

SERVICE SPECIFICATIONS

Primary Level 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 (the Providers) that Oranga Tamariki–Ministry for Children (Purchasing Agency) contracts with to provide Primary Level Mental Health Services (the Services). These Service Specifications form part of the Outcome Agreement.

Outcome Agreements with Providers for these Services require that they 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?

These Service Specifications provide:

- a set of commonly agreed practice principles and values to guide the Providers
- details of the Service delivery process and expectations
- a resource to help the Provider deliver the Services consistently.

Principles that underpin the relationship between the Purchasing Agency and Provider

It is essential that all parties collaborate to ensure the Services are effective and accessible.

The following principles guide all dealings under the Outcome Agreement. The Parties agree to:

- the welfare, interests and safety of Children and Young People are the first and paramount considerations;
- 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;
- 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; and

How should these Service Specifications be used?

These Service Specifications should be seen as setting 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 deliver the Service 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 using the attached Feedback Form (see Appendix 5).

Where can you go for further information?

For further information on these Service Specifications please contact the Purchasing Agency's National Advisor Mental Health, PO Box 546, Wellington.

2. ABOUT THE SERVICE

Purpose of the Services

The purpose of the Service outlined in these Service Specifications is to address the primary mental health needs (behavioural and/or emotional) identified through Gateway Assessment¹ for Children and Young People who are known to the Purchasing Agency.

Children and Young People known to the Purchasing Agency are some of society's most vulnerable members. Most come into care following traumatic incidents and have experienced significant Childhood adversity. This can lead to very high rates of emotional, behavioural and mental health needs including attachment disorders, depression, eating disorders, post-traumatic stress disorders and self-harming behaviours. Children and Young People with mental health, behavioural and emotional needs that are not adequately addressed are much more likely to experience negative outcomes such as placement breakdown and future mental illness.

The Primary Level Mental Health Service is designed to fill a gap in current Ministry of Health and Education funded services. The Service will provide early targeted intervention in a coordinated and managed way to prevent problems from escalating. Improving the wellbeing of these Children and Young People will have long-term flow on effects on their future employment, benefit use and their ability to positively parent their own Children.

Fit with other health services

As part of a wider health assessment, Gateway Assessments will identify Children and Young People who are suffering from mental health, emotional or behavioural problems². Many of these Children and Young People warrant intervention but are below the entry criteria for existing specialist Child mental health services.

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

¹ Gateway Assessment is a comprehensive health and education assessment for all Children and Young People that 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.

² For details of the screening tools used in the Gateway Assessment process to identify a mental health need see Appendix 1.

agency. The Multi-disciplinary Clinical Meeting will ensure access to an integrated service whereby the most appropriate Service Provider is identified.

The Child or Young Person's Purchasing Agency's Social Worker will support Children, Young People and their families during and after their engagement with all health and education services.

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.

Client group

The client group for the Service are those Children and Young People³ identified through the Gateway Assessment as having a mental health, emotional and/or behavioural need that warrants intervention to maintain stability in living arrangements this will address issues that are otherwise likely to escalate but are not severe enough to meet the criteria for access to specialist mental health services.

A formal mental health diagnosis is not required to access the Service.

The client group for the Service can also include the family/whānau/caregivers engaged in the current and/or future care of these Children and Young People where the adults health, knowledge or skills impact on the emotional and/or behavioural needs of the Child or Young Person.

³ The Oranga Tamariki Act 1989 defines Children and Young People as those between the ages of 0 to 16 years (up to their 17th birthday). It is acknowledged that there will be a clinical need to continue beyond the age of 17 years for some Young People. This will be considered on a case by case basis between Oranga Tamariki and Providers. Providers should contact the Oranga Tamariki National Advisor Mental Health in this instance (see section 1.6 for contact details).

Māori mental health

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

An overarching 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, Tikanga 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 are 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 Service⁴.

