

# SERVICE

# SPECIFICATIONS

*Specialist Behaviour Support*



**ORANGA  
TAMARIKI**  
Ministry for Children

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# 1. ABOUT THE SERVICE SPECIFICATION

## Purpose

These Service Specifications are for the Provider (the Provider) that Oranga Tamariki—Ministry for Children (Purchasing Agency) contracts with to provide the Specialist Behaviour Support Service (the Service).

The Outcome Agreement with the Provider requires the Service to be delivered in accordance with these Service Specifications and the Service Specifications form part of the Outcome Agreement.

These Service Specifications provide:

- a set of commonly agreed practice principles and values to guide service delivery
- detailed information about service delivery and practice
- a resource tool to deliver the Services consistently.

These Service Specifications should be seen as setting the minimum standard for the Provider to meet when delivering the Service. The Provider can develop the Service in a way that reflects their organisation's philosophical base, incorporating local need and appropriate to the cultures represented within the geographic coverage area.

This is a living document and will be updated as required. Feedback on the Service Specification is welcome at any time and can be sent to your Purchasing Agency's Contract Manager using the attached Feedback Form (see Appendix Four).

## 2. SERVICE OVERVIEW

### Brief description of the Specialist Behaviour Support Service

The Service provides a range of evidence based programmes and interventions for Children and Young People with emotional and behavioural needs and their families/whānau and caregivers. These Children and Young People are engaged with Purchasing Agency for care and protection and/or youth justice reasons.

A collaborative multi-agency approach is essential to supporting Children and Young People to achieve positive outcomes and the Provider will work closely with Purchasing Agency Social Workers, Gateway Assessment services and partner agencies on the formulation and implementation of effective person and family-centred plans.

### Accessibility

Children, Young People and their families/whānau and caregivers can be reluctant to engage with services. The Provider will proactively support engagement by ensuring the Service is accessible and recognises the diversity of needs, through:

- ease of communication
- flow of information
- physical accessibility.

### Cultural wellbeing

A number of factors determine the outcomes for Children and Young People and their family/whānau and caregivers. Some directly relate to how their needs are supported to participate in their own lives, communities and cultural worlds. This participation can shape their chances of attaining a quality of life that matches their aspirations.

The Provider is required to demonstrate culturally responsive services. The Provider will realise the following key objectives for improving services for Māori, Pacific and other cultural groups:

- establishing appropriate links with mana whenua and iwi
- promoting and enhancing the Service in culturally appropriate ways

- understanding the client population including the needs and ways of communicating with the range of cultural groups and
- ensuring all staff have cultural competencies e.g. knowledge of Tikanga Māori.

## **Paramourncy of the Child or Young Person**

The Provider must deliver the Service to 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 is at the focus of their work.

## **Social Sector Accreditation Standards**

Providers delivering the Service are required to meet the Ministry of Social Development's (MSD) Level Two specific accreditation standards. Providers are required to maintain their Accreditation Level according to MSD'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. ABOUT THE SERVICE

### What is the Service about?

The overall purpose of the Service is to contribute to the prevention, reduction and management of conduct problems, thereby improving the stability of care arrangements and the Child or Young Person's engagement with education.

### Client group

The client group for the Service are those Children and Young People engaged with the Purchasing Agency who have mental health, emotional and/or behavioural needs that warrant intervention to maintain stability in living arrangements and/or address issues that are otherwise likely to escalate. The client group includes Children and Young People engaged with the Purchasing Agency for care and protection and/or youth justice reasons, and their families/whānau and caregivers.

The Service may provide interventions for multiple siblings in a family/whānau, but only the Child or Young Person engaged with the Purchasing Agency can be counted for reporting and payment purposes.

Parents and caregivers are secondary clients, and for reporting purposes are always linked to the primary Child or Young Person concerned.

### 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 with family/whānau, hapū and iwi.

The Provider will work closely with the Purchasing Agency's Social Workers 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 on-going safety.

Parents and caregivers will be supported to gain the knowledge and skills, including parenting skills, required to sustain their own wellness that leads to improvements in quality of life for themselves and those they are caring for.

## **Fit with health and education services**

The Service will complement District Health Board (DHB) services including Child and Adolescent Mental Health Services (CAMHS), Youth Alcohol and Drug Services and Intensive Clinical Support Services. Children, Young People and their families/ whānau may receive a range of DHB and other services (including Specialist Behavioural Support Services) concurrently.

