Disability Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Child Development Services Service Specification

Purchase Unit Codes: DSS1012

1. DEFINITIONS

Child Development Services are non-medical, multidisciplinary allied health and community based. Whilst a significant component of the service is early intervention for pre-school children who have disabilities or who are not achieving developmental milestones, the service is intended to promote and facilitate each child's developmental pathway so that their maximal potential is attained throughout their development and growth.

It is envisaged that Child Development Services may provide a centre of excellence to meet the needs of children who have disabilities, in some localities this is up to school leaving age.

The service will forge strong links with all other services and agencies involved in the delivery of services to children to ensure that the Child Development Service is integrated and readily accessible and that service links and boundaries are clear.

2. OBJECTIVES

2.1 General

The service will provide Equipment and Modification Service (EMS) assessors, assessment, intervention and management services to promote rehabilitation/habilitation outcomes for children who have an intellectual, sensory or physical disability.

In doing so, the service provider will ensure:

- that appropriate supports and information are available to the child's family and whānau, hapu, iwi and other support networks
- that the services offered are appropriately linked with and integrated into all other services that the child may be accessing (eg, service from Child Youth and Family, Ministry of Education, Well Child initiatives)
- the service will be provided in the most suitable setting for the child and the family (e.g., home, school, clinic, swimming pool) in the most cost-effective manner possible.

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2.2 Māori Health and Disability

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to:

- matters such as referrals and discharge planning
- ensuring that the services are culturally competent
- that services are provided that meet the health needs of Māori.

It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

3. SERVICE USERS

3.1 Inclusions

Client Type

- Children and young people who have been identified as having a physical, sensory or intellectual disability or a combination of these, which is likely to continue for a minimum of six months.
- Children who are at risk of developing such a disability or have developmental delay.
- Children who have Autism Spectrum Disorder.
- Whānau, families, caregivers and advocates associated with the above children. Existing age-based access criteria in place in individual DHBs will continue to apply until such time as service boundary issues with the Ministry of Education are resolved and nationally consistent access criteria are developed and applied.

Service Type

The types of services that are included in this service specification are:

- specialised allied health assessment of status and need for intervention by multidisciplinary team
- provision of appropriate therapies to facilitate and enhance the development of:
  - neurological and motor skills and function
  - swallowing and feeding skills
  - respiratory skills and function
  - speech, language and communication
- applications for equipment and housing modifications as recommended by EMS assessors, who are accredited[1] to submit applications on the child's behalf. Where

[1] The Accreditation Framework is for allied health professionals undertaking assessments that may then result in applications for EMS for people with disabilities (effective from August 30 2010) http://disabilityservices.hiirc.org.nz/

there is not a dedicated service to complete these applications referrals may be made to alternative services (eg, specialist wheelchair and seating and communication assistive technology services)

- therapy follow-up after surgical intervention or a medical episode related to the child's disability
- support and education for families, whānau, hapu, and iwi
- education for all other support persons directly involved in services delivered to the child
- liaison with the school and relevant fund-holders for the Ministry of Education as the child begins the transition from early childhood services into school-based services and ongoing liaison as relevant thereafter.

NB: The level of involvement the service will have with each child once they begin attending school will be dependent on the level of support, they are eligible to receive from Ministry of Education. However, the service will retain responsibility for the child's needs as defined in the Therapy and Assistive Technology/Equipment Operational Protocols between the Ministry of Education and the Ministry of Health[2].

3.2 Exclusions

Client type

The following children are specifically excluded from this service. Any child:

- whose disability is as a result of an accident, trauma or injury and/or who has entitlement for payment under the Injury Prevention, Rehabilitation, and Compensation Act 2001 who has a short-term acute illness and is expected to rapidly return to their former level of function and wellness
- who has had surgical intervention for an acute need and is expected to rapidly return to their former level of function and wellness
- who is terminally ill where it is unlikely that there will be an improvement in the level of the child's function
- who requires maintenance services only and not a multidisciplinary developmental programme
- whose service needs are covered under another service specification.

Service type

The following services are specifically excluded from this service specification:

- support needs assessment for children, which will be undertaken by the relevant local Needs Assessment and Service Coordination Services (NASC) provider

[2] http://www.moh.govt.nz/moh.nsf/pagesmh/10063/$File/therapy-assistivetechnologyoperational-protocols.doc

- medical specialist assessment and review, which are covered by other contracts with the Ministry
- services designed to provide day care or respite to family members
- acute medical or surgical management services not related to the child's disability
  - rehabilitation following acute medical or surgical admission
- palliative care for children who are terminally ill.