Cultural awareness

Each party recognises the needs of all People, including Pacific Peoples, migrant communities and all other communities to have access to, and provision of, appropriate cultural services, pathways to care services and a link to key cultural stakeholders. The Services should be provided in a way that is consistent with social, economic, political, cultural and spiritual values

Social Sector Accreditation Standards

Providers delivering Primary Level Mental Health Service are required to meet Level Two, Ministry of Social Development (MSD) specific accreditation standards. You are required to maintain your Accreditation Level according to MSD's relevant Social Sector Accreditation Standards.

⁴ Aligned to the Ministry of Health *Infant, Child, Adolescent and Youth Mental Health, Alcohol and/or Other Drugs Services tier two Service Specification* and *Te Tāhuhu: Improving Mental Health 2005-2015*

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, 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

The Service is made up of the following components:

- Participation at the Gateway Assessment Multi-disciplinary Clinical Meeting.
- Undertaking service planning and engaging with the Child or Young Person and their family/whānau/caregivers.
- Delivering or purchasing endorsed interventions.
- Liaison with other relevant services and practitioners.

See Appendix 2 for an overview of the Primary Level Mental Health Service Delivery Model and Appendix 3 for the Process Flow showing funding lines and timeframes.

Participation at the Gateway Assessment Multi-disciplinary Clinical Meeting

The purpose of a Multi-disciplinary Clinical Meeting is to determine the most appropriate referral pathway(s) for each Child or Young Person based on information from the Gateway Assessment. Where the Primary Level Mental Health Service is required, the Multi-disciplinary Clinical Meeting will discuss and agree intervention options for the Child or the 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 Assessment⁵.

The Provider is expected to participate in the Multi-disciplinary Clinical Meeting when required by the Gateway Assessment Coordinator with attendance by a suitably qualified and registered clinical health practitioner^{6&7}.

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 authority to commit resources from their agency. It is expected that the DHB will support attendance

⁵ 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.

⁶ Each Provider must be represented even where there is more than one Provider within a DHB area.

⁷ The frequency of multi-disciplinary meetings will depend on volumes but must be convened by the Gateway Assessment Coordinator within 10 days of the recommendation of the health assessment being made. In larger centres regular multi-disciplinary meetings may be scheduled.

from the specialist Child mental health services (e.g. Child and Adolescent Mental Health Service (CAMHS) and specialist Child health (paediatrics) services, adult Mental Health and Alcohol and Other Drug (AoD) services and other relevant health services when relevant. 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 that each agency has identified as their intended commitment to meeting the needs of the Child or Young Person and their family. This also documents who will make the referral and who will fund the intervention. The Gateway Assessment Coordinator will write to the Child or Young Person's General Practitioner (GP) to inform them of the ISA.

Child or Young Person's Plan

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 meetings where the Child or Young Person's Plan is developed. The Child or Young Person's Plan should reflect the recommendations in the ISA and how the identified needs will be met.

Referral to the Provider

Referral to the Provider will be made on the basis of the decision at the Multi-disciplinary Clinical Meeting.

As referral decisions are made at the Multi-disciplinary Clinical Meeting, including participation from the Provider, the Provider should ensure they have the capacity and expertise to provide the interventions required to meet the needs of the Child or Young Person within their current and/or future care context.

Undertaking the service planning

Service planning is the commencement of engagement for the delivery of services directly to the Child or Young Person and their family/whānau/caregivers and will be undertaken by a suitably qualified and registered clinical health practitioner.

Information collected at the Gateway Assessment and discussion at the Multi-disciplinary Clinical Meeting should inform the service planning.

The aim of service planning is to:

- engage with the Child or Young Person and their family/whānau/caregiver to encourage adherence to the intervention(s)

- agree the interventions recommended at the Multi-disciplinary Clinical Meeting with the Child or Young Person and their family/whānau/caregiver(s)
- ensure suitably qualified intervention Providers are available with regard to timeliness and distance
- overcome any barriers to access
- define expected intervention duration and outcomes.

An appointment for service planning will be offered to the Child or Young Person and family/whānau/caregivers within five⁸ working days of the receipt of the referral.