As the different DHBs purchase and deliver a variable range of services, the Service will have good relationships with all DHBs in the region and will know what is available locally. This is important to ensure that referrals and plans are appropriately managed and duplication is avoided. Where there is potential for an overlay, a shared referral/intervention pathway should be developed.

The Service will also complement Ministry of Education funded services including the Incredible Years programme.

# 5. INTERFACE WITH GATEWAY

## Overview of Gateway

The Gateway Assessment programme targets Children and Young People at risk of coming into the Purchasing Agency's care, entering care or already in care. Children and Young People and their families/whānau and caregivers enter an assessment pathway that travels between the Purchasing Agency, education providers and DHBs. The result is an individualised and comprehensive health and education assessment and recommendations for referral to service providers. The overall objective is to enhance physical, mental, education and social wellbeing through the identification of unmet needs and referrals to address those needs.

Many of the Service recipients will be engaged with the Gateway Assessment programme and the Service will contribute to the Gateway programme in the following ways:

- providing advice and receiving referrals prior to a Gateway Assessment
- providing information to DHB health assessors
- receiving referrals following the completion of a Gateway Assessment
- participating in Multi-disciplinary Clinical Meetings
- contributing to Interagency Service Agreements (ISAs).

Gateway Assessment Coordinators are a key liaison point for the Specialist Behaviour Support Service (SBSS).

## Sharing confidential information

A Gateway Assessment is a consent based process. Information is gathered with consent and information is shared with consent. The parent/guardian or Young Person gives consent to gather information about the Child or Young Person and parent/s and caregivers on the basis that it is used in a strictly controlled manner to inform the Child or Young Person's Gateway Assessment and Gateway Report. Close attention must be paid to the terms of the consent given, which may vary from case to case. Any use or release of information must closely reflect the terms of the consent.

Information about other people, including family/whānau members, may also be disclosed and wider use of this information may not have been discussed nor have the appropriate

consent. Care must be taken to safeguard the privacy of people whose information has been disclosed during the Gateway Assessment process. It is also important to record the source of information about other people in the client file note.

Note that exceptional circumstances can and do arise where use or release of the information may need to be wider than originally anticipated. In these cases, the Provider and Gateway health professionals must obtain additional consent or seek legal advice as they may be able to rely upon an exception provision contained in the Privacy Act. Robust file noting is necessary to capture exactly what information may be collected, how it can be used and with whom it may be shared.

## Gateway local leadership groups

The Gateway local leadership group (often referred to as a governance group) meets on a regular basis as agreed by the membership. Members include representatives from the DHB (e.g. Gateway Assessment Service Manager and planning and funding portfolio managers), local Purchasing Agency's sites (a designated liaison person and usually the Site Manager), local education representatives, and a representative from the Service.

The leadership group will:

- discuss and resolve problems related to Gateway Assessments (e.g. streamlining referral processes to minimise waiting lists, developing referral pathways, identifying and addressing training needs and other quality improvement areas etc.)
- consider ways of improving access to services to meet the Child or Young Person's individual needs and on a population basis
- identify and discuss service gaps, i.e. areas where it is difficult to respond to the needs identified through Gateway Assessments and ISAs, and to explore solutions
- identify issues and improvement opportunities for escalation through to the Ministry of Health, Ministry of Education and the Purchasing Agency's National Office.

## Coverage

The Service will be delivered across the Midlands, Auckland and Te Tai Tokerau regions, which are the areas covered by Taranaki, Waikato, Lakes, Bay of Plenty, Counties Manukau, Auckland, Waitemata and Northland DHBs.

Services will be provided in the Child or Young Person's home or in their education and community environments.

## Hours of Service

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

# 6. SERVICE DELIVERY

## Entry criteria

The primary recipients of the Service are the Children and Young People who are engaged with the Purchasing Agency for care and protection and/ or youth justice reasons. These Children and Young People will have mental health, emotional or behavioural needs that include experiencing the effects of trauma.

Many of the Children and Young People will have conduct problems, which are defined as including a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours. These behaviours may vary from none to severe, and may have the following consequences for the Child or Young Person and those around him or her - stress, distress and concern to adult caregivers and authority figures; threats to the physical safety of the Young Person involved and their peers; disruption of home, school or other environments; and involvement with the criminal justice system.

