

Getting NDIS support for school refusal and school distress

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A Guide for Families



Contents

03	WELCOME
04	UNDERSTANDING SCHOOL REFUSAL
05	HOW SCHOOL DISTRESS CAN QUALIFY FOR NDIS SUPPORT
07	MY CHILD HAS ADHD OR ANXIETY, IS THAT ENOUGH
08	FIRST STEPS, HOW TO GET STARTED
10	WHAT EVIDENCE TO INCLUDE
12	WHAT TO WRITE ON THE NDIS ACCESS FORM
14	COMMON MISTAKES
15	WHAT SUPPORTS CAN MY FAMILY ACCESS ON THE NDIS
17	YOU ARE NOT ALONE

WELCOME

YOU ARE NOT ALONE— AND YOU ARE NOT FAILING

If your child is refusing school or showing signs of extreme emotional distress, you're not imagining it — and you're certainly not the only one.

At The Guided Path, we speak to parents every week who are feeling exhausted, overwhelmed, and unsure where to turn. You've likely been told your child is "just anxious," "not trying hard enough," or that "it's a parenting issue." We're here to tell you: it's not your fault — and there is help.

This guide has been written for families like yours who are navigating the complex, sometimes overwhelming process of accessing the National Disability Insurance Scheme (NDIS) in Australia to support a child experiencing school refusal or school-related distress.

Our goal is simple:

- To help you feel seen, informed, and confident
- To walk you through what the NDIS actually needs to see
- To show you what supports may be available to your child

You shouldn't have to figure this out on your own. Let's take this step by step.



💬 "YOU ARE NOT FAILING. YOU ARE NAVIGATING A SYSTEM THAT
WASN'T BUILT FOR YOUR CHILD — AND WE'RE HERE TO WALK WITH
YOU."

UNDERSTANDING SCHOOL REFUSAL / DISTRESS

SCHOOL REFUSAL, SCHOOL CAN'T, OR SCHOOL DISTRESS? WHY LANGUAGE MATTERS

When a child or teen can't attend school—even when they want to—it's often labelled as “school refusal.” But for many families, that term doesn't sit right.

At The Guided Path, we prefer to use the term school distress because it better reflects what's really happening: a child is in a state of nervous system overwhelm that makes school feel unsafe or unbearable.

Here's a quick breakdown of the common terms:

School Refusal (traditional term)



This is the term used in schools. It is the language that teachers and educators know, and an important starting point when speaking with them. Used in psychology to describe children who experience intense emotional distress about going to school. Often misunderstood as “won't go” rather than “can't go.”

School Can't:



A term used by parent communities to express that their child literally cannot attend school — not because they're defiant, but because their body and brain go into shutdown or panic.

School Distress (our preferred term):



Describes the nervous system overload that underlies school-based anxiety, shutdown, meltdowns, or avoidance. It recognises that children do well when they can, and if they're not attending, it's because something real is getting in the way.

Many children experiencing school distress are neurodivergent—for example, they may be autistic, have ADHD, experience anxiety, trauma-related responses, or sensory processing differences. The distress might not show up until mornings, or may result in illness, emotional outbursts, or complete shutdowns.

💡 This guide is designed for families navigating this kind of distress—where school is no longer accessible without intensive support.

HOW SCHOOL DISTRESS CAN QUALIFY FOR NDIS SUPPORT

HOW THE NDIS DECIDES WHO GETS SUPPORT

The NDIS isn't just for people with physical disabilities or developmental delays. It's also designed to support people with neurodevelopmental or psychosocial disabilities—including children and teens who are experiencing school distress related to:

- **Autism**
- **Intellectual Disability**
- **ADHD**
- **Anxiety disorders**
- **Psychosocial conditions**
- **Sensory processing disorder**
- **And other long-term neurodivergent profiles**

But the NDIS doesn't approve access based on diagnosis alone.