Where further information is obtained at service planning that had not been considered at the Gateway Assessment or Multi-disciplinary Clinical Meeting, the Provider will use their clinical judgement to determine the most appropriate intervention. Any variation to the recommended intervention must be reported to the Child or Young Person's Purchasing Agency's Social Worker, GP and participants at the Multi-disciplinary Clinical Meeting via the Gateway Assessment Coordinator.

Ability to redirect referral

On undertaking the service planning, the Provider may redirect a referral if further information is discovered that impacts on the appropriateness of the level of intervention offered by the Provider, e.g. a more serious or acute mental health need.

A discussion will be needed with the Child or Young Person's Purchasing Agency's Social Worker so that plans are put in place to meet the Child's needs in the interim.

In the interests of timeliness, an onward referral to a specialist service should be made with notification to the Multi-disciplinary Clinical Meeting. Where a specialist service cannot be identified, discussion must occur at the next Multi-disciplinary Clinical Meeting in order to determine a more appropriate service or Provider to meet the Child or Young Person's needs. As referral decisions are based on discussion at the Multi-disciplinary Clinical Meeting, the need to redirect a referral should be an exception.

Delivering or purchasing endorsed interventions

Commencement of the intervention should be within 10 working days of the service planning appointment.

⁸ Timeframes are designed to take into account a Child or Young Person's sense of urgency and time from Gateway Assessment to service intervention.

Endorsed evidence-based interventions

The Service must apply interventions that have an established or emerging evidence-base.

Interventions should be delivered according to the Child or Young Person's need. *An appendix will be added detailing the application and evidence-base of endorsed interventions following a literature review being undertaken by the Purchasing Agency.*

The following are currently endorsed as appropriate evidence-based interventions:

- Watch, Wait and Wonder
- Incredible Years
- primary care or level 4 and 5 Triple P
- parent-Child Interaction Therapy (PCIT)
- two-day group PCIT program with foster parents
- cognitive behavioural therapy (CBT)
- trauma Focused-Cognitive Behavioural Therapy (TF-CBT)
- abuse Focused-Cognitive Behavioural Therapy (AF-CBT)
- range of medications with evidence-base for mental health conditions in Children and Young People (e.g. anti-depressant for depression).

All interventions should have an appropriate cultural component to reflect the evidence based application within the New Zealand context.

The Provider must ensure that interventions are supervised, evidence-based and maintain fidelity.

Interventions with conditional endorsement

The following interventions are noted although data is not yet available to verify the evidence-base:

- Circle of Security
- Hoki Ki Te Rito.

The above interventions may be accepted with an agreed evaluation programme. Providers should contact the Purchasing Agency's National Advisor Mental Health (see section 1.6 for contact details) with details of an evaluation programme for approval by the Purchasing Agency's Centre for Social Research and Evaluation (CSRE) prior to use.

Endorsement of interventions

Interventions not listed in 3.3.1 and 3.3.2 requires endorsement by the Ministry of Health.

Providers should contact the Purchasing Agency's National Advisor Mental Health (see section 1.6 for contact details) with details of any proposed intervention for endorsement by the Ministry of Health prior to implementation.

In general, the Purchasing Agency will be looking to endorse interventions and programmes that will:

- enable Parents or Caregivers to develop positive Parent/Caregiver-Child relationships including a more secure pattern of attachment, manage behaviour and/or address mental health concerns
- adapt existing intensive programmes to make them relevant for the Children and Young People who are engaged with the Purchasing Agency and appropriate for a primary level mental health, emotional or behavioural need
- improve the spiritual integrity of the Child or Young Person and give the Child or Young Person responsibility for others and/or opportunities to contribute to family, whānau, hapu or iwi
- link caregivers or family to services to address their own needs including primary mental health, drug and alcohol or secondary mental health.

[Sub-contracting](#)

The Purchasing Agency is seeking to contract with Providers that have the capacity and capability to deliver the interventions listed in 3.3.1 and 3.3.2. The Purchasing Agency acknowledges that sub-contracting may be required to deliver all required interventions. The Provider must seek approval from the Purchasing Agency for sub-contracting arrangements and quality control, through the Purchasing Agency's National Advisor Mental Health (see section 1.6 for contact details).

