Disability Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Tier Two Behaviour Support Services Service Specification

Purchase Unit Code: DSS220B

1. Definition

Term	Definition
Challenging behaviour	'Behaviour can be described as challenging, when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.' *(Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists: 2007).*
Needs Assessment and Service Coordination (NASC)	NASCs are contracted by the Ministry of Health (the Ministry) to work with disabled People, to help identify their needs and what disability support services are available to them. NASCs allocate the Ministry funded support services to meet the identified needs of a disabled person and assist with accessing other supports.
Term	**Definition**
National Practice Review, Behaviour Support Services (BSS)	(Yet to be contracted or fully defined). An independently contracted function that provides quality oversight and expert guidance to BSS Clinicians in the conduct of their work. Key functions include: (a) Establish and maintain quality framework for BSS. (b) Quality assurance and continuous improvement of the Services by review of Clinician files and regular reports to the sector, through the Ministry, that compares current practice in New Zealand with international research. (c) Professional review of Behaviour Support Plans that include Restrictive practice or restraint. (d) Review of intensive Behaviour Support Plans. (e) Approval of Behaviour Support Plans proposed for longer than 12 months.

2. Introduction

2.1. Behaviour Support Services (BSS) provide programmes of work with individual Service Users and their family/whānau where the individual has challenging behaviour that may result in exclusion from key elements of society (including education, social or residential circumstances) through behaviours that present risk of harm to themselves or others.

2.2. The delivery of BSS has the goal of reducing the frequency and severity of behaviours that cause concern, in order that the person may live a more ordinary life.

2.3. DSS seeks to ensure that BSS is available, both as a rapid response service to Children and Young People throughout New Zealand, who are at risk of social exclusion and as a Specialist Service to the general Disability Support Services (DSS) eligible population.

3. Purpose and Goals of the Service

3.1. Services will be consistent with the aims and intentions of the New Zealand Disability Strategy (2001).

Services for Children and Young People:

(a) For DSS eligible children and Young People up to the age of 19 who:

i. Are at risk of being assessed to fit the challenging behaviour definition.
ii. Display behaviours which indicate a high risk of developing more challenging behaviours, that may lead the Young Person to fit the challenging behaviour definition.
iii. The purpose of the Service is to support positive social and adaptive behaviour and communication, before challenging behaviours have become more entrenched.

(b) Provide evidence based rapid response services for children and Young People with disability and their families, to improve behaviour outcomes in a range of settings.
(c) Reduce the likelihood of complex behaviour developing.

General Services (for DSS Eligible People First Assessed Between 0 and 65 Years)

(a) The purpose of the Service is to provide evidence-based Specialist Behaviour Support Services that reduce the frequency and severity of behaviours that cause concern.
(b) Services will be provided in the Service Users' homes and in their education and community or employment settings and will include providing training and practical support to families, support workers, (education and health) and other team members, to implement individual Behaviour Support Plans.
(c) The Service Provider will promote and actively support cross-sector and

transdisciplinary collaboration in their provision of services under this specification. It will increase knowledge of disability and Behaviour Support needs within the health and disability sector, by providing education for professionals and other service providers, relating to the individual Service Users accepted for service.

4. Māori, Pacific, Asian, Refugee and Other Cultural Groups

4.1. The Service Provider is required to demonstrate culturally responsive services.

4.2. The key objectives for improving services for Māori, Pacific and other cultural groups are to:

(a) Establish appropriate links with mana, whenua and iwi.
(b) Promote the Service in culturally appropriate ways.
(c) Ensure all staff has cultural competencies, for example, knowledge of Tikanga Māori.

5. Deliverables

5.1. Goals

5.1.1. The Service should contribute to:

(a) Sustain and improve self-management and emotional regulation.
(b) Reduce inappropriate behaviours.
(c) Ensure replacement of inappropriate behaviours with pro-social behaviours.
(d) Ensure the person with disability and his or her significant support People will have agreed Plans for increasing positive social behaviours.

5.2. Outcomes

5.2.1. The Service Provider will ensure the following outcomes are achieved:

(a) Effective partnerships are formed between Service Users, families and Service providers.
(b) Comprehensive assessments and Behaviour Support Plans (BSP), appropriate to the Service User's needs:
    i. The Service Provider must maintain comprehensive records of assessment, planning and other delivery processes, with reports provided in written form.
    ii. The Service Provider must ensure that information is also provided in formats that enable the Service User and their support networks to be meaningfully engaged in service delivery.
    iii. The Plan should be integrated with any other plans that exist for the Service User, with particular attention to the multiple settings of the Person's life; education, family or residential home, social or community settings should all be included.
(c) Support, including training and practical tools and resources for the Service User and

their family, (and/or important other) in the implementation of the Behavior Support Plan.