✚ The key question is:

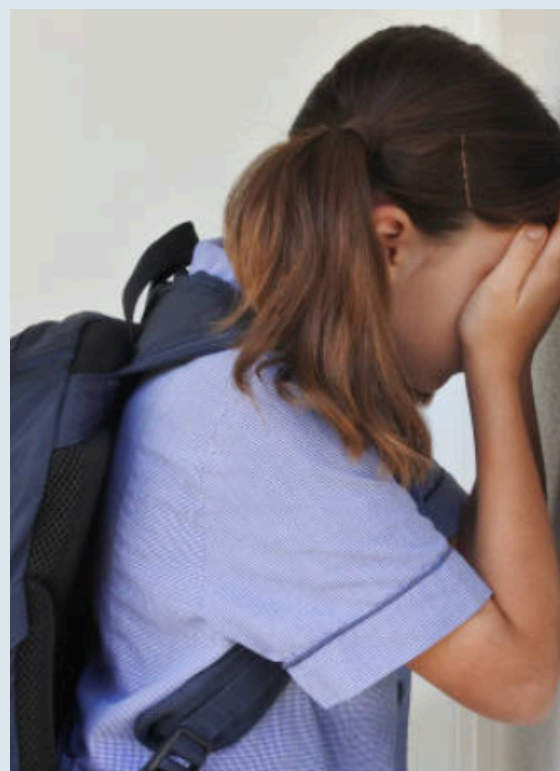
Does your child's disability cause significant, ongoing difficulties in daily life—even after getting help (like therapy or medication)?

✓ **What the NDIS Looks For To be eligible, your child must have:**

**A PERMANENT
DISABILITY**



**SUBSTANTIAL
FUNCTIONAL IMPACT IN
ONE OR MORE AREAS:**



Functional Area	Examples of Impact
Communication	Struggles to express needs, selective mutism, panic when spoken to under pressure
Social Interaction	Avoids others, distressed in group settings, no peer engagement
Learning	Can't participate in school even with adjustments or flexible learning
Mobility	May freeze, flee, or be physically unable to attend due to panic
Self-Care	Hygiene and eating routines disrupted by emotional overwhelm
Self-Management	Needs full adult guidance for transitions, meltdowns, executive function challenges

Your job is to show how your child is affected in real-world, daily situations, not just on paper.

... For example:

“Despite weekly therapy and school support, Maya hasn’t been able to attend school for more than one day a week in over a year.”

DIAGNOSIS → INTERVENTIONS TRIED → DAILY STRUGGLES → ELIGIBLE?



It's not about how “bad” your child is—it's about how much support they need to function like other kids their age.

MY CHILD HAS ADHD OR ANXIETY —IS THAT ENOUGH?”

DO ADHD OR ANXIETY QUALIFY FOR THE NDIS? HERE'S WHAT YOU NEED TO KNOW

Many families are told that ADHD or anxiety alone won't get their child NDIS funding.
That's only partly true.
Here's the full picture:

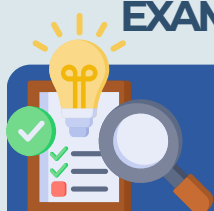
The NDIS Doesn't Approve Based on Diagnosis Alone

It's not about what the condition is—it's about what it stops your child from doing.

To qualify, your child must show:
That they have a diagnosed condition,
AND, That it causes substantial difficulty in daily life, even with support or treatment in place.

WHAT COUNTS AS “TREATMENT”?

EXAMPLE PHRASES THAT HELP TELL THE STORY:



Intervention

***ADHD medication daily
Weekly Psychologist Sessions
Attends part-time learning programs***



Ongoing Difficulty

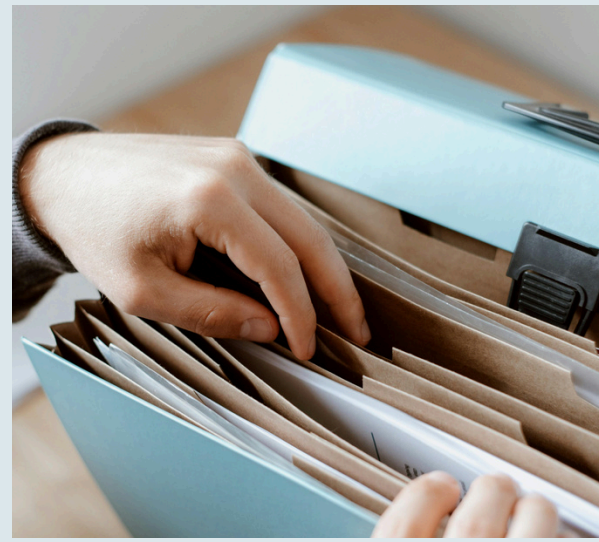
***Still cannot attend School without
distress
Still relies on parent to manage all
routines
Still shuts down or has meltdowns
before transitions***

 THINK OF IT THIS WAY:

IF THE STRATEGIES YOU'VE ALREADY TRIED AREN'T ENOUGH FOR YOUR CHILD TO
FUNCTION LIKE THEIR PEERS, THE NDIS MAY BE ABLE TO HELP.