[Support to attend agreed interventions](#)

The Provider will engage with the Child or Young Person's Purchasing Agency's Social Worker who will exert best endeavours to ensure participation of the Child or Young Person and/or their family/whānau/caregivers as appropriate at agreed interventions.

Interventions may be supported by the following services:

- short term transport provision
- short term Childcare provision
- whānau support.

Where support is required, the Provider will discuss needs with the Purchasing Agency's Social Worker who will arrange funding if assistance is agreed by the Purchasing Agency's Site Manager.

Liaison with other mental health and other relevant services and practitioners

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.

The Provider is expected to work with the Purchasing Agency, other health and mental health Providers and education in developing the Child or Young Person's Plan. This may include participation at Family Group Conferences or other meetings.

Other key linkages will be with organisations or practitioners including, but not limited to:

- Gateway Assessment Coordinator and Health Assessor
- Child and Adolescent Mental Health Services (CAMHS)
- Education Services such as Special Needs Coordinators (SENCOs), Group Special Education (GSE), Resource Teacher: Learning and Behaviour (RTLB) and Teacher Aides
- Community Alcohol and Drug Services (CADS)
- Social service Non-Government Organisations (NGOs)
- Adult Mental Health including Alcohol and Other Drug (AoD) services
- Maternal mental health services
- The Child or Young Person's General Practitioner (GP).

Referrals to other services

Every effort should be made to identify and access services that are already funded and/or provided by other agencies in the community.

Referrals for services provided and funded by other agencies may include:

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

5. SERVICE QUALITY

Child and Young Person centred

- the needs of the Child or Young Person will be acknowledged.
- the rights of the Child or Young Person will be considered from a developmental perspective.
- interventions will be evidence-based.
- interventions will be age, developmental stage, and culturally appropriate.
- 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.
- the Service environment will be Child, Young Person and family friendly, have appropriate toys and resources available for a range of ages and should be delivered in a comfortable family space which could include home, school and/or marae settings.
- venue, appointment times and service delivery will be flexible to ensure access to services is maximised.

Family, whānau and caregivers' participation

- families/whānau/caregivers have the right to participate in decision-making about their Children and Young People. Services should strengthen bonds to whānau, hapu, iwi and family.
- the Provider will consult with the Purchasing Agency regarding issues of family 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 safety.
- interventions with Children 36 months and under must include a focus on the adult/Child dyad. This is also recommended for all Children and certainly for those up to five years of age.
- parents and caregivers will be supported to gain the knowledge and skills, including parenting skills, required to sustain wellness and lead to improvements in quality of life.

Services in the context of the care situation

The Service will be provided in the context of the Child or Young Person's current and/or likely future care arrangements. Where care arrangements or circumstances are contributing to the Child or Young Person's primary mental health issue, the Purchasing Agency and the Provider must agree on an intervention plan that addresses both the primary mental health needs and care arrangements.

Inclusive decision making

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

Provider qualifications

The Provider will ensure the appropriate mix of Personnel is available to effectively and efficiently deliver the Service.

This will include a practitioner with expertise in the administration, scoring and interpretation of the mandatory mental health screening tools (see Appendix 1 for a list of the screening tools applied in Gateway Assessment). The Purchasing Agency has national licensing arrangements to make these screening tools available to the Provider.

Professionals involved in delivering interventions

All professionals involved in delivering interventions must be registered health practitioners or appropriately qualified and registered/accredited with the professional body for their role. All professionals must be supported by an appropriately qualified specialist to undertake peer review and supervision of assessment and interventions

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 Person’s 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’s Social Worker
- become seriously unwell – contact the Child or Young Persons caregiver and apply / seek appropriate medical assistance.

6. MEASURING RESULTS AND REPORTING

Measuring results and reporting is vital to demonstrate that the Services achieve outcomes for Children, Young People and their families/whānau/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.

The Provider will implement processes to measure the effectiveness of the interventions for the 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 1 for a list of the screening tools used in 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 3.

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 Results 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 did we do 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 3.

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

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

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.

