

SERVICE SPECIFICATIONS

*Intensive Clinical Support Services Mental
Health*



**ORANGA
TAMARIKI**
Ministry for Children

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1. ABOUT THESE SERVICE SPECIFICATIONS

Who are these Service Specifications for?

These Service Specifications are for mental health service Providers (Providers) that Oranga Tamariki—Ministry for Children (Purchasing Agency) contracts with to provide Intensive Clinical Support Services Mental Health (ICSS). These Service Specifications form part of the Outcome Agreement.

Outcome Agreements with Providers for the delivery of ICSS require that the ICSS are delivered in accordance with these Service Specifications. These Service Specifications are a living document and may be varied at the discretion of the Purchasing Agency. The Purchasing Agency will inform the Provider of any variation to be made.

What is the purpose of these Service Specifications?

The specifications provide:

- a set of commonly agreed practice principles and values to guide the Service delivery
- detailed information about service delivery and practice
- a resource tool to help you deliver the Services consistently
- a resource tool to assist you in meeting the desired Service outcomes
- a way for us to improve our responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

Principles that underpin the relationship between the Purchasing Agency and Providers

It is essential that the Purchasing Agency and Providers collaborate to ensure the ICSS are effective and accessible.

The following principles guide all dealings under this Outcome Agreement. The Purchasing Agency and the Providers agree to:

- the welfare, interests and safety of Children and Young People being the first and paramount consideration
- act honestly and in good faith

- communicate openly and in a timely manner that ensures understanding and contributes to the identification and meeting the needs of the Child or Young Person
- work in a collaborative and constructive manner
- support and provide culturally appropriate services to the Child or Young Person and their family/whānau and/or caregivers recognise the different skills and models of practice between health practitioners, teachers and social workers while respecting each agency's responsibilities
- encourage quality and innovation to achieve positive outcomes

How should these Service Specifications be used?

These Service Specifications set the minimum standard, from which each Provider can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture within which it works. They should be used to assist Providers to competently deliver the ICSS according to the Outcome Agreement requirements.

Will these Service Specifications be revised?

This document is a living document and will be updated as required. The Purchasing Agency's staff will work with the sector to develop further editions, updates or changes to these Service Specifications, and will consult with Providers as it forms part of the Outcome Agreement. Feedback on the Service Specifications is welcome at any time and can be sent to your Purchasing Agency's Contract Manager as identified in your Outcome Agreement.

Where can you go for further information?

For further information on these Service Specifications please contact your Purchasing Agency's Contract Manager as identified in your Outcome Agreement.

2. ABOUT THE SERVICE

Purpose of the Intensive Clinical Support Services

The purpose of the ICSS outlined in these Service Specifications is to provide intensive clinical assessment and treatment services to Children and Young People who are in the care of the Purchasing Agency with serious mental health, emotional and/or behavioural problems and complex needs.

The Provider will engage therapeutically with families, whānau, caregivers and/or other significant people involved in the care of the Child or Young Person to support them to address the Child or young Person's mental health, emotional and/or behavioural issues and maximise their developmental potential.

The Purchasing Agency funded ICSS is designed to extend the capacity of the current Ministry of Health funded ICSS by:

- increasing geographical coverage across New Zealand
- responding to the needs of Children and Young People who present with serious mental health, emotional and/or behavioural problems and complex needs including, but not limited to Conduct Disorder and coexisting mental health and Alcohol and Other Drug (AOD) disorders, Attention Deficit Hyperactivity Disorder (ADHD), learning difficulties, mood and anxiety disorders, AOD difficulties and suicidality.

Improving the wellbeing of these Children and Young People will have long term flow on effects on their life outcomes including their future education, benefit dependency, employment ability, reducing the likelihood of offending and improving their ability to positively parent their own Children.

Fit with other health services and gaining consent

As part of a wider health and education assessment, Gateway Assessments¹ will identify Children and Young People who have mental health, emotional and behavioural problems².

¹ Gateway Assessment is a comprehensive health and education assessment for all Children and young people who are clients of MVCOT and that have come into care, who are already in care, or are at risk of coming into care. Gateway Assessments are coordinated by a District Health Board (DHB) Gateway Assessment Coordinator and involve collating existing health and education information, administering screening tools, assessment by a paediatrician or Youth health specialist, and working across agencies to meet identified needs.