4. SERVICE ACCESS

4.1 Entry and Exit

A child and their family may be referred to the service via a number of routes. Examples include:

- NASC
- general practitioners and nurse practitioners
- neonatal services and paediatric medical and surgical services
- allied health professionals
- community health services
- other Ministry contracted health and disability services
- Ministry of Education funded allied health services
- Child Youth and Family

On receipt of referral from any of these sources, the team coordinator will ensure that families are referred to the relevant NASC services as soon as practicable.

Exit from the service will be by way of planned discharge to ensure that the child and family have appropriate supports in place. This may occur for a variety of reasons including:

- the child's disability changes or improves such that they no longer require the services
- the family chooses to exit the service and declines further services
- the family leaves the geographic area for which the service provider is responsible. In this situation the provider must facilitate referral to another appropriate and similar service in the region to which the family is moving
- the child is of an age where referral to more age-appropriate services should be made available to the family or turns 16 years old.

4.2 Access

The provider will deliver services in a location convenient to the child and their family and whānau. Services will be delivered as close to the families' residential setting as is practical and every effort will be made to minimise the need for families to have to travel extensive distances to access services.

This may at times be at a central facility, particularly for group situations but should more frequently be in the family home, on a marae, at a pre-school or school setting, or other community-based setting depending on the circumstances. This should be negotiated with the family and whānau and other support services such that no one should be disadvantaged in their access to services.

The provider should work towards ensuring that there are no barriers to access through cultural beliefs and practices (where 'cultural' denotes gender, ethnicity or disability).

The service will operate during normal business hours from 8.30 am until 5.00 pm from Monday to Friday. Some flexibility should be applied in the availability of staff to accommodate the needs of families and their support networks outside their normal work hours. It is the responsibility of the provider to negotiate this with employees and families using the service.

5. SERVICE COMPONENTS AND PROCESSES

The following service components are included in the price of this contracted service:

Service Component	Description
Referral management	The service provider will operate an effective and efficient system to receive, identify eligibility and prioritise all referrals into the service. This system will be operated by staff that are knowledgeable of the scope and nature of Child Development Services.

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Assessment	The service provider will:
	• on referral, identify the most appropriate Allied Health professional/s to carry out the assessment/s
	• ensure that thorough assessment/s is conducted which determines for each child:
	  the developmental and/or disability needs
	  the risk of deterioration of developmental milestones or of functional skills
	  the suitability of the services offered for each child, including their need for hands-on programmes, involvement in group therapy programmes and need for EMS (i.e., housing modifications, mobility and seating/positioning support and /or other equipment required long term)
	  by direct liaison with the relevant NASC provider, the utilisation of other services (e.g., personal care hours, day care, respite care) that will have impact on the family's ability to cope with the child's needs and situation and/or refer for needs assessment as appropriate
	  developmental goals and desired outcomes
	• refer children and their families on to other services as their clinical or support needs require (notifying the referring health professional and/or other support services as appropriate).
	• conduct assessments in the environment most appropriate to the individual child and family, (i.e., in the family home, or other community setting). The choice of environment will be determined taking account of the child's and family's needs and choice, the equipment required, the cost-ofservice delivery.
	• ensure that the family and whānau understand the assessment process
	• take account of Māori cultural requirements and include Māori whānau, advocacy and support services as required by the Māori family
	• where appropriate, use Pacific assessors or Pacific assistance in assessment, taking account of Pacific people's cultural needs, and include Pacific advocacy and support services as required

Service Component	Description

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	• take account of the impact and implications of the child's disability in the family's life and lifestyle options and include advocacy and support services as requested or required by the family • conduct ongoing assessment of each child's developmental and/or functional level to monitor the effectiveness, acceptability, and appropriateness of continuing the provision of specialist Child Development Services • have a process for resolution of disputes regarding the quality and level of service delivery.
Specialised Assessments EMS assessors defined in the context of the Child Development Service An individual or a team with a specific range of expertise, who work alongside the client to assess their particular needs (cognisant of causation and implications) then develop options that respond to those particular needs. The child may require one or many specialised assessments to adequately assess a diverse range of needs. The collective feedback from these will inform the needs assessment summary and process of Service Coordination.	This includes the assessments carried out by physiotherapists, occupational therapists, visiting neuro-developmental therapists and speech and language therapists in their roles as EMS assessors (recognised on the EMS Accreditation Framework[3][4]) for DSS funded EMS services accessed through Enable NZ or Accessable (Auckland and Northland only). EMS includes housing modifications and long-term loan equipment for mobility (e.g., wheelchairs, walking frames, walkers), personal care, pain management, household management, seating and postural support, and communication. The provider will ensure that in undertaking the provision of assessments for EMS the allied health professionals: • are suitably qualified and competent to complete specific types of specialised assessments [4] • will comply with all requirements laid out in the relevant manuals for provision of EMS (Enable NZ /Accessable Equipment Manual and Housing

[3] The Accreditation Framework is for allied health professionals undertaking assessments that may then result in applications for EMS for people with disabilities (effective from 30 August 2010). http://disabilityservices.hiirc.org.nz/

[4] The Accreditation Framework is for allied health professionals undertaking assessments that may then result in applications for EMS for people with disabilities (effective from 30 August 2010). http://disabilityservices.hiirc.org.nz/

	Manual)[5] • have sufficient administrative support to facilitate the completion of all relevant paperwork and the coordination of all associated individuals and agencies involved in the assessment, trial and supply of EMS (e.g., equipment suppliers, drafts people and/or architects, builders, Enable NZ or Accessable).