7. 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;
- “Centre for Social Research and Evaluation” means the Service line of the Purchasing Agency, and “CSRE” has corresponding meaning;
- “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;
- “Family Group Conference” means a meeting convened or reconvened under either Part 2 or Part 4 of 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 Education” (MoE) means The Ministry of Education (Te Tāhuhu o te Mātauranga), established by the Education Act 1989;
- “Ministry of Health” (MoH) means The Ministry 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 professionals 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;

- “Purchasing Agency” means Oranga Tamariki—Ministry for Children charged with administration of the Oranga Tamariki Act 1989;
- “Purchasing Agency’s Site Manager” means the manager responsible for the budget and the Purchasing Agency’s Social Workers in a given geographic location;
- “Purchasing Agency’s Site Office” means the local operations site of the Purchasing Agency and “Site” has a corresponding meaning;
- “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;
- “Purchasing Agency’s Practice Leader” means a Person employed by the Purchasing Agency to uphold social work practice within a Site;
- “Service” means the Primary Level Mental Health Services to be provided under the Outcome Agreement and “Services” has a corresponding meaning.

8. APPENDIX 1: MENTAL HEALTH SCREENING TOOLS

Mental Health Screening Tools used in Gateway Assessment

Standardised tools are used within the Gateway (health and education) 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.

The following tools are applied in the Gateway Assessment:

Greenspan Social and Emotional Growth Chart

This tool is mandatory for ages 0-12 months within the Gateway Assessment but it can be used for up to 42 months.

This tool is used to indicate social and emotional growth and to indicate norm referenced developmental progression of Young Children. It can be completed in about 15 minutes and is based around a 35 item questionnaire. This questionnaire is to be completed by the parents or caregivers based on their comprehensive knowledge of the Child and assumes that they have frequent and constant contact with the Child and are intimately familiar with their activities.

Infant Toddler Social and Emotional Assessment (ITSEA)

This tool is mandatory for Children between the ages of 12-36 months within the Gateway Assessment.

The ITSEA is useful for determining difficulties in a Child's development and is used to assess the social and emotional development of the Child. It focuses on normative growth for Children based on six month age bands and is based around a questionnaire for parents or caregivers. It is useful as a way of positively engaging with the parent or caregivers.

Strengths and Difficulties Questionnaire (SDQ)

This brief screening tool is mandatory for Children and Young People between the ages of 3 and 16 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.

Parent Evaluation of Developmental Status (PEDS)

This tool is mandatory for Children up to the age of eight years within the Gateway Assessment. It involves a 10 item questionnaire completed by parents aimed at eliciting developmental and behavioural problems in Children from birth to eight years of age.

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)