Following the Gateway Assessment, the Child or Young Person's mental health needs will be considered at a Multi-disciplinary Clinical Meeting involving practitioners from primary and secondary services who have the expertise and authority to commit resources from their agency. The Multi-disciplinary Clinical Meeting will ensure access to an integrated service whereby the most appropriate service is identified.

As a part of this integrated service, it is expected that family/whānau/caregivers will often be to supported access services to address their own health concerns (e.g. depression, AOD issues) that may impact on the Child or Young Person's wellbeing. As a result, it is vital to gain their consent to access their health information³.

The child or young person's Purchasing Agency's Social Worker will support the Child or Young Person and their families throughout and following their involvement with the relevant health and education services (see Appendix Two).

Client group

The client group for the Service are those Children and Young People (aged 10 to 18 years⁴) who are identified through the Gateway Assessment⁵ process and the Multi-disciplinary Clinical Meeting as having serious mental health, emotional and/or behavioural problems and complex needs which warrant intervention to maintain ongoing stability⁶ in living arrangements.

The family/whānau/caregivers who have a significant role in supporting the Child or Young Person are also to be regarded as clients of ICSS. This includes both current and/or future parents or caregivers where the adults, health, knowledge or skills impact on the mental health, emotional and/or behavioural needs of the Child or Young Person.

Whilst a mental health diagnosis is not a requirement to access the ICSS, a formal diagnosis is important in order to access other secondary services such as Child and Adolescent Mental Health Services (CAMHS).

² The Gateway Assessment process uses the Strengths and Difficulties Questionnaire (SDQ), and the HEEDSSS as screening tools. For details see Appendix One.

³ The Caregiver consent form forms part of the Gateway brochure and is detailed on page 32 of the Guide

⁴ It is acknowledged that there are circumstances when MVCOT are involved with clients beyond the age of 18 years. Their age should not preclude any clients from accessing this service if this is clinically required.

⁵ If, in exceptional circumstances, a Gateway Assessment cannot be undertaken, access to the ICSS should be discussed with the MVCOT National Advisory Mental Health, see section 1 for contact details.

⁶ See section 3 for detail on placement stability.

It is envisaged that a 'shared care' approach would be best suited to this client group who present with multiple issues. Any interventions should be informed by and directed to the presenting issue(s) that the Child or Young Person and their caregiver/family/whānau and the Provider agree is impacting on their life.

ICSS support should continue if the Child or Young Person moves out of care, for example into a home for life.

Child and Young Person Focused practice

The needs of the Child or Young Person will be acknowledged and their wishes should be given weight as appropriate in the circumstances having regard to the age, ability, competence and culture of the Child or young Person.

The rights of the Child or Young Person will be considered from a developmental perspective.

Interventions will enhance protective factors to promote resilience, empowerment and include active management of risk factors.

The Child or Young Person will be encouraged to develop their competence in responsible, beneficial and pro-social ways.

Venue, appointment times and service delivery will be flexible to ensure access to services is maximised.

Paramourncy of the Child or Young Person

Providers must deliver the Services which reflect the principle that the welfare and interests of the Child or Young Person are the first and paramount consideration. This includes ensuring that the Child or Young Person are at the focus of their work. This can be evidenced by reviewing policy and procedure, viewing client files and ensuring that staff have undertaken sufficient training and supervision to ensure safe practice.

Family, whānau and caregiver participation

Families/whānau/caregivers have the right to participate in decision making about their Children and Young People. Services should strengthen bonds to whānau, hapū, iwi and family.

The Provider will work closely with the Purchasing Agency's Social Worker regarding any issues of family/whānau engagement and safety.

All interventions will balance the emotional needs of the Child or Young Person, for example access to caregivers/family/whānau with the need for their current and ongoing safety.

Parents and caregivers will be supported to gain the knowledge and skills, including parenting skills, required to sustain their own wellness and lead to improvements in quality of life.

Māori Health

Approximately half of the Children and Young People that are known to the Purchasing Agency identify as Māori.

An aim of the health 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 development and provision of Kaupapa Māori and/or Whānau Ora based services that facilitate Māori access. It may also be achieved through provision of an appropriate pathway of care which might include, but is not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and 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.

Cultural Awareness

Each party recognises the needs of all people, including Pacific peoples, migrant communities and all other communities to have ICSS provided in a way that is consistent with their social, cultural and spiritual values.