Service Component	Description

[5] http://www.accessable.co.nz/manualsforms.php and http://www.enable.co.nz/services

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Planning and Provision	The service provider ensures the effectiveness of their service by:
	• ascertaining the safety, practical viability and the cost effectiveness of using home-based Child Development Services to manage the child's developmental or disability need
	• working cooperatively with all other community, disability support and paediatric services to provide appropriate allied health support as required
	• working cooperatively with NASC providers to ensure that planning and recommendations for the provision of services for children are understood, are consistent with other services which they may be receiving and are appropriately incorporated into the process of service coordination.
	
	The provision of services will include:
	• identification and planning of the anticipated level and frequency of intervention and support for each child
	• a multidisciplinary allied health team approach that will facilitate each child's achievement of developmental milestones, minimise the long-term impact of their disability, optimise their functional skills and/or reduce the barriers to the child's participation in activities appropriate to their age and stage of development
	• adjustment of the intervention and/or treatment programme according to the child's and family's response and the need to achieve developmental or functional benefit
	• ensure that the child and/or their family and whānau understand the manner in which the intervention, support and/or treatment plan will be delivered
	• ensure that the services provided and the manner in which it will be delivered (e.g., by whom, when) are understood by:
	  ▯ the Māori client, advocate and support service as required by the Māori whānau
	  ▯ the Pacific Islands client, advocate and support service as required by the Pacific Islands family.

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Education	The service will be a source of: • education about the principles of developmental support and enhancement • training on the use and application of therapy and other equipment. This will include training family and caregivers (paid and unpaid) on the appropriate use of feeding and respiratory support equipment, therapy equipment and long-term loan equipment (consistent with the expectations

Service Component	Description
	outlined in DSS specific policies on EMS)[6] • family and carer education to optimise functional level, prevent deterioration and maximise developmental and functional gains. This will include training caregivers (paid and unpaid) on how to incorporate exercises, reinforce appropriate movement patterns and facilitate functional skills into all daily living activities • educational activities that will recognise the culturally sensitive issues relating to these services and focus on: ▯ the holistic taha Māori perspective of health ▯ the holistic community approach to health for Pacific Islands cultures.
Professional Skills	The service may include, but not be limited to, the following mix of skills: • physiotherapists • occupational therapists • visiting neuro-developmental therapists • social workers • speech language therapists • psychologists • cultural advisors • dieticians

[6] http://www.moh.govt.nz/moh.nsf/indexmh/disability-fundedservices#equipment and http://www.moh.govt.nz/moh.nsf/indexmh/disability-fundedservices#ess

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Discharge Planning	The service will:
	• discharge the child and family from the service when, on formal assessment, the child has obtained identified goals and outcomes or has reached the age limit for which the service is contracted
	• refer the child to other services as required
	• plan discharge in consultation with the family and agencies as appropriate, ensuring that when planning discharge:
	  Māori clients and whānau have access to a Māori advocate or support worker
	  Pacific Islands clients have access to a Pacific Islands advocate or support worker
	• ensure appropriate linkages with and make referrals to Māori and Pacific Island providers as required
	• make a written discharge report available to the family and whānau, the referrer, the general practitioner, and the relevant NASC provider
	• ensure that transition of responsibility for the child's and family's management to other

Service Component	**Description**
	providers has occurred.

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Key worker	The service will identify a key worker as defined below. The decision as to who is an appropriate key worker and which disciplines will be involved in each assessment rests with the team and the family and whānau. The key worker will: • act as the coordinator of Child Development Service delivery to establish and review the service to ensure it is goal oriented and effectively and efficiently provided, from the perspective of both the family and the provider • liaise directly with the NASC service to ensure that Child Development Services are consistent with all other services that the child or family is receiving • be the principal contact for the family and whānau and/or carer and the referring health professional, NASC provider and/or general practitioner • ensure there is full appreciation of the child's and families cultural needs and that these are met • ensure that there is full understanding of the child's developmental and disability needs and the implications and impact that these will have on all aspects of their life.