(d) Collaboration with other appropriate services.

5.3. Inputs

5.3.1. To deliver the outcomes, the Service Provider will ensure that:

(a) Services are provided by appropriately qualified staff.

(b) The assessment process and Behaviour Support Planning process is trans-disciplinary and has input from:

i. At least one psychologist.
ii. The family.
iii. Where possible, the Service User.

(c) Where the Service User is involved in the education system, the school or preschool will be involved in the assessment, planning and implementation processes. If a Behaviour Support Plan is already in place at the school or preschool, then this Plan will be considered within this service, to ensure a complementary approach is taken between school and non-school environments for the Service User.

(d) Local disability support services that are involved in supporting the Service User, should also be involved in the planning and implementation of the BSP.

(e) Assessments and Behaviour Support Planning are undertaken through the use of a recognised clinically acceptable method. The method addresses existing needs and anticipates/prevents problems from occurring, by taking a longer-term view of the needs.

(f) Services are provided across settings, for example, in the Service User's natural environment, including his or her home, school, workplace or other community facility.

(g) Practical and hands-on support is provided to the Service User and his or her family and support staff, so that they are skilled in implementing the parts of the BSP for which they are responsible. This support should be extended to other organisations involved in the BSP, for example, DSS, Child Health Services, Respite Providers, and schools.

6. Service Users

6.1. Eligibility Criteria

6.1.1. The Service is for DSS eligible People, where the Service User is referred to the Service by a NASC organisation.

6.1.2. Referrals will be accepted when received from a NASC organisation. Where referrals are

made by other organisations or professionals, they will be referred to the relevant NASC.

6.2. The following people are not eligible for services:

(a) Persons not eligible for publicly funded health care services in New Zealand.[1]

(b) Persons requiring BSS solely as a result of injury that meets ACC's cover and entitlement criteria under the Accident Compensation Act 2001.

6.3. Behaviour Assessment

6.3.1. Once a Service User has met the eligibility criteria and is accepted into the Service, the Service Provider will undertake an assessment of his or her needs and circumstances, once they have received the appropriate documentation and the signed informed consent.

6.3.2. When the Service Provider is undertaking the assessment with the Service User, they will consider risk factors and implement subsequent Behaviour Support Plans in accordance with urgency reflected by risk factors.

6.3.3. The Service Provider must ensure that a registered psychologist with Behaviour Support experience is involved in the assessment of needs. The Service Provider must have access to a trans-disciplinary team to support assessments when required. The family should be involved in this process whenever possible.

6.3.4. The Service Provider will:

(a) Undertake a comprehensive and functional assessment of the Service User's Behaviour Support needs.

(b) Ensure the assessment includes gathering all the necessary information and examining all factors (including communication needs, environmental, behavioural, cultural, mental health and health issues) that may have contributed to the Service User's circumstances that prompted their referral.

6.3.5. Information will be gathered from a range of sources, including through direct observation of the Service User, in the settings in which the challenging behaviour occurs, and from interviews with family, support staff and other specialists. The assessment process will integrate information to develop a comprehensive understanding of the Service User's situation. A method that reflects current evidence and which is clinically acceptable practice and responds to the Person's situation will be used.

6.3.6. Subject to the provisions of the Privacy Act and the Health Information Privacy Code, a written assessment will be available to the family and to other agencies, which are in receipt of Government funding to provide support for the Person.

[1] As set out at this link: Eligibility for publicly funded health and disability services

Behaviour Support Plan (BSP)

6.3.5. On the basis of an agreed assessment of the Service User's needs, the Service Provider will develop a BSP. The BSP will detail specific strategies, activities, tasks and responsibilities to respond to the Service User's needs and goals.

6.3.6. The Service Provider will ensure that the BSP:

(a) Is specific to the individual and the reason for referral.
(b) Is culturally appropriate and has a foundation of values reflected in the New Zealand Disability Strategy, and the UN Convention on the Rights of Persons with disabilities.
(c) Is supported by current evidence.
(d) Recognises the contribution of support networks and enhances the skills of the People in those networks so that they can discharge their responsibilities within the BSP.
(e) Integrates with existing plans, for example, Individual Educational Plans (IEP) Transition Support Plans and Lifestyle Plans/Service Plans if they exist.
(f) Is agreed to by the Service User, their family/whānau and other support or education providers.
(g) Maximises the participation of the Service User in meeting the Behaviour Support Plan's goals.
(h) Utilises the least restrictive interventions to achieve positive outcomes for the Service User.
(i) Contains a risk assessment, corresponding actions and responsibilities to maximise the safety of the Service User, as they implement the Behaviour Support Plan.