Social Sector Accreditation Standards

Providers delivering Intensive Clinical Support service are required to meet Level Two, Ministry of Social Development (MSD) specific accreditation standards. Providers are required to maintain their Accreditation Level according to MSD of Social Development's relevant Social Sector Accreditation Standards.

3. PARTICIPATION AND VIEWS OF CHILDREN AND YOUNG PEOPLE

Legislative changes to Sections 7 and 11 of the Oranga Tamariki Act 1989 means that:

- Children and Young People have a right to participate in, and express their views in and/or about:
 - court proceedings under the Oranga Tamariki Act 1989
 - family group conferences (convening and proceedings)
 - planning (preparation of a plan and review of a plan)
 - any other action or decision that significantly affects them.
- Children and Young People must be:
 - encouraged and assisted to participate to a degree appropriate for their age and maturity, unless the person responsible (see below for definition) considers their participation to be inappropriate
 - given reasonable opportunities to freely express their views on matters affecting them, and any views that they express (either directly, or through a representative) must be taken into account.

If Children and Young People require assistance to express their views or to be understood, support must be provided to assist them. Support can come from a family/whānau member, another person, a specialist service provider, or any other service. A support person is entitled to be present at a meeting or proceeding at which the Child or Young Person is present (including a family group conference), for the purposes of providing support, unless the person leading the process (the person responsible) considers it impractical or inappropriate.

Person responsible

The following people are responsible for ensuring Children and Young People have been encouraged and assisted to participate, given reasonable opportunities to freely express their views, and given the support necessary to overcome difficulties in expressing their views or being understood:

- for proceedings before a court - the judge, or other person presiding, and the barrister or solicitor representing the Child or Young Person
- for the convening and proceedings of a Family Group Conference - the person responsible for convening the conference (ie, the Care and Protection or Youth Justice Co-ordinator)
- for planning processes - the person directed by the court to prepare or review the plan (ie, the Chief Executive's delegate, usually the Purchasing Agency's Social Worker for the Child or Young Person)
- for any other process - the person responsible for taking the action or making the decision. Depending on the particular action or decision, this might be the Purchasing Agency's Social Worker or a Family Group Conference Co-ordinator.

Access to independent services

Children and Young People that the Purchasing Agency and the Provider both work with have a right to access independent services and support to express their views about:

- matters important to them relating to their own circumstances
- general matters relating to processes and services they have experienced under the Oranga Tamariki Act 1989.

The Provider and the Purchasing Agency's Social Worker/Co-ordinator must ensure that the Child or Young Person:

- knows about the relevant independent services, and how to access them
- has the support they need to express their views.

Independent services include the Purchasing Agency's Feedback and Complaints mechanism, the grievance process within residences (Whāia Te Māramatanga), connection and advocacy service VOYCE - Whakarongo Mai, and the Children's Commissioner's Child Rights Advice Line.

Resources have been developed to support understanding and implementation of the changes. These can be viewed online with the [legislation reform information](#).

4. SERVICE COMPONENTS

This service is made up of the following components:

- participation at the Gateway Assessment Multi-disciplinary Clinical Meeting
- engaging with the Child or Young Person and their family/whānau/caregivers
- delivering assessment and endorsed evidence based interventions
- liaison with other relevant services and practitioners as required
- reporting and monitoring.

Participation at the Gateway Assessment Multi-disciplinary Clinical Meeting

The purpose of the Multi-disciplinary Clinical Meeting is to determine the most appropriate referral pathways for each Child or Young Person based on information from the Gateway Assessment. The Multi-disciplinary Clinical Meeting discusses and agrees on the proposed intervention for the Child or Young Person and their family/whānau/caregivers.

A Multi-disciplinary Clinical Meeting is coordinated by the Gateway Assessment Coordinator. The Gateway Assessment Coordinator will bring cases to a Multi-disciplinary Clinical Meeting on the recommendation of the Health Assessor undertaking the Gateway Assessment⁷.

The Provider is expected to participate in the Multi-disciplinary Clinical Meeting when required by the Gateway Assessment Coordinator⁸. Attendance will be by a suitably qualified and registered clinical health practitioner who has the authority to commit resources on behalf of the Provider.