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

The families/whānau and caregivers of the Children and Young People may also be recipients of the Service.

## Referrals

The Service will receive referrals from:

- The Purchasing Agency's Social Workers
- Gateway Assessment Coordinators

Other agencies (including Child, Adolescent and Mental Health Services, Youth Alcohol and Drug etc) will identify needs that may be appropriately met by the Service. These agencies will contact the Purchasing Agency's Social Worker and request a referral be made.

The referral pathways are in Appendix One.

## Referrals for Cognitive Behavioural Therapy (CBT)

For Children and Young People with care and protection concerns, referrals for CBT can only be made once a Gateway Assessment has been completed and as an outcome of an ISA.

For Youth Justice clients, the Purchasing Agency's Social Worker or Family Group Conference coordinator should contact the Service for advice before making a referral for CBT. This is to ensure that referrals are clinically appropriate.

## Prioritising referrals

The Service may need to prioritise referrals. In this case the Service will take into account:

- the stability and safety of the Child or Young Person's living situation
- the risk of the Child or Young Person being stood down from school
- Family Group Conference and Court plans and timeframes
- professional judgement of referrers.

## Access

By the nature of the life experiences and situations in which some Children and Young People are living, they can be difficult to reach and assess. The Purchasing Agency has no statutory authority over Children and Young People who are not in the care of the Chief Executive of the Purchasing Agency and rely on their families/whānau to bring them to appointments. The Service will engage with the Child or Young Person's Purchasing Agency's Social Worker, who will take steps to ensure that appointments are attended and this may include providing families/whānau or caregivers with:

- short term transport
- short term childcare
- family/whānau support.

## Sub-Contracting

The Purchasing Agency acknowledges that sub-contracting may be required to deliver all required interventions. The Purchasing Agency may agree to the Provider entering into sub-contracting relationships with other parties to ensure that there is the capacity and capability to deliver the interventions.

The Provider acknowledges that the ultimate responsibility for the standard of the Services delivered to the Children, Young People and their family/whānau or caregivers, will be with them. The Provider must seek approval from the Purchasing Agency for any sub-contracting arrangements. Below is the required information to be provided for the approval of each sub-contracting arrangement:

Sub-Contracting Details Required	
Additional Information	Details
Name Provider/Individual	
Contact details	
Qualifications and other Government accreditation?	
Professional membership	
Area of speciality eg. clinical psychology they will be delivering	
Clinical Supervision	
Current Police Check	
Experience in working with infants, children and adolescents or families	

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

# 7. SERVICE COMPONENTS

## Pre-referral advice

When a referral to the Provider is made, or being considered, an appropriately registered health professional from the Provider will provide advice to the Purchasing Agency's Social Worker and Gateway Assessment Coordinator (if applicable) to ensure that the referral is appropriate for the Service. Where this is not the case, the health professional will provide information and support the Purchasing Agency's Social Worker to make a referral to the most appropriate alternative service.

The outcome of screening is the Child or Young Person will be referred to the service best matched to their identified needs.

## Assessments

Once a Child or Young Person has been referred to the Service an assessment may be required. Every effort should be made for assessments to be undertaken by DHB services however, if this is not possible, then the Service may undertake the assessment.

Types of assessment undertaken may include (and are not limited to):

- cognitive assessment
- mental health assessment
- psychological assessment
- infant – parent dyad assessment.

The assessment will be undertaken by registered health professionals who are appropriately experienced in child and adolescent mental health and child and adolescent development.

## Coordination

The Provider will work with other agencies and practitioners to coordinate and implement child and family-centred plans and service delivery. This includes:

- joint meetings and liaison as appropriate
- facilitating access to resources as appropriate to the plan, including linking to other services such as any Non-Government Organisation (NGO) or DHB services.

## Specialist Behaviour Support Service planning

The Provider will ensure that a Specialist Behaviour Support Services Plan (the Plan) is developed for each Child or Young Person and their family/whānau and caregiver(s), as appropriate. The Plan should be integrated with any other plans that exist for the Child or Young Person, with particular attention to the multiple settings of the Child or Young Person's life; education, family/whānau or residential home, social or community settings should all be included.