6.4. Implementation of the Behaviour Support Plan (BSP)

6.4.1. The Service Provider must oversee the implementation of the BSP. This includes:

(a) Facilitating access to resources, (for example, parent education training) as appropriate to the BSP, including linkage to other services such as any NGO or DHB services, or Primary Health Care Providers.
(b) Providing hands-on training and support to families and workers within other agencies with responsibilities under the BSP. This training and support will ensure the support needs for behaviour by the Service User are met. This includes:

i. Practical communication support.
ii. Practical visual supports.
iii. Strategies and assistive technology.

(c) The Service Provider will ensure that any training and support does not duplicate any other services being provided to the Service User.
(d) Facilitating problem solving that responds to unforeseen circumstances.
(e) Gathering data on the frequency, intensity and duration of the behaviours targeted in the BSP, so that progress towards goals is measured and the impact of any changes in the Plan are quantified. The resulting data must be summarised in ways that are useable to the client, (when appropriate) their families and all People working with them. Examples of this are graphs, tables and diagrams. The way that the data will be summarised will be agreed upon prior to the Plan commencing and is part of the informed consent process.
(f) Reviewing risk assessment and risk management (through safety Plans as required). When the risk is reviewed, the data supporting this must be part of the review.

6.5. Reviewing

6.5.1. The Service Provider must review the BSP at appropriate timeframes (negotiated with the family and the support network). In setting review timeframes, the age of the Service User group and expectation of intensive input from the Service Provider, at the start of the Behaviour Support planning implementation, must be taken into account. Reviews will occur at a minimum of every three months.

6.5.2. Reviewing will include consultation with other agencies and individuals who have responsibilities under the BSP.

6.6.3. A review will use the data generated (referred to in section 6.4.1) to inform the review decisions.

6.6. Definition of an 'Active' Service User

6.6.1. To be considered 'active' for the purposes of this Service, the Service User must meet the eligibility criteria, and either be undergoing the initial assessment, or have a BSP in place which still has unachieved goals. Referrals that are under consideration for accepting into the Service are not part of an 'active' caseload.

6.6.2. Given that the level of involvement by the Service Provider will differ throughout the life of the BSP, 'active' caseloads are split between two categories; intensive and less intensive.

6.6.3. Intensive active Service Users are those who are:

(a) Receiving their initial assessment.
(b) Receiving monthly (or more frequent) community-based visits from the Service Provider, in a range of settings, as documented in the BSP.
(c) Receiving resources from the Service Provider to facilitate communication, for example, hands-on training and support.

6.6.4. Less intensive active Service Users are those who are:

(a) The Service User (or the family/whānau) is in circumstances where preparation work is required for them to be able to effectively access services through a BSP.
(b) Receiving two monthly (or less frequent) community-based visits from the Service Provider in a range of settings as documented in the BSP.

7. Service Coverage

7.1. Geographic Coverage

7.1.1. The Service will be provided nationally.

7.2. Access

7.2.1. Where waiting lists are in place, priority will be given to:

(a) Children and Young People at risk of exclusion from education, family or community settings.

(b) Service Users with the greatest need, as determined by the Service Provider's trans-disciplinary team, including the registered psychologist (see 5.3.1). (c) All prioritisation processes are to include discussion with the local NASC.

7.2.2. The Service Provider will work to minimise barriers to access services because of cultural beliefs and practices.[2] [2] Access issues for Māori must be clearly understood and processes developed to minimise the barriers Māori experience in accessing disability support services. The Service should develop protocols with local Iwi for responding to issues for Māori.

7.3. Hours of service

7.3.1. The Service Provider must be contactable via phone, email, website and facsimile, on Monday to Friday during standard office hours (8am to 5pm). Flexibility to respond to the individual circumstances of the Service User is required and the Service may be required to operate outside standard office hours. An example of such a circumstance is to provide practical advice and support in the home or other setting.

7.4. Exit from Service

7.4.1. The Service Provider is responsible for making appropriate arrangements for People exiting the Service, including making referrals to other services as required. The Service Provider will facilitate the exit process in conjunction with all of the agencies and individuals

[2] Cultural denotes age, gender, ethnicity, disability or sexual orientation.

involved in the BSP, and also with the local NASC.

7.4.2. Service Users will exit the Service generally within 12 months of completion of the BSP, or when:

(a) The goals/objectives of the BSP have been achieved.
(b) When the Service User is no longer eligible for this Service.
(c) When the Service User (from age 16) chooses to exit.
(d) When the family chooses for the Service User (below age 16) to exit. (e) The Provider refers the Service User to another Service Provider.