Other participants at the Multi-disciplinary Clinical Meeting will include professionals relevant to the Child or Young Person's needs who have the expertise and the authority to commit resources from their agency. It is expected that the DHB will support attendance from the specialist Child mental health services (e.g. CAMHS and specialist Child health

⁷ Where the Gateway Assessment identifies an urgent mental health need (defined as a Child or young Person who is at risk of significant harm to themselves and /or other people) priority is given to direct referral into specialist mental health services.

⁸ The frequency of multidisciplinary meetings will depend on volumes. In larger centres regular multi-disciplinary meetings may be scheduled.

(paediatrics) services, Adult Mental Health and AOD services and other relevant health services as required).

Referral to the Provider

Decisions of the Multi-disciplinary Clinical Meeting will be recorded on an Interagency Services Agreement (ISA) which outlines the key agencies and people involved with the Child or young Person and summarises the interventions each agency has identified as their intended commitment to meeting the needs of the Child or Young Person and their caregivers/family/whānau. The ISA also documents what referrals are being made, who will follow up the referral and who will fund the intervention. Where the Multi-disciplinary Clinical Meeting recommends ICSS a referral will be considered to be made at this point. See Appendix Two for an overview of the referral and service process.

The Purchasing Agency's Social Worker will use the ISA to provide advice to the care and protection Family Group Conference (FGC) or other family/whānau meetings where the Child or Young Person's plan should reflect the recommendations in the ISA and how the identified needs will be met.

Engaging with the Child or Young Person and their family/whānau/caregivers

Contact will be made within five working days of the referral to offer an appointment for an initial consultation. Information collected at the Gateway Assessment and discussion at the Multi-disciplinary Clinical Meeting should inform this initial consultation. Engagement with the Child or Young Person and their family/whānau/caregivers is the commencement of delivery of ICSS.

An initial consultation will be undertaken by a suitably qualified mental health practitioner.

The aim of the initial consultation is to:

- engage with the Child or Young Person and their family/whānau/caregiver such that ongoing adherence to the proposed intervention will be maintained
- agree to the interventions recommended at Multi-disciplinary Clinical Meeting with the Child or Young Person and their family/whānau/caregiver.

Where further information is obtained that was not considered at the Gateway Assessment or Multi-disciplinary Clinical Meeting that suggests that the ISA plan should be amended, the Provider will use their clinical judgement to determine the most appropriate intervention or

referral. Any variation to the recommended intervention must be discussed with the family/whānau, reported to the Child or Young Person's Purchasing Agency's Social Worker and participants at the Multi-disciplinary Clinical Meeting via the Gateway Assessment Coordinator.

Delivering assessment and endorsed evidence-based interventions

The Provider must deliver one of the following evidence-based interventions:

- Multi Systemic Therapy (MST)
- Family Functional Therapy (FFT)

All interventions should have an appropriate cultural component to reflect the evidence based application within the New Zealand context. Providers must ensure that the interventions are supervised and maintain fidelity.

Commencement of the intervention should be within 10 working days of the initial consultation appointment. It is anticipated that the average duration of the intervention would be between four - six months.

The service will be mobile and be able to be provided to Children and young people and their family/whānau/caregivers in their community.

The service will also include, but is not limited to:

- Facilitation of a comprehensive assessment and the development of an individualised inter-agency plan for each Child or Young Person and their family/whānau/caregivers.
- Development of an inter-agency team with an identified "case manager".
- Delivery of MST or FFT to Children, Young People and their families/whānau/caregivers in the Child or Young Persons home and/or school environment.
- Training and support with mental health issues for families/whānau/caregivers who care for the Child or Young Person as outlined in the ISA or when a need is later identified by the Provider or the Purchasing Agency.
- Development and maintenance of a collaborative working relationship with all key agencies providing services to Children and Young People in the local area.
- Management of access to support services and packages of care.

- Undertaking the end of care assessment to determine intervention outcomes.
- Appropriate clinical records being maintained.

Service Providers will ensure that access to ICSS will not exclude Children or Young People from using other mental health, education or social service agencies for which they are eligible.

Stability of placement

A stable placement is defined as any living arrangement where adults are able to provide the emotional support to contribute to the wellbeing of the Child or Young Person.

It is recognised that in order to be successful, both MST and FFT require adult caregivers who are able to have an ongoing relationship with the Child or Young Person. It is this relationship rather than the practical living arrangements that should inform the Provider's therapeutic intervention.

It is essential that the Provider takes a partnership approach with the Purchasing Agency's Social Worker to build a stable placement for Children and Young People.