The purpose of planning is to:

- engage with the Child or Young Person and their family/whānau or caregiver(s) to achieve adherence to the intervention(s)
- agree on the interventions that will be provided to the Child or Young Person and their family/whānau or caregiver(s)
- overcome any barriers to access
- define expected intervention duration and outcomes
- ensure referrals are followed up and Services are delivered that address the Child or Young Person's needs as agreed.

The Plan will include (but is not limited to):

- Goals (SMART goals)
- programmes and interventions the Service will deliver
- expected outcomes
- linkages with other services
- review timeframe, participants and reporting
- name and contact details of the person responsible for delivering the Plan.

The Provider will regularly review the Plan and make adjustments as appropriate. Reviews will occur at a minimum of every three months for the duration of the Service. Reviewing will include consultation with other agencies and individuals who have responsibilities under the Plan.

The Provider will make appropriate and timely referrals to other health, mental health, disability and education services as appropriate. This includes responsibility for referring parents or caregivers, if appropriate, to identified services (e.g. alcohol and drug services) for further assessment and/or intervention.

## Programmes and interventions

The Provider will provide a range of evidence based and age appropriate programmes and interventions as outlined below. The Provider will use their clinical judgement to determine the programmes and interventions to be provided, and/or negotiate this with the Gateway Assessment team or other services involved in treating and supporting the family/whānau or caregiver.

Programme/ intervention	Target age	Outcomes
<b>Parenting Programmes</b>		
Incredible Years	3 – 12	<ul style="list-style-type: none"> <li>• Increased school readiness, emotion regulation, social competence</li> <li>• Improved parenting interactions and relationships</li> <li>• Reduced school drop out</li> <li>• Increased academic achievement</li> <li>• Reduced youth conduct disorders, criminal activity youth drug and alcohol problems</li> </ul> Source: (www.incredibleyears.com)
Triple P (Levels 4 & 5)	3 – 18	<ul style="list-style-type: none"> <li>• Reduction in behavioural problems</li> <li>• Improved parenting skills and wellbeing</li> <li>• Parents less stressed and depressed</li> <li>• Slows rates of child abuse, reduce foster care placements</li> </ul> (Source: www.triplep.net)
Parent Child Interaction Therapy	3 – 7	<ul style="list-style-type: none"> <li>• Improved behaviour</li> <li>• Parental increases in reflective listening, physical proximity and pro-social verbalisation</li> <li>• Parental decreases in criticism of the child and personal distress (Source: www.pcit.org)</li> </ul>
<b>Cognitive Behavioural Therapy</b> (abuse-focused and trauma-focused) <ul style="list-style-type: none"> <li>• 7 – 12 sessions</li> </ul>	8 – 18	<ul style="list-style-type: none"> <li>• Abuse-focused: improved child, parent and/or family functioning, reduced abuse risk and re-abuse among parents, Children and families.</li> <li>• Trauma-focused: reduced symptoms of PTSD, depression and behavioural difficulties in Children and Young People who have experienced sexual abuse and other traumas</li> </ul> (Source: www.childwelfare.gov)

Programme/ intervention	Target age	Outcomes
<b>Functional Family Therapy (FFT)</b>	10 – 18	<ul style="list-style-type: none"> <li>• Improved family/whānau functioning</li> <li>• Reduced out of home placements</li> <li>• Reduced criminal recidivism and arrest rates</li> <li>• Reduced behavioural problems</li> <li>• Positive effects on parent/adult mental health</li> </ul> (Source: www.fftllc.com)
<b>Multi-Systemic Therapy (MST)</b>  In the Auckland region only	10 - 18	<ul style="list-style-type: none"> <li>• Improved family/ whānau functioning</li> <li>• Reduced out of home placements</li> <li>• Reduced criminal recidivism and arrest rates</li> <li>• Reduced substance use</li> </ul> Fewer mental-health problems for Young People (Source: www.mstservices.com)

A Child or Young Person and family/whānau or caregiver(s) may receive multiple programmes and/or interventions, and the Provider will be paid for each programme and/or intervention delivered. Refer to Section 7, Service Volumes and Payment.

## Child Behaviour Checklist

The Provider will administer the Child Behaviour Checklist (CBCL) prior to commencement and upon completion of their Plan and specified programmes and/or interventions. The Provider will keep a record of the scores and provide a summary report to the Purchasing Agency on an annual basis (with a report made in July of each year). From time to time the Purchasing Agency may request additional reports with the delivery timeframe negotiated with the Provider.