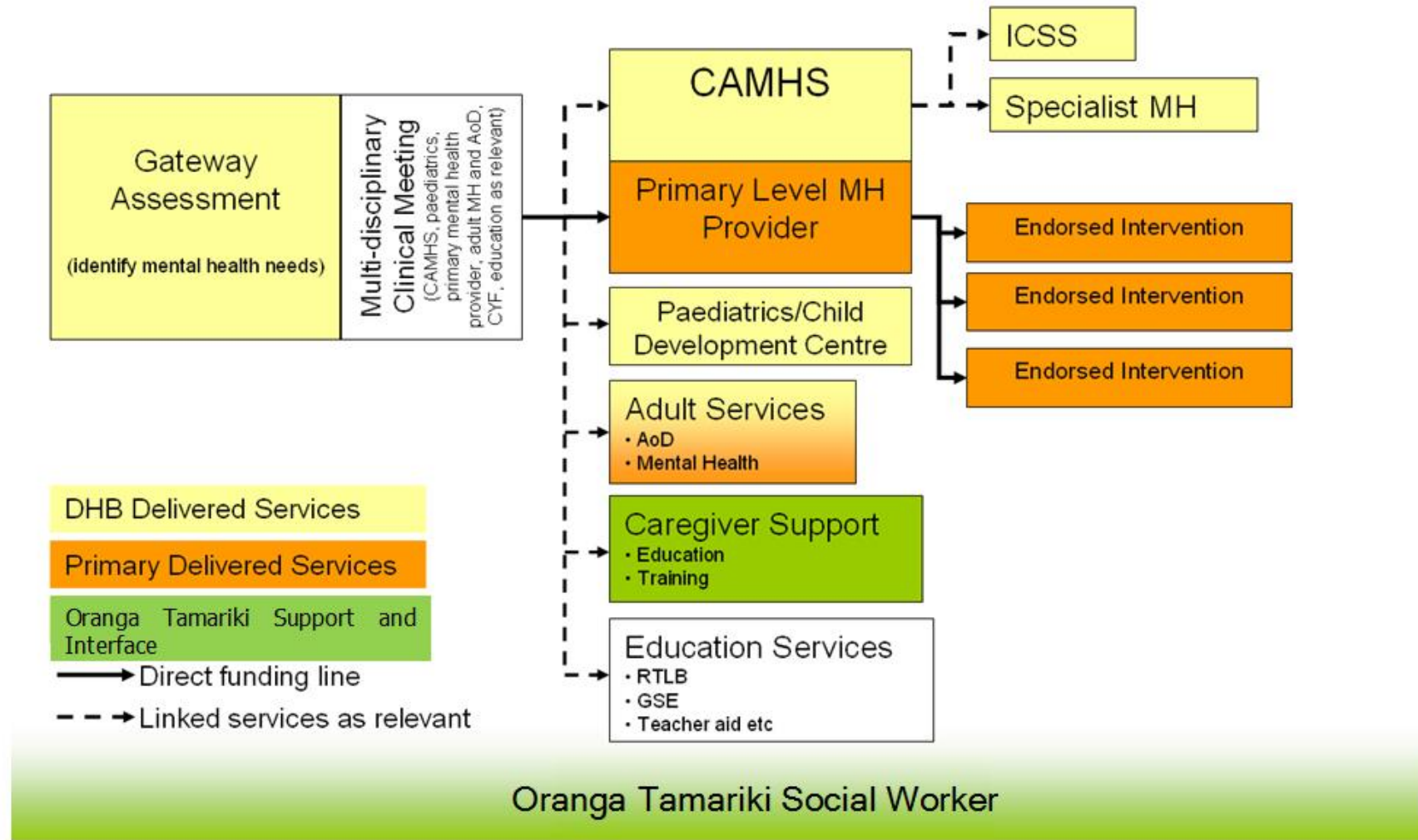
S (Suicide/Depression)

S (Strengths/Spirituality).