Where there is uncertainty of the ability of the adult/s to maintain the relationship needed with the Child or Young Person, the Provider will work with the Purchasing Agency's Social Worker to see if the ICSS can be part of a package that gives a reasonable level of probability that the relationship will continue.

Where there is to be a planned transition into a new care placement, the Provider will begin working with the future placement adult/s (who may be parents, whānau or caregivers) as early as possible. The Provider will work with the current placement adults to support both a smooth transition and the building of the new relationship at the future placement.

Packages of Care

Each client will be allocated a package of care that includes:

- Additional support when required to meet costs. The Provider will discuss their needs with the Purchasing Agency's Social Worker. The Purchasing Agency's Site Manager may be able to provide funding to help meet short term Childcare, client transport, and family/whānau/caregiver support costs.
- Existing services that the Child or Young Person and/or their family/whānau/caregiver is eligible for that will support the success of the ICSS.

Liaison with other relevant services and practitioners as required

The Provider is expected to work closely with the Purchasing Agency, other health and mental health Providers and education services. This may include participation at FGC or other meetings.

Other key linkages include (but are not limited to):

- Gateway Assessment Coordinator and Health Assessor
- Child and Adolescent Mental Health Services (CAMHS)
- All Education Services including Group Special Education (GSE), Resource Teacher: Learning and Behaviour (RTLB) and Teacher Aides
- Community Alcohol and Drug Services (CADS)
- Non-Government Organisations (NGOs)
- Adult Mental Health including Alcohol and Drug (AOD) Services
- Maternal Mental Health Services
- The Child or young Person's General Practitioner (GP)
- Needs Assessment Service Coordination (NASC) Organisation where relevant.

The service will not duplicate existing services provided by the Purchasing Agency or funded by other agencies. Where such services exist in the local community the Provider will facilitate access to appropriate existing health or community services. As part of the package of care, referrals for services provided and funded by other agencies may include:

- Strengthening Families
- Adult mental health and AOD
- Parent management and skills training including Incredible Years and Triple P
- Caregiver training.

Reporting and monitoring

Reporting and monitoring requirements are outlined in section 5 of this document.

5. REPORTING CONCERNS

If the Provider considers that a Child or Young Person have any of the following issues or their behaviour gives cause for concern it is appropriate to talk to the Child or Young Persons caregiver and the Purchasing Agency's Social Worker.

Where there is an immediate concern it is important that the Provider talks to someone directly to ensure they are aware of the concern; do not leave a voicemail message. If the Purchasing Agency's Social Worker is unavailable then please contact their supervisor or call the National Contact Centre (0508 FAMILY) and ask for the duty Social Worker at the Child or Young Person's site.

Issues of concern are listed below but this is not an exhaustive list. A Child or Young Person:

- not attending appointments or programmes when the Provider expect them to and there are grounds to believe they are at risk of being harmed by others, or there are mental health concerns, or they are at risk of harming themselves or others – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- has a pattern of missing planned sessions – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- displaying behaviour that is concerning – contact the Child or Young Persons caregiver and the Purchasing Agency's Social Worker
- appear to be under the influence of drugs or alcohol – contact the Child or Young Persons caregiver or the Purchasing Agency's Social Worker and supervise till someone comes for them
- have suicidal ideation or reveal they have self-harmed – contact the Child or Young Persons caregiver and the Purchasing Agency Social Worker
- become seriously unwell – contact the Child or Young Persons caregiver and apply / seek appropriate medical assistance.

6. PROVIDER QUALIFICATIONS

The Provider will ensure they have the appropriate mix of Personnel with the expertise to effectively and efficiently deliver the ICSS.

All professionals involved in delivering interventions must be registered health practitioners or appropriately qualified and registered/accredited with the professional body for their role. They must have the appropriate training, peer review and supervision in place to enable the effective and safe delivery of MST or FFT. The peer review and supervision must be undertaken by an appropriately qualified specialist.

The Provider will include a practitioner with expertise in the administration, scoring and interpretation of the mandatory mental health screening tools (see Appendix One). The Purchasing Agency has national licensing arrangements to make these screening tools available to the Provider where required.