FIRST STEPS— HOW TO GET STARTED?

HOW TO START YOUR CHILD'S NDIS ACCESS JOURNEY—STEP BY STEP




Starting the NDIS process can feel overwhelming — especially when you're already managing school refusal, emotional distress, and day-to-day exhaustion.

That's why we've broken it down into clear, manageable steps.

You don't have to do it all at once.
You just need to know where to begin.

Step	What to Do	Why It Matters
1. Book a GP appointment	Ask for a Mental Health Care Plan or referrals to a paediatrician, psychologist, or occupational therapist	These reports are often needed for diagnosis and functional impact evidence
2. Begin gathering documents	School letters, attendance records, past assessment reports, your own notes	You are showing evidence of the significant difficulties/challenges your child has
3. Contact your Local Area Coordinator (LAC)	In QLD, this is often Carers Queensland	They can give you the Access Request Form (ARF) and explain next steps
4. Ask your treating professionals to complete the form	This includes paediatricians, OTs, psychologists, or GPs	They need to outline your child's diagnosis and ongoing functional impairments
5. Submit your application	You can post it or deliver it in person to the NDIA	You'll receive a decision in writing, they say 21 days- but could be longer

 **Tip:** You don't need to wait for every document to be perfect — it's okay to start gathering what you can while speaking to professionals.



WHAT YOU CAN COLLECT NOW

START A FOLDER (PHYSICAL OR
DIGITAL) AND INCLUDE;

Paediatrician summaries

*Psychology/OT
reports*

*A written story from you (we'll
show you how to write this on
the next page)*

*School attendance
letters*

*School emails from
school describing
distress or behaviour
attendance letters*



**START SMALL. BOOK THE GP APPOINTMENT. THAT'S STEP 1—AND THAT'S
ENOUGH FOR TODAY.**



WHAT EVIDENCE TO INCLUDE

WHAT THE NDIS NEEDS TO SEE: BUILDING A STRONG APPLICATION

To access NDIS support, you'll need to show that your child has:

A diagnosed condition (or one that's likely to be permanent), AND

A significant functional impact in daily life — even with supports in place

That means gathering real-world evidence. It doesn't need to be perfect or polished — it just needs to paint a clear picture of what daily life is really like.

Medical/diagnostic reports	Paediatrician, GP, psychiatrist or psychologist diagnosis reports
Therapy assessments	OT reports showing emotional regulation, sensory, or executive functioning difficulties
School documentation	Attendance reports, emails from school, IEPs, behaviour reports, notes from Guidance Officer
Your own written story	A parent statement that describes your child's difficulties across home, school, and community
Daily life examples	Description of a "bad day" — meltdowns, shutdowns, refusal, distress patterns
Previous reports or assessments	Even older reports (e.g. educational or psych) can be useful if they still reflect current challenges

How to Write a Parent Impact Statement?

You don't have to be a professional. Just be honest, specific, and real.

Here's what to include:

What mornings are like

What school looks like (if they attend — or what happens when they try)

What home life is like on school days vs weekends

How much support you give for routines, emotions, social situations

Any patterns, triggers, shutdowns, meltdowns, or regressions

💬 Use real-life language — "He hides under the bed when I say 'school'" is more helpful than "has school anxiety."

Example Behaviour Log

Monday: Refused to leave the house. Full shutdown. Missed school. Needed adult support all day.

Tuesday: Attended school but became dysregulated by recess. Was sent home early.

Wednesday: Could not wake up, said she felt sick. Emotional meltdown lasted 2 hours.

Thursday: Attended 2 hours of part-time program with support worker.

Friday: Woke with panic, refused food, stayed home in dark room.

📌 The NDIS wants to understand how your child functions — not just in ideal moments, but on their hardest days.



WHAT TO WRITE ON THE NDIS ACCESS REQUEST FORM?

FILLING OUT THE NDIS FORM: WHAT TO SAY (AND HOW TO SAY IT)

The NDIS Access Request Form (ARF) asks for information about your child's condition, treatments they've tried, and the impact on their daily life. It's often completed with help from a treating professional, such as a GP, paediatrician, OT, or psychologist.