5.2 Key inputs

Staffing

Staff must have experience in working with families and children and be cognisant of the need to respect the family's primary role in all decision making about their child and the programmes in which they are involved. The provider will employ sufficient numbers of staff to meet the requirements of this service specification. Staff will include but are not restricted to the following:

- managerial support
- administrative support
- physiotherapists
- occupational therapists
- visiting neuro-developmental therapists
- social workers
- speech language therapists
- psychologists
- cultural advisors
- dieticians (or access to them)

Cultural Advice
The provider will ensure that they have ready and appropriate access to cultural advisors at an individual and organisation level. This will include Māori and Pacific Advocates, Māori and Pacific support workers and other cultural support as identified by the person.

Staff Training
Ongoing, regular and appropriate training for all allied health professionals employed by the provider.

5.3 Settings

The provider must ensure that any facilities used for service delivery are fully accessible and provide a suitable level of privacy for the child and their family and whānau and other support persons.

The facilities will be 'child friendly' with appropriate furnishings, décor and decorations to provide a welcoming and non-threatening environment to children and their families.

6. SERVICE LINKAGES

The provider is required to establish close service relationships with the service providers listed below: • Māori providers

- NASC providers
- Strengthening Families local coordination groups
- Strengthening Families initiatives
- community and home-based support services
- relevant DSS contracted services such as Conductive Education
- Accessable (Auckland and Northland) and Enable New Zealand (rest of the country)[7]
- Child Youth and Family
- Work and Income
- DHB neonatal and paediatric services
- ACC
- Ministry of Education fund-holders and therapy services

In some cases, these links will be based on Memoranda of Understanding between a provider and another service (eg, Child Youth and Family) or DSS Guidelines (eg, NASC[8]).
URL:http://www.accessable.co.nz/newsletters/Practice%20Guideline%20NASC%2C%2 0EMS

[7] Ministry of Health. 2010. *Practice Guideline: Interface between Needs Assessment and Service Coordination and Equipment and Modification Service Assessors and Providers.*

%20Assessors%20and%20Providers%20S.pdf and http://www.disabilityfunding.co.nz/EMS-Assessors/active-updates/active-updates2/03september-2010-update/Final-Practice-Guideline-NASC,-EMS-Assessorsand-Providers2010.doc.pdf

Where children or young people are receiving services from other agencies, the Child Development Team will participate in interagency collaboration and coordination initiatives including Strengthening Families local coordination case management.

7. EXCLUSIONS

Nil.

8. QUALITY REQUIREMENT

The service is required to comply with the General Contract Terms and Conditions. In addition, the Provider Quality Specifications will apply to this service as determining quality standards. The following specific quality requirements also apply.

8.1 General

The provider is responsible for implementing a strategy for planning, implementing and reviewing service delivery to children and their families, from a family perspective. All families should be involved in the development of their child's service plan and personal outcome objectives. In addition, outcome measures should be developed for each child, their family and whānau.

8.2 Access

Services should be provided in an environment that is easily accessible to the child and the family. Access in this context refers to the entire spectrum from culturally accessible to geographically accessible and physically accessible (i.e., level access at entrances and to all facilities, to enable children who have limited mobility or are wheelchair users to move freely into and around facilities).

8.3 Acceptability

You should provide the service in a way that is sensitive to the needs of the community within which you operate and have effective working relationships based on cooperation with a range of relevant community and support link groups.

Client satisfaction surveys should explicitly measure satisfaction with the service and with the equipment supplied.

[8] Ministry of Health. 2010. *Practice Guideline: Interface between Needs Assessment and Service Coordination and Equipment and Modification Service Assessors and Providers.*

In addition, acceptability to Māori should be included in the review conducted by the provider in conjunction with Māori. Support services to Māori requiring your services should be proactively offered and available.

8.4 Safety and Efficiency

The provider will ensure that all persons who supply or provide or assist in the supply or provision of this service are competent, appropriately qualified and, where relevant, currently registered with or licensed by the appropriate statutory and/or professional body.

9. PURCHASE UNITS AND REPORTING REQUIREMENTS

The following information is to be reported as per the Information Specifications in Standard Terms and Conditions

Purchase Unit Code	Purchase Unit	Frequency	Reporting Requirements

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DSS1012	Child Development	Quarterly	1. Number of “contacts”. 2. Number of new referrals accepted by team. 3. Number of individual children seen or accessing the service by: • gender • ethnicity (Māori, Pacific Islands, non-Māori) • disability type (intellectual, sensory, autistic spectrum disorder, physical, multiple, or no specific diagnosis) • age (0-4, 5-16) • referral source. 4. Number of children on current team caseload by age bracket (04 years, 516 years). 5. Number on waiting list (accepted but no appointment made). 6. Number of clients accessing service by service type: • physiotherapy • occupational therapy • neuro-developmental therapy • speech and language therapy • social work • other