## Discharge

Children and Young People will be discharged from the Service upon completion of the programmes and interventions outlined in their Plan, and following a review of their Plan that demonstrates specified outcomes have been achieved.

## Discharge report

The Service is required to deliver a completion report to the Gateway Assessment Coordinator (where applicable), the Purchasing Agency's Social Worker and the Child or Young Person's General Practitioner (GP) within 10 working days of discharge from the Service.

The discharge report must include a brief summary of progress and post intervention recommendations. It should also include the results of any screening tool applied in the Gateway Assessment or other assessment, as a measure of progress.

### Discharge Report - Where clients do not complete their Plan

Where a Child or Young Person and their family/ whānau or caregiver commence an intervention but fail to complete the Plan, the Provider should provide a report back to the Purchasing Agency's Social Worker and the Child or Young Person's GP. This is particularly important when the reason for ceasing is unknown.

# 8. QUALITY REQUIREMENTS

## Evidence based programmes and interventions

The Provider will deliver evidence based programmes and interventions with fidelity and will adhere strictly to the clinical model and any reporting requirements imposed by the programme or intervention's developer.

The Provider will use evidence based methods that reflect effective clinical practice and respond to the Child or Young Person's situation.

All professionals involved in delivering interventions must be registered health professionals 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. For example, to deliver Family Functional Therapy (FFT), the Provider will be certified by FFT LLC, the model's training and dissemination organisation.

## Supporting the workforce

The Provider must:

- ensure that workers are trained and supervised to deliver the specific programmes and interventions they are involved with
- ensure registered health professionals are trained in appropriate screening tools (including mental health screening tools) and child protection and recognising vulnerability
- demonstrate how the registered health professionals delivering the Service will maintain competence and quality
- demonstrate compliance with Health and Safety requirements or legislation.

## 9. SERVICE VOLUMES AND PAYMENT

It is expected that a Child, or a Young Person or their family/whānau will receive one or more of the following interventions; Assessment, Parenting Programme, Cognitive Behavioural Therapy (CBT), Family Functional Therapy (FFT) or Multi-Systemic Therapy (MST).

The Specialist Behaviour Support Service is flexible and allows for a shift between the types of Interventions to keep abreast of fluctuations in needs and demand. The delivery volumes for each Intervention will be reviewed by Provider and the Purchasing Agency and adjusted on a quarterly basis.

### Payment model overview

The payment model will have two components to it: Intervention Funding and a Completion Payment. The Intervention Funding is calculated at 87.5% of the value of the SBSS and based on the number of sessions expected to be provided to the Children, Young People and their family/whānau or caregiver. The Completion Payment is the remaining 12.5% of the SBSS value and this is 'at risk' and subject to the Children, Young People and their family/whānau completion of programmes and interventions.

### Intervention funding per session hours

The Intervention funding will be 87.5% of the SBSS value and will be paid at the start of the financial year. The Intervention funding is based on the amount of available sessions per annum. A session is a face to face meeting with a Child, Young Person or their family/whānau or caregiver.

As the target population can be hard to engage, a range of 80% to 120% of the contracted volume of sessions is an accepted level of delivery. If the delivery is greater than 100% of the contracted volume of sessions no additional payment will be made.

The Provider and the Purchasing Agency will meet on a quarterly basis. If the Provider is forecasting an over (more than 120%) or under (less than 80%) delivery of sessions the Provider and the Purchasing Agency will review and discuss solutions as appropriate.

## Completion payment

The remaining 12.5% of the annual SBSS value is subject to Children, Young People their family/ whānau having completed programmes and interventions.

To calculate the Completion Payment the Purchasing Agency and the Provider will agree the number of completions. In-particular those where the Children, Young People their family/ whānau does not complete the programme or intervention based on Table One Completion Criteria and Table Two Non-Completion Criteria, i.e. what is within the Provider's control and what is not. Once this figure is agreed the following is applied to determine the value of the Completion Payment for the period:

1. Achieving 80% or more completions of the total contracted volume of Children, Young People their family/whānau will be required to achieve 100% of the Completion Payment. No more than the contracted volume of completions will be paid annually.
2. Where the number of Children, Young People their family/whānau completions is less than 80% of the total contracted volume then the Completion Payment will be paid on all agreed completions.