7.5. Rapid Response Post Exit Service

7.5.1. Will be available to those Service Users who have received intervention via this Service Specification, within the preceding 12 months.

7.5.2. Is available during normal flexible working hours Monday to Friday, that is, this service is not a crisis service or intended to replace crisis or emergency response services.

7.5.3. Will be initiated by either the local NASC, or others involved with the Service User, on disclosure of an escalation in behaviour, that is, unable to be supported by the current BSP, or key People in the Service User's life.

7.5.4. The BSS clinician will determine if this episode of behaviour can be supported via this Service Specification, within the rapid response post exit service duration of up to a maximum of 12 hours or requires a new Behaviour Assessment and episode of intervention or is more appropriately managed via Community Mental Health crisis assessment teams.

7.5.5. The Supplier is able to provide this service for up to three working days without a referral or approval from the NASC. The Supplier will advise the NASC within this timeframe of entry into the service.

7.5.6. Rapid response post exit service will have maximum duration of 12 hours. If the Supplier determines this is not sufficient and/or a new intervention is required, a new Behaviour Assessment Plan will be completed and supported by a request for a new intervention.

7.5.7. Closure of the Rapid Response Post Exit Service will be through the Exit provisions in clause

7.6. Length of Time with Service

7.6.1. The Service will be characterised by a flexible approach. However, as this Service Specification encompasses intensive and early intervention services, length of time with service is expected to vary and may often be less than 12 months. Within this limit, the

amount and length of time that support is offered will depend on individual and family circumstances. Once discharged from the Service, the ability to be accepted back into the Service as an active Service User may be required (e.g., at times of transition). For a Service User to be re-referred to the Service, a new referral is required through the NASC process.

7.6.2. When a Service User has been receiving active service for an unbroken term, greater than one year, the Service Provider will undertake a multi-disciplinary review with the NASC, National Practice Reviewer, Service User, and his or her family, to ensure the Service is still the most suitable option available. Continuation of service will require the approval of the NASC.

8. Quality Requirements

8.1. Quality Framework

8.1.1. At the time of contracting this Service, the Ministry is engaged in the Behaviour Support Improvement Project. (More information about this project can be found on the Ministry's website). This project is likely to develop a quality framework that will be used to guide all BSS. At such time that a quality framework is determined, services will be required to comply with this framework.

8.2. Service Quality and Staff Requirements

8.2.1. The Service is required to comply with the Ministry's General Contract Terms and Conditions. In addition, the National Health and Disability Sector Standards will apply to this Service as determining quality standards.

8.2.2. The Service Provider will use methods that are evidence based, reflect effective clinical practice and respond to the Service User's situation.

8.2.3. The Service Provider will observe any relevant protocols and/or Memoranda of Understanding negotiated between DSS and other government departments or agencies, (details of all relevant protocols and Memoranda of Understanding will be supplied by DSS) that are relevant to the Service.

8.2.4. The Service Provider will have sufficient competent and qualified staff including a transdisciplinary team of practitioners with tertiary qualifications, or training and experience in the provision of Behaviour Support and intervention.

8.2.5. The Service Provider will ensure that each qualified clinician maintains registration with the appropriate responsible authority under the Health Practitioners Competency Assurance Act (HPCA) 2003, (or be a qualified Speech Language Therapist or Social Worker) and provide evidence of the following requirements:

Staffing/Qualifications	Competencies
BSS Clinician **Senior or Clinical lead roles** **Registered Psychologist** (Current annual practising certificate and registration as per HPCA 2003) **(Graduate and practitioner roles)** (Current annual practising certificate and registration as per HPCA 2003, or Qualified Speech Language Therapist or Social Worker)	(a) Non psychologists delivering services will have a tertiary qualification in relevant discipline and training and experience in the provision of Behaviour Support and intervention, or; (b) (until 1 January 2020) demonstrated competence and at least three years' experience of working as a Behaviour Support Practitioner with Service Users with a disability, their family/whānau and support networks, and be undertaking study towards relevant tertiary qualifications. All staff will: (a) Demonstrate regular and on-going postgraduate and professional development, training and mentoring in disability and challenging behaviour. (b) Demonstrate regular attendance and participation in professional supervision. (c) Demonstrate commitment to undertaking evaluation and research alongside clinical practice.

8.3. Reporting Requirements

8.3.1. The Service Provider must have a minimum of a one-hour Service Delivery review and planning meeting with DSS Contract Manager, every six months, from the start date of the Agreement. The purpose of this meeting is to confirm work schedules and work through operational issues or service improvements identified. Only the Parties' Designated Representatives can agree that a Service Delivery meeting is not required.