But your input matters too. You know your child best — and your words can make the difference. This page will help you understand what to include and how to explain your child's needs clearly and effectively.

✓ Key Sections of the Form (and What to Focus On)

Diagnosis

What condition does your child have?

ADHD, Anxiety Disorder, etc.
Include date of diagnosis, name of diagnosing clinician

Treatment History

What support has been tried?

Medication, therapy, school adjustments, OT, psychology — even if they helped a little

Functional Impact

How does the condition affect your child every day?

This is the most important section – focus on real-life struggles across six areas (see below)

Focus on the 6 Functional Domains

Use these domains to describe how your child's condition impacts their life even after treatment:

Communication	"Struggles to speak when anxious; uses gestures or hides instead"
Social Interaction	"Cannot cope in group settings, avoids peers, distressed by social contact"
Learning	"Unable to attend school consistently; cannot focus or retain information when distressed"
Mobility	"Freezes in place when overwhelmed; needs adult guidance to leave the house"
Self-Care	"Needs prompting and support with hygiene, eating, dressing"
Self-Management	"Needs adult help to manage emotions, transitions, and routines every day"

💬 It's okay to repeat that these challenges continue despite medication or therapy —that's important for NDIS assessors to see.

Example Phrases:

"Even with daily medication and therapy, Mia is unable to attend school more than twice a week. She requires full adult assistance for daily routines and becomes distressed in most social situations."

"Jay has regular OT and is on a flexible learning plan, but still needs one-on-one support to manage transitions and remains isolated from peers due to emotional overwhelm."

YOUR JOB:

SHOW DIAGNOSIS + TREATMENT TRIED + ONGOING IMPACT





Common Mistakes (and How to Avoid Them)

Here are some of the most common things that trip families up when applying for the NDIS—and how to make sure they don't happen to you.

✗ Mistake 1: Downplaying how hard things really are

Many parents have been told “don't make a fuss” — but this is the one time you need to be brutally honest. Describe your worst days. The NDIS can't help with what it doesn't see.

✓ Try instead:

“On most days, my child needs full adult support to... [describe specific routine].”

✗ Mistake 2: Focusing only on school

If your child is distressed about school, their struggles probably show up at home, in public, and in relationships too—but families often forget to mention these.

✓ Try instead:

Include examples from the weekend, after school, at bedtime, or in the community.

✗ Mistake 3: Submitting the form without strong supporting documents

A rushed application with minimal evidence is more likely to be rejected or delayed. Don't panic—just take your time and build your case.

✓ Try instead:

Attach reports from your GP, OT, psychologist, or school. If you don't have them yet, say they're in progress and include a note.

✗ Mistake 4: Using vague or general language

Phrases like “gets anxious” or “struggles with school” don't help assessors understand your child's needs.

✓ Try instead:

“He refuses to leave the house 3–4 days per week and cries for over an hour when school is mentioned.”

💡 **The more clearly you describe your child's support needs, the more accurately their plan can be built.**

WHAT SUPPORTS COULD YOUR FAMILY ACCESS THROUGH THE NDIS

When your child is approved for NDIS support, you're not just getting funding — you're getting the chance to build a wraparound team that actually understands your child's needs and walks alongside you through the hard parts.

NDIS supports can help reduce distress, build skills, and support safe school engagement — not just for your child, but for you as a parent, and even the school team working with you.

✓ Supports That May Be Funded by the NDIS

Behaviour Support Practitioner (our first step)	Understanding behaviours of concern, creating proactive strategies	A Positive Behaviour Support Plan shared with home and school teams
Advocacy & Coaching with Schools	Supporting inclusive learning, communication between family and school, understanding NDIS-funded needs	Behaviour Support Practitioner or OT helps teachers implement regulation plans
Occupational Therapy (OT)	Sensory needs, regulation, routines, participation in learning	Managing transitions, movement breaks, visual schedules
Speech Pathology	Communication, expressive/receptive language, social thinking	Helping your child express needs or use assistive communication in class
Support Worker	Supported attendance at school programs, social connection, life skills	A trusted adult helping with school transition or transport to a program
Psychologist (Functional Capacity)	Building emotional resilience, managing distress, planning routines	Skill-building to reduce overwhelm in daily life (not therapy for mental health)
Parent Coaching & Capacity Building	Supporting you to implement consistent regulation strategies at home and in school conversations	Joint sessions or support for school meetings and planning

💬 “We now have a team. Our BSP helps the school understand what’s happening, our OT helps with calm routines, and we finally feel like we’re not alone.”