## Programme and intervention criteria

The following Table One outlines the number of sessions and completion criteria for each of the programme and interventions.

Table One Completion Criteria	
Programmes and interventions	Completion criteria (minimum requirement)
Assessment	2 face to face interviews and a report
Incredible years	10 or more group or individual sessions attended and a discharge report
Triple P – level 4	7 or more sessions attended and a discharge report
Triple P – level 5	4 or more sessions attended and a discharge report
Parent Child Interaction Therapy	10 or more sessions attended and a discharge report
Cognitive Behavioural Therapy (CBT)	6 or more sessions attended and a discharge report

Functional Family Therapy (FFT)	All three stages of the FFT programme are completed (engagement and motivation, behaviour change and generalisation) along with a discharge report
Multi-systemic Therapy (MST)	The young person is discharged based upon the mutual agreement of the primary caregiver(s) and the MST team with evidence of sustained progress in the goals of treatment. This after a 12-20 week intervention

## Reasons for non-completion

Where a Child or Young Person does not complete the assessment or intervention for reasons that are outside the Provider's control and influence, the Child or Young Person is eligible to be counted as a 'completion' for the purposes of the Completion Payment.

Where the Child or Young Person does not complete the assessment or intervention for reasons that are within the Providers control and influence the Child or Young Person will not be counted as a completion for the purposes of the Completion Payment.

Table Two Non-Completion Criteria	
Reasons for non-completion that the Service cannot influence	Reasons for non-completion that the Service can influence
<ul style="list-style-type: none"> <li>• Client (Child, Young Person or family/ caregiver) referred to a more appropriate service</li> <li>• Child or Young Person moved out of the region</li> <li>• Child or Young Person placed in the Purchasing Agency's residence for pre-referral reasons</li> <li>• Early closure due to significant improvement in the Child or Young Person's behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Placement breakdown</li> <li>• Family/whānau missed multiple sessions</li> <li>• Family/whānau could not be contacted</li> <li>• Persistent absconding by the Child or Young Person</li> <li>• Death of Child or Young Person due to suicide</li> <li>• Child or Young Person arrested or placed in the Purchasing Agency's residence or prison for post referral reasons</li> <li>• Client /family/whānau withdraw</li> <li>• Therapist unavailability</li> </ul>

# 10. REPORTING

## Client Detail Report

The Provider is required to maintain a Client Detail Report in a spreadsheet which has been agreed between the Parties and exchanged electronically.

This Client Detail Report is required to be uploaded quarterly to the Department of Internal Affairs website. It should also be available when the Contract Manager is carrying out monitoring visits or at the Purchasing Agency's request.

The Client Detail Report will include the Child Behaviour Checklist results and a summary of this data will be provided annually and at other times upon reasonable request.

## Monthly Summary Report

The Monthly Summary Report attached as Appendix Two, is required to be sent monthly to your Purchasing Agency's Contract Manager. Each site the service is delivered from should have a separate sheet which can be summarised on the overview page. This spreadsheet is shared electronically between the Parties.

## Narrative Report

The Narrative Report attached as Appendix Three is required to be sent quarterly to your Purchasing Agency's Contract Manager.

# 11. MONITORING AND EVALUATION

This section outlines the specifications for monitoring data collection and reporting. It also outlines the specifications for the Service evaluation. The Provider and the Purchasing Agency will define any evaluation activities (and related monitoring activities) prior to the Service implementation to ensure best practice and the success of the Service.

## How do we know if the Service is effective?

We are all interested in being able to demonstrate that the Service achieves outcomes for individuals and families/whānau. The Purchasing Agency does this through monitoring and evaluation data collection and reporting, based on a Results Based Accountability (RBA) framework.

## What data collection is needed for monitoring?

To tell us if the initiative is making a difference, the Purchasing Agency requires the Provider to undertake data collection that will help us track changes. The Provider will collect data as a matter of course on an on-going and systematic basis. The collection of monitoring data will tell us:

- how much we did
- how well did we do it and
- if anyone was better off.

The data is backed up by a narrative report. A guide to writing the narrative report is found in the Provider Return Report (attached as Appendix Three).

