with Disabilities](#)
- [Office of the Children's Guardian \(nsw.gov.au\)](#)
- [A Guide to the Child Safe Standards](#)
- [Child protection services | Family & Community Services \(nsw.gov.au\)](#)
- [Aboriginal Child and Young Person Placement Principles – Policies and legislation | Family & Community Services \(nsw.gov.au\)](#)
- [Your duties and rights as a parent | Family & Community Services \(nsw.gov.au\)](#)
- [Leaving children at home alone | Family & Community Services \(nsw.gov.au\)](#)
- [NSW Health - Consent \(Minors\)](#)
- [NSW Health - Consent \(16 years or over who do not have capacity to consent\)](#)
- [Capacity and consent to medical and dental treatment | NSW Trustee and Guardian](#)
- [Teen transition plans: disability & autism | Raising Children Network](#)
- [Mandatory reporters: How to make a child protection report | Family & Community Services \(nsw.gov.au\)](#)

Version	Date	Authors	Summary of changes
v0425	April 2025	Service Innovation and Excellence Team	New Guide