Providers will undertake police checks on staff to ensure that:

- The organisation does not employ any Person in a paid or voluntary capacity including management committees, who has a conviction for sexual crimes or for any offence involving the harm or exploitation of Children.
- Unless there are exceptional circumstances, the organisation does not employ any Person in a paid or voluntary capacity including management committees, who has a conviction for crimes of violence against the Person or dishonesty.

7. MEASURING RESULTS AND REPORTING

Measuring results and reporting is vital to demonstrate that the Services achieve outcomes for Children, Young People and their families/whanau/caregivers. Reporting is also necessary to ensure accountability to Government for the funding provided and to meet the contractual obligations set out in the Outcome Agreement.

End of Care report

The Provider will implement processes to measure the effectiveness of the intervention for each Child or young Person.

The Provider is required to deliver the end of care report to the Gateway Assessment Coordinator, the Child or Young Person's Purchasing Agency's Social Worker and the Child or Young Person's General Practitioner (GP) within 10 working days of the final component of the Service.

The end of care report must include a brief summary of progress, post intervention recommendations and the results of the reviewed screening tool which was applied in the Gateway Assessment as a measure of progress. See Appendix One for a list of the screening tools used in the Gateway Assessment.

Six month evaluation

In addition to the end of care report, the Provider will undertake an evaluation of improvement in the Child or Young Person's mental health, emotional or behavioural needs at six months post intervention utilising the screening tool applied in the Gateway Assessment. This will determine sustained efficacy and will be captured on the Return Report attached as Appendix Three.

It would be expected that the Provider resource this appropriately to enable effective data capture.

The Provider is expected to deliver the six month evaluation report to the Gateway Assessment Coordinator, the Child or young Person's Purchasing Agency's Social Worker and the Child or young Person's General Practitioner (GP).

Reports required by the Purchasing Agency

The Purchasing Agency captures outcomes through various reporting requirements which are based on a Result Based Accountability (RBA) framework. To inform if the initiative is making a difference, the Purchasing Agency requires the Provider to collect data that will tell us:

- How much we did?
- How well we did it?
- If anyone was better off?

The data is supported by a narrative report. The RBA framework and narrative is reflected in the Provider Return Report attached as Appendix Three.

More information on RBA can be found at:

- <http://www.business.govt.nz/procurement/for-agencies/buying-social-services/results-based-accountabilitytm-rba/>
- <http://www.msd.govt.nz/what-we-can-do/providers/results-based-accountability/index.html>

Your Purchasing Agency's Contract Manager, as identified in your Outcome Agreement, will also be able to assist and provide further information on RBA.

The Provider Return Report must be completed and sent to the Purchasing Agency's Contract Manager (contact details given in the Outcome Agreement) monthly to enable the Purchasing Agency to report according to the Minister's requirements.

Family Services Directory

Through the term of the Outcome Agreement with the Purchasing Agency, Providers must ensure that their organisation is listed on the Family Services Directory (<https://www.familyservices.govt.nz/directory/>), and that necessary information is updated when required.

8. DEFINITIONS

In these Service Specifications, unless the context otherwise requires words or phrases beginning with capital letters are defined as follows:

- “Accreditation” – The Social Services Accreditation team ensures that providers have the capability and capacity to deliver quality social services to communities. This is achieved by ensuring providers meet a consistent set of standards that meet legislative and policy requirements. ‘Accreditation’ and ‘Approval’ (as stipulated under the Oranga Tamariki Act 1989) are synonymous and may be used interchangeably;
- “Child and Young Person” derive their meanings from the Oranga Tamariki Act 1989 and Children and Young people shall be constructed accordingly;
- “Child/Young Persons Plan” means the plan that is agreed with the Child or young Person and their family/whānau;
- “Family Group Conference” means a meeting convened or reconvened under either Part 2 or Part 4 the Oranga Tamariki Act 1989;
- “Gateway Assessment Coordinator” means the coordinator employed by the DHB to coordinate the gateway assessment process;
- “Health Assessor” means the paediatrician or Youth health specialist who undertakes the health assessment of a Child or young Person as part of the Gateway Assessment process;
- “Ministry of Health” (MoH) means the Purchasing Agency of Health (Manatū Hauora), established by the Health Act 1956, as the primary agent in New Zealand’s public health and disability system, with overall responsibility for the management and development of that system;
- “Multi-disciplinary Clinical Meeting” means the forum coordinated by the Gateway Assessment Coordinator to agree the needs and recommended services with relevant professional involved in the care of the Child or young Person;
- “Outcome Agreement” means the contract entered into by the Provider and the Purchasing Agency for these Services;
- “Service” means the Intensive Clinical Support Services to be provided under the Outcome Agreement and “Services” has a corresponding meaning;
- “The Purchasing Agency” means the Oranga Tamariki–Ministry for Children;

- “The Purchasing Agency’s Social Worker” means a Person employed by the Purchasing Agency under Part 5 of the State Sector Act 1988 as a social worker.