## What reports are required by the Purchasing Agency?

Reporting is required to meet the contractual obligations set out in the Outcome Agreement. Reporting is necessary to ensure accountability to Government for the funding provided under that Outcome Agreement. The Purchasing Agency has agreed on the quantity and nature of the services the funding supports, and we are required to report to Government that this has been achieved.

## Quarterly meetings

These meetings will occur either by video conference or face to face with an overarching Service focus on monitoring the deliverables in the Outcome Agreement. The meetings will include the following roles to review the outcomes of the Service and any issues:

- National contract lead for the Provider and Partnering for Outcomes Planning and Reporting representatives
- Lead Advisor Partnering for Outcomes
- The Purchasing Agency's Principal Advisor Health & Disability
- The Purchasing Agency's Research and Evaluation Senior Analyst
- Provider – National Operations Manager and Regional Manager Intensive Services

It will be the responsibility of the Lead Advisor Partnering for Outcomes in Midlands, Auckland and Te Tai Tokerau to co-ordination the Quarterly meetings.

## Where can we find out more about RBA?

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>

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

# 12. DEFINITIONS

In these Service Specifications the following definitions apply:

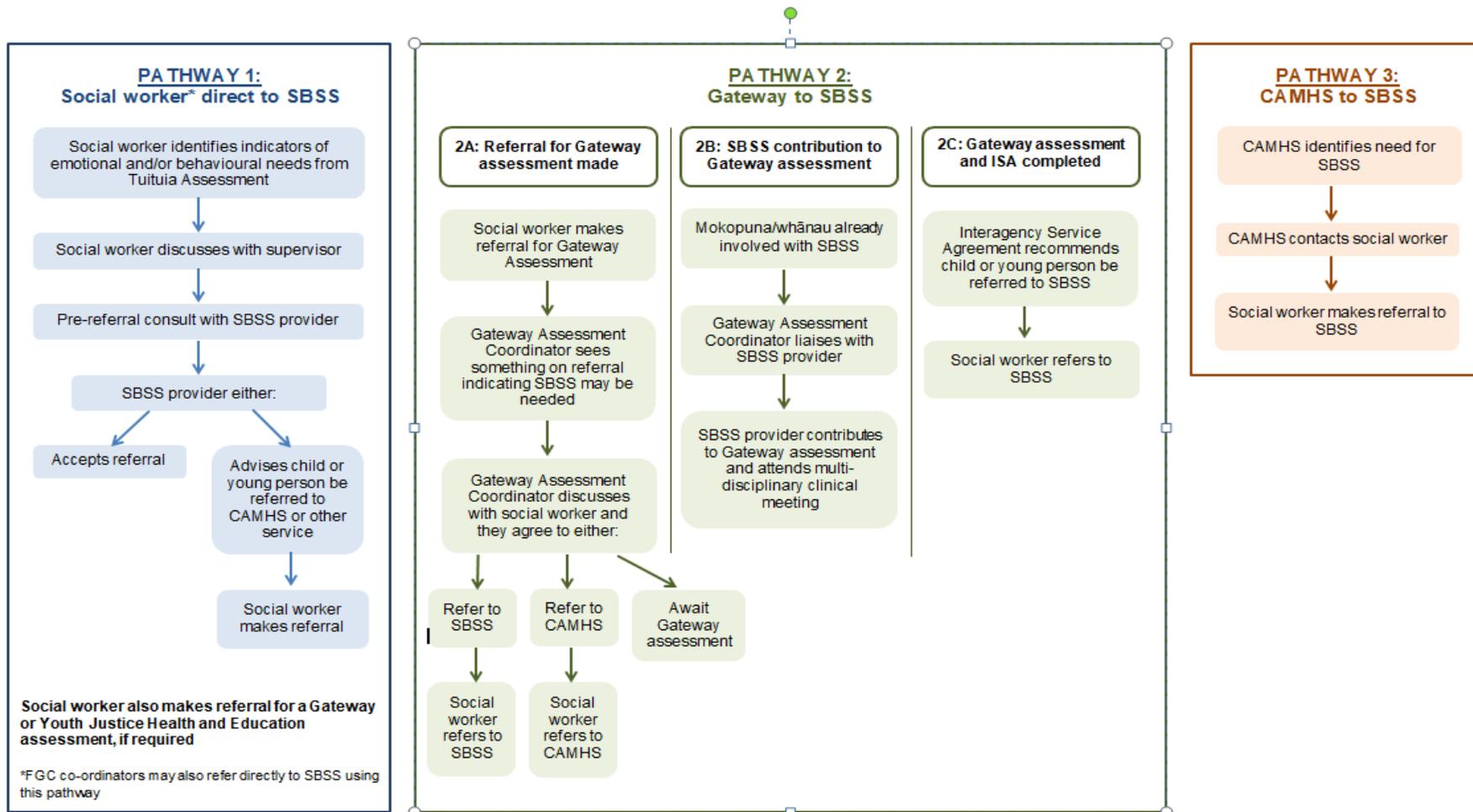
- “Accreditation” - The Social Services Accreditation team ensures that providers have the capability and capacity to deliver quality social services to communities. This is achieved by ensuring providers meet a consistent set of standards that meet legislative and policy requirements. ‘Accreditation’ and ‘Approval’ (as stipulated under the Oranga Tamariki Act 1989) are synonymous and may be used interchangeably.
- “Child” means a boy or girl under the age of 14 years and “Children” has a corresponding meaning.
- “Child Behaviour Checklist” means the checklist parents complete to assess social and behavioural competency problems in Children and Young People.
- “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 Social Worker” means a person employed by the Purchasing Agency under Part 5 of the State Sector Act 1988 as a social worker.
- “District Health Board” (DHB) means a crown entity established by the New Zealand Public Health and Disability Act 2000 with whom the Purchasing Agency has contracted to provide the Services.
- “Family Group Conference” or “FGC” means a meeting convened or reconvened under either Part 2 or Part 4 of the Oranga Tamariki Act 1989.
- “Gateway Assessment Coordinator” means the role within the DHB that collates the historical health information, ensures appropriate appointments are made for the health assessment and any specialist assessments and liaises with staff from the health, education, the Purchasing Agency’s offices.
- “Interagency Services Agreement (ISA)” means the agreement developed as part of a Gateway Assessment that summarises the health and educational needs of the Child or Young Person and the recommendations made by the health and education professionals about how those needs can best be met.
- “Privacy Act” means the Privacy Act 1993.