8.3.2. The Service Provider must provide a Quarterly Report on the Services as detailed in clause 11 of this Specification. The Quarterly Report will be provided to DSS prior to the six-monthly meeting, in sufficient time for attendees to review the report for discussion at the meeting and will be provided as an excel spread sheet.

8.3.3. At the Service Delivery meetings, the Parties will:

(a) Review the Quarterly report provided by the Provider.
(b) Review the performance of the Services in the previous period, including compliance with quality measures and discuss any issues with the provision of the Services.
(c) Review the status of actions from previous meetings and update any ongoing work, improvement initiatives and cost savings opportunities.
(d) Review and address any other unresolved issues and questions.
(e) Discuss any other matters relating to this Agreement.

8.4. Survey

8.4.1. The Provider must undertake surveys at least annually and within one month of the Service User's exit from the Service. The results of the survey should be made available to the Ministry one month after its completion. The surveys must follow DSS's Guidelines for Consumer Surveys (available from the Ministry's Designated Representative). The surveys will identify the acceptability of the Service, as indicated by Service Users, Service Providers, support staff, family, whānau and the Service User's advocates. Surveys must be presented and structured in a way that is appropriate for the audience they are intended for.

8.4.2. Some suggestions of areas that may be covered in the survey are:

(a) Information distribution.
(b) Staff professionalism.
(c) Staff cultural sensitivity.
(d) Staff communication skills.
(e) Respect for privacy.
(f) Rights of the consumer.
(g) Level of choice.

(h) Informed consent.
(i) Participation in community-based activities.
(j) Ease of use of services.
(k) Complaint and feedback systems.

8.5. Safety

8.5.1. The Service Provider will have a set of documented policies/protocols for the following aspects of service delivery:

(a) Managing disruptive behaviour in the least restrictive way possible.
(b) Minimising potential risk to individuals of physical or sexual abuse from others.
(c) Minimising the use of restraint.
(d) Promoting health practices that align with the Ministry's strategic intent (such as healthy eating Push-Play, and smoke-free workplaces).

9. Performance Measures

9.1. The Service Provider will:

(a) Complete all reporting requirements within the required timeframes and attend all Service Delivery Management meetings.
(b) Adhere to the National Health and Disability Sector Standards.
(c) Meet the Service Specifications set out in this Schedule.
(d) Ensure that the Service User (or appropriate family member) is contacted within five working days of the receipt of the referral, to acknowledge the receipt and provide information on the process of dealing with the referral. The referring professional will receive acknowledgement of the receipt of the referral at the same time.
(e) Make its decision on whether to accept the referral within 15 working days of receipt of the referral and inform the referrer and the referred individual (and/or the appropriate family member) within 20 working days of receipt of the referral. The information about the decision will contain the rationale for the decision and what the next steps will be.
(f) Commence the assessment process within 21 days of the date of accepting the referral (not the date of informing the referred party, but the earlier date of making the decision). Where the referral is accepted, but a wait list exists, the Service Provider will provide information to the referred party, (and the referring professional) about why the waitlist exists and how long they think it will be in place.
(g) Ensure they can demonstrate, under clinical audit, that there is a coherent link between assessment, planning and delivered interventions and retain files for review by the National Practice Reviewer.
(h) Ensure that all service exits are accompanied by documented rationale that aligns with the exit criteria in this Service Specification, and that the majority of exits are due to goal achievement.

(i) Ensure that it delivers Services in a way that results in high levels of satisfaction from the family and the Service User, as reflected in the surveys.

(j) Ensure that it delivers Services so that any re-referrals of exited individuals are primarily due to new presentations of challenging behaviour.

(k) Inform the Ministry's Designated Representative immediately the Service Provider becomes aware of a complaint, or critical incident it has received, or is likely to receive, where a critical incident is any unusual event which could:

i. Be life threatening for the Service User.
ii. Be dangerous; having placed the safety of the Service User at risk, with potentially grave harm.
iii. Have significant consequences, such as Service User involved in criminal activity.
iv. Be a serious and grave crisis that may result in media or political attention.

10. Purchase Units

Are specified in the Outcome Agreement.

11. Reporting Requirements

11.1. The Service Provider will provide DSS with the agreed data in the Outcome Agreement. The reporting templates completed by the Service Provider will be submitted at the agreed timeframes in the outcome agreement but must contain the information breakdown by month. The quantitative report templates will be completed using Microsoft Excel.

11.2. Additional narrative reports can be submitted to DSS at any time if there are issues that the Service Provider would like to raise, for example, any impact on the Service's ability to respond to referrals.