9. APPENDIX ONE

Mental Health Screening Tools

Standardised tools are used within the Gateway Assessment to inform the developmental, emotional and behavioural assessment of Children and young people.

The purpose of screening tools is to act as a guide. Screening is not diagnostic but acts as the first step in identifying those Children or young people who are at risk. These screening tools should be used to indicate where there is a mental health, emotional or behavioural need and to better understand the presenting Child or young Person and their family/whānau/caregivers.

Below is a summary of the tools that are applied in the Gateway Assessment for Children and young people aged 10 – 18 years.

Strengths and Difficulties Questionnaire (SDQ)

This brief screening tool is mandatory for Children and young people between the ages of three and 17 years within the Gateway Assessment.

The SDQ is comprised of 25 questions that screen positive and challenging behaviours and can be completed by the parent, teacher and Children generally aged 11 years and over. This screening tool can also be used as a measure to assess treatment progress. The self completion report is useful for engagement purposes and collating information from different sources ensures consistency of the information.

HEEADSSS

This tool is mandatory for young people from the age of 12 years and older within the Gateway Assessment; however it can be used as a screening tool for younger Children generally around 10 years upwards based on their developmental progression.

It provides a comprehensive psychosocial framework for better understanding a young Person and is a useful indicator of risk and resilience factors for the young Person. It is a useful way of structuring the interview to ensure that all relevant information is captured and is useful as an engagement tool as it is strengths based.

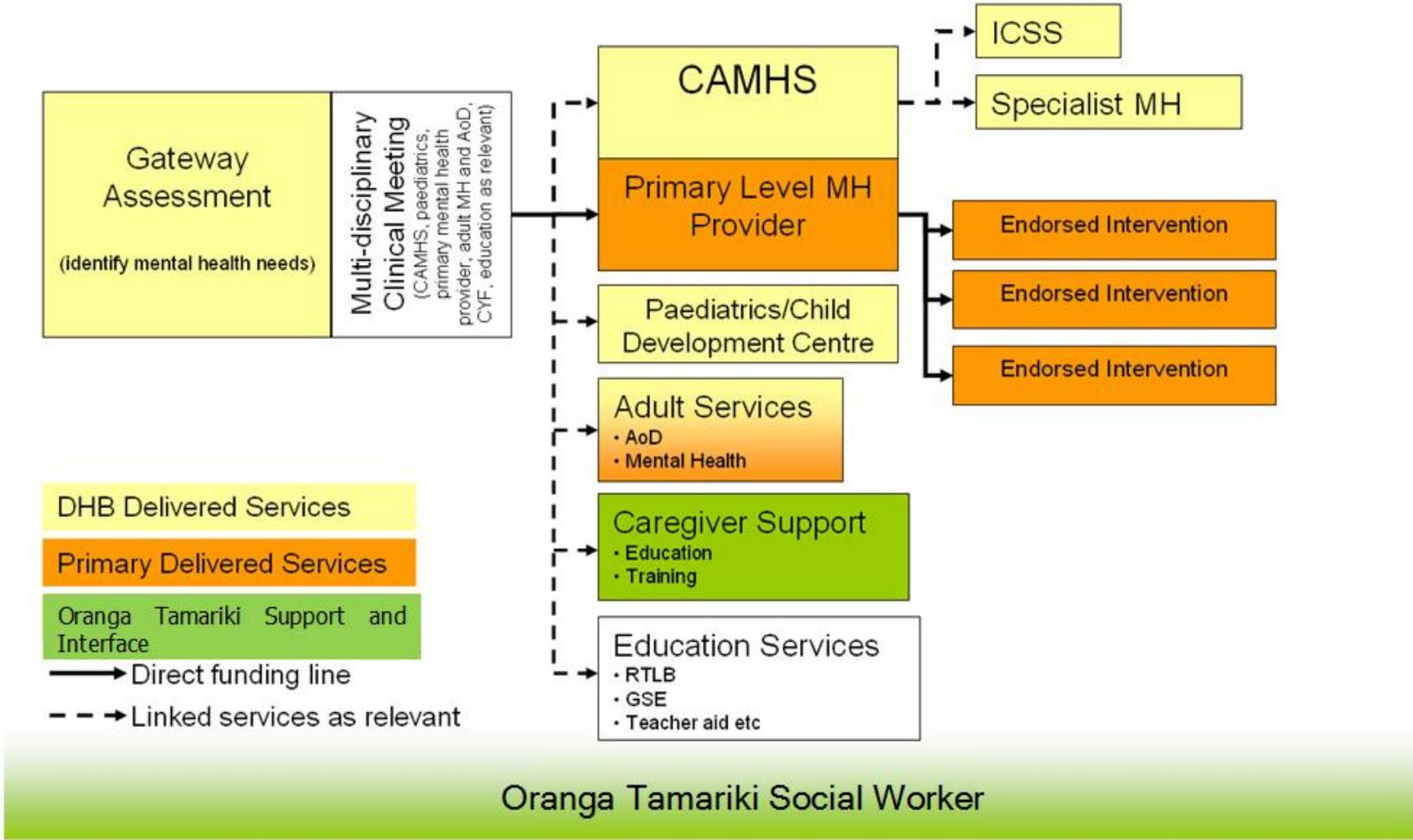
The mnemonic stands for:

- H (Home and environment)
- E (Education and employment)
- E (eating/body image)
- A (Activities)
- D (Drugs/alcohol)
- S (Sexuality)
- S (Suicide/Depression)
- S (Strengths/Spirituality).

10. APPENDIX TWO

Overview of Intensive Clinical Support Services Referral Process

Primary Level Mental Health Service Delivery Model



APPENDIX THREE: PROVIDER RETURN REPORT

Narrative section

Provider narrative report – to support the data
1. What is the “story behind the data”? (e.g. environmental factors impacting on client results including issues, gaps, overlaps and trends).
2. What are your areas for improvement towards achieving better results for clients (continuous improvement)?
3. Who are your partners that help you achieve results, and what joint activities have you participated in?
4. What combination of services do you think is most effective for your clients?
5. Provide examples of strategies or practices used to encourage ‘hard to reach’ clients to engage.
6. Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered.

Client Centred Information Section

This will be provided as an excel spreadsheet with additional notes to provide definitions, the data included is simply to illustrate:

Name of Provider		ABC		
Date of Report	1 June 2010			
Referral Number	1	2	3	
First Name (Child)	Joe			
Surname (Child)	Blogs			
Date of Birth	1/01/2000			
Age	11			
DHB	Waitemata			
Date of Referral	30/06/2011			
Date of Service Planning	1/01/2011			
Name of Intervention	PCIT			

Name of all parents/caregivers engaged in interventions		Jane Blogs Mary Smith		
If intervention was subcontracted; name of the subcontractor		Not subcontracted		
Date Intervention commenced		15/01/2011		
Number of sessions completed		6		
Date Intervention Completed		30/06/2011		
If not completed why not		N/A		
Screening Tool Score SDQ/HEADS	Initial score	1		
	Intervention completion	2		
	6 months following completion	3		
Name of PHO Child is enrolled in		XYZ		
Name of GP and medical practice				
Any interventions undertaken by parents/caregivers		Jane Blogs (Mother) PCIT and DoA Mary Smith (caregiver) information to provide consistent environment		
Other comments				

Collated responses summary Section

This will be provided as an excel spreadsheet:

Name of Provider	ABC		
	Year to date	January	February
Referral process			
Number of multi-disciplinary meetings attended			
Number of referrals received			
Number of referrals redirected			
Interventions			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			

Number of adults (parents and caregivers) engaged per Child			
Linking with other services			
Number of Children referred to additional services			
Number of adults who are referred to additional services			
Timeliness			
Number seen for service planning within 5 working days			
Number who commenced intervention within 10 working days of service planning			
Effectiveness			
Number of parents/caregivers who report they are now confident that they can support the Child's mental wellbeing			
Average survey score of the degree to which the Purchasing Agency's Social Workers see the interventions as being effective in managing the case			
Improvement in wellbeing			
Measure SDQ score			
Average prior to intervention			
Average following intervention			
Average 6 months post intervention			