The NDIS funds supports that build capacity and daily functioning — not medical treatment or school staffing.

✓ **Often Funded**

School collaboration by your NDIS team

Support workers for transitions

Emotional regulation skill-building

Assistive communication tools

✗ **Not Funded**

Classroom teachers or school aides

Paediatrician appointments

Psychology for clinical therapy/Mental Health Support

Medication

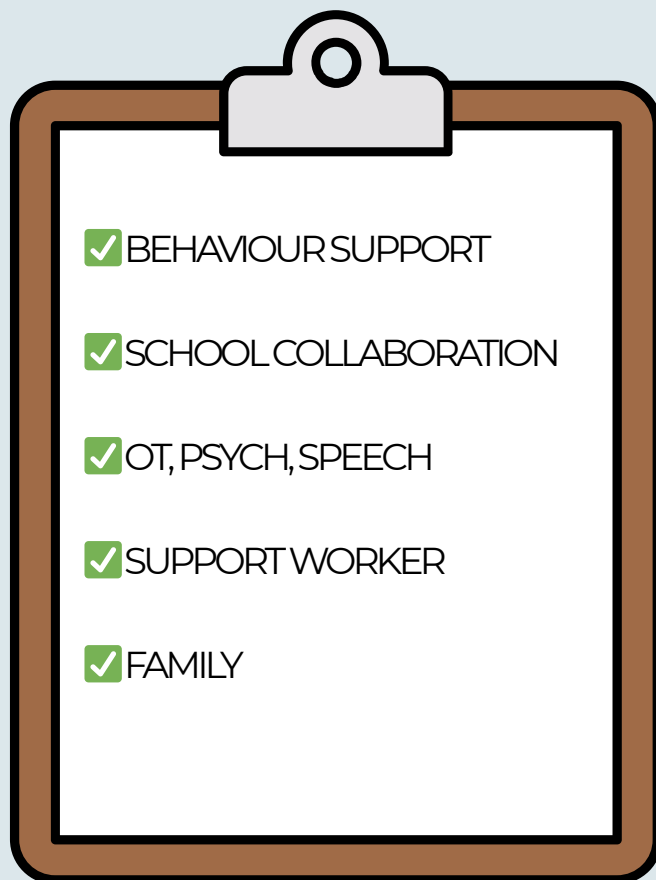
🌟 Not sure what fits? We can help guide your request.

👣 **Start Small, Grow with Support**

Most families begin with one or two key supports — like Behaviour Support — and gradually build a team. At The Guided Path, we start by helping your family create a clear, collaborative plan that can be shared across home and school.

🔴 We don’t just work with your child — we help everyone supporting them get on the same page.

**“WE NOW HAVE A TEAM
THAT INCLUDES SCHOOL —
AND IT’S CHANGED
EVERYTHING.”**



You've Got This — And You're Not Alone

You Don't Have to Navigate This Alone

If you've made it this far in the guide — pause and take a deep breath. You're already doing one of the hardest things a parent can do: advocating for your child when the system hasn't made it easy.

Accessing the NDIS isn't always straightforward. But we've seen time and time again — families who understand how to describe their child's needs, and who gather the right documents, can and do succeed.

You are not failing.

You are not exaggerating.

You are not alone.

And you don't have to do this perfectly.



✓ What You Can Do Next:

Book a GP appointment and request referrals

Begin collecting school documents and reports

Use this guide to draft your story and understand the language NDIS is looking for

Reach out for support if you get stuck — we're here

💬 “Before we found this guide, we had no idea how to explain what our child was going through. Now we know what to ask for — and what to say.”

✨ Let's Walk This Path Together

At The Guided Path, we work with families just like yours every week — building realistic, neuroaffirming support plans that schools can follow and children can thrive within.

We begin with Behaviour Support — and we'll be by your side, helping you build the team your child deserves.

Use the QR Code to book a free 20-minute call with The Guided Path team.

EMAIL- admin@theguidedpath.com.au

We'll help you take the next step with confidence.