9. APPENDIX 2

Primary Level Mental Health Service Delivery Model

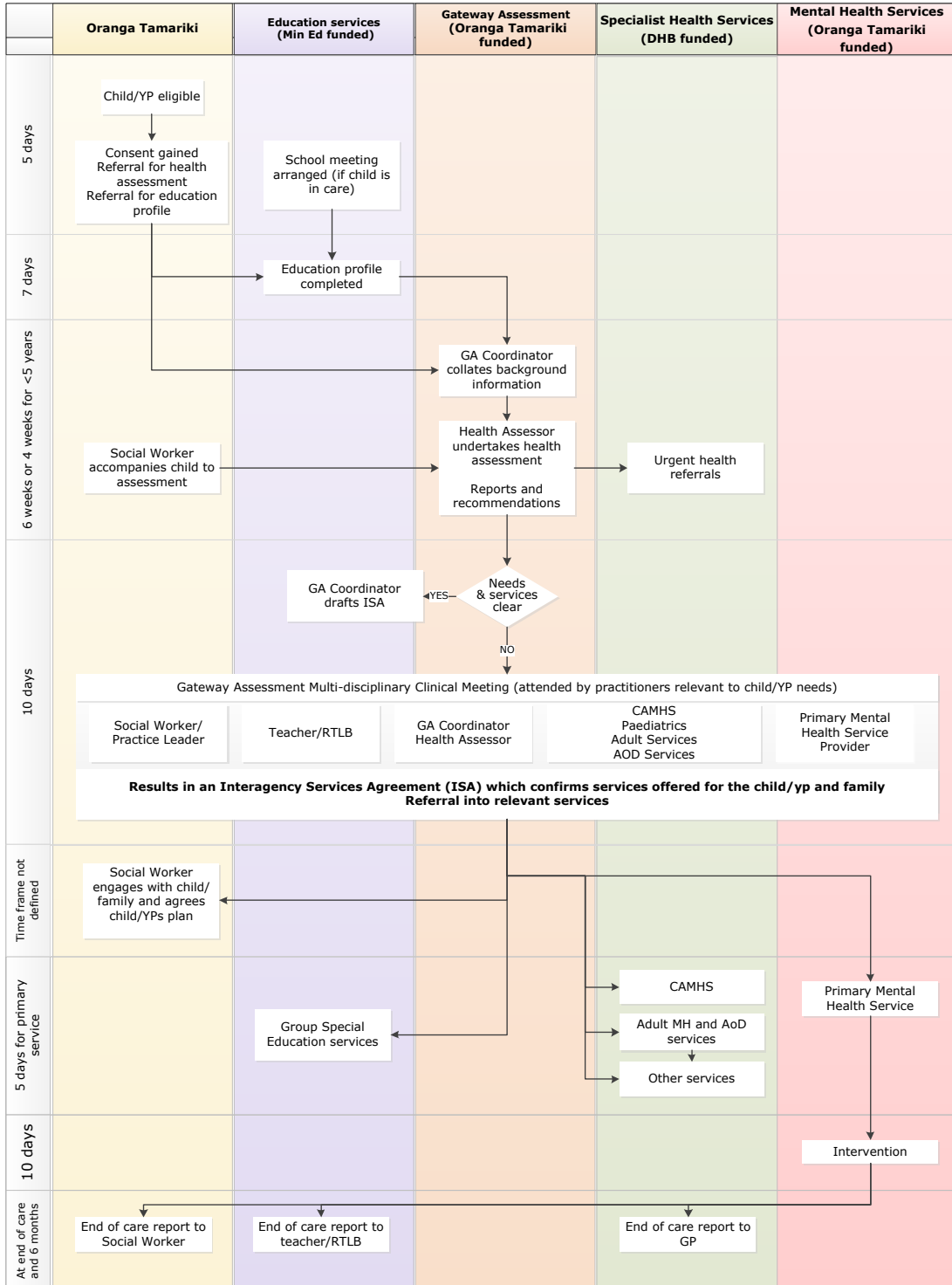
Primary Level Mental Health Service Delivery Model



10. Appendix 3

Process Flow

Process Flow for Gateway Assessment and Primary Level Mental Health Service



11. Appendix 4: Return Reports

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/Greenspan/ITSEA/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			
<u>Watch, Wait and Wonder</u>			
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			
<u>Incredible Years</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Triple P</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Parent-Child Interaction Therapy</u>			
Number started (count one per Child)			
Number completed intervention			

Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Two-day group Parent-Child Interaction Therapy with Foster Parents</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Cognitive behavioural therapy</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Trauma Focused-Cognitive Behavioural Therapy</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average number of adults (parents and caregivers) engaged per Child			
<u>Abuse Focused-Cognitive Behavioural Therapy</u>			
Number started (count one per Child)			
Number completed intervention			
Number who did not complete			
Total number of sessions held			
Average 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			
<u>Measure SDQ score</u>			
Average prior to intervention			
Average following intervention			
Average 6 months post intervention			
<u>Measure Greenspan</u>			
Average prior to intervention			
Average following intervention			
Average 6 months post intervention			
<u>Measure ITSEA</u>			
Average prior to intervention			
Average following intervention			
Average 6 months post intervention			

12. APPENDIX 5

Provider Feedback Form

Provider Feedback Form		
Please email to your Purchasing Agency's Contract Manager		
Name of service		
Summary of, and reasons for, suggested change		
Topic	Reference (section/page)	Suggested change/description
Contact name:	Position:	
Provider name:		
Provider email:		
Provider phone:	Date submitted:	