- “Registered health professional” means a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession.
  - “Service” means the Specialist Behaviour Support Service to be provided under the Outcome Agreement and “Services” has a corresponding meaning.
  - “Young Person” derives its meanings from the Oranga Tamariki Act 1989 and “Young People” shall be construed accordingly.
- “Youth Justice” means the provisions of Part Four of the Oranga Tamariki Act 1989.

# 13. APPENDIX ONE

## Referrals Pathway

Specialist Behaviour Support Services Midlands trial – Referral pathways



# 14. APPENDIX TWO:

## Monthly Summary Report

### MONTHLY SUMMARY REPORT

Site	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>How Much?</b>												
Total no. new referrals for the month												
Total no. triaged FFT												
Total no. triaged Triple P												
Total no. triaged CBT												
Total no. triaged Assessment												
Total no. Gateway referrals												
Total no. Direct site referrals												
Total no. new referrals <b>accepted</b> for the month												
Total no. new referrals engaged (had first session)												

<b>How Well?</b>												
Total no. completed successfully												
Total no. that dropped out due to factors within provider control												
Total no. that dropped out due to factors not within provider control												
Total no. completed as per contract definition (sum row16+18)												
<b>Who is better off?</b>												
Discharged: total no. engaged in educ./training												
Discharged: total no. maintained or moved to less restrictive placement												

# 15. APPENDIX THREE

## Narrative Report

Narrative Report
1. Describe how the clients (or agencies) benefited from the Service and provide client feedback six monthly. •
2. What trends, issues and/or impacts have been identified for the client group that influence the outcomes, and identify any opportunities for improving the service? •
3. Describe the strategies or practices in place to encourage “hard to reach” clients to engage. •
4. Provide an explanation of the variances (if any) between volumes contracted and volumes delivered. •
5. Demonstrate how the Service has been responsive to Maori? •

### Guidance Notes:

This information could be sourced through client (or agencies) feedback forms, Provider assessments and Service evaluations. Note that the information provided should be non-identifying.

In providing examples of success stories, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community, e.g. knowledge, skills, attitude, behaviour and life circumstances.

# 16. APPENDIX FOUR

## 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:	