

SERVICE SPECIFICATION

PURCHASE UNIT CODE: DSS220

SERVICE NAME: Behaviour Support Services for People with Intellectual Disability Presenting Behaviours that Challenge

Philosophy Statement

The aim of the Disability Services Directorate is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

‘A society that highly values our lives and continually enhances our full participation.’

With this vision in mind, disability support services aim to promote a person’s quality of life and enable community participation and maximum independence. Services should create linkages that allow a person’s needs to be addressed holistically, in an environment most appropriate to the person with a disability.

Disability support services should ensure that people with impairments have control over their own lives. Support options must be flexible, responsive and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

Note: Subsequent references in this document to “the person” or “people” should be understood as referring to a person/people with impairment(s).

DEFINITION

The Ministry purchases Behaviour Support to improve the quality of life for those people whose behaviour challenges their support networks, and/or places themselves or others at risk of harm, and to provide support for skill development to enable their participation in their communities. More detailed definitions are provided in the glossary of terms.

Behaviour Support Service is a specialised service, providing:

- **Assessment** – includes gathering information, building relationships and understanding the person’s situation. Assessment will consider: communication, social interactions, general functioning and the relationships of such factors with behavioural responses. Providers will use methodology that is evidence-based and reflects best practice in response to the person’s situation. The assessment process will integrate the different skills and expertise of contributing disciplines to develop a comprehensive understanding of the person’s situation. Specialist assessments can be sought during the assessment phase and will have a longitudinal perspective.
- **Planning** – includes goal setting, identifying proactive interventions, planning for the management of crisis situations, risk assessment and preparation/planning for the person leaving the Behaviour Support Service. Risk assessment methodology will be consistent with the guidelines for risk assessment developed in relation to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. A Behaviour Support Plan will be developed to support the person with consideration of their specific needs. This will also assist those people in the person’s support networks to understand the person’s behaviour and responses. The Behaviour Support Plan will incorporate and integrate the recommendations of all contributing therapists and specialists in a functional plan. The Plan will acknowledge the different needs of two key parties – firstly the person, and secondly the person’s support networks which includes the behaviour support provider. The Behaviour Support Plan will consider, inform and align with the person’s Lifestyle or Individual Plans including those developed in day service environments.
- **Implementation** – includes recognising incremental success/gains; direct education with the person; training and education for the person’s support network so that they are able to implement

Individual Behaviour Programmes. The focus should be on supporting the person in the environments in which they live, work, and socialise.

- **Monitoring and Evaluation** – ongoing involvement in the implementation and the review of Individual Behaviour Programmes with people supported by the Behaviour Support Service.
- **Consultation** - to services supporting the person, principally residential services and including vocational or day activity services.
- **Eligibility assessments** - NASC may refer to the Behaviour Support Service to determine if a potential DSS person has an Intellectual Disability. This can be a core function of the Behaviour Support Service.
- **Training and development** - for the wider community about Intellectual Disability and Behaviours that challenge.

Behaviour Support is purchased to provide a service on a regional basis, as detailed in the provider specific terms and conditions.

SERVICE OBJECTIVES

2.1 General

The primary objective of the Behaviour Support Service is to develop, implement, monitor and review a plan that successfully minimises the impact of challenging behaviours exhibited by a person, enabling him/her to develop maximum levels of independence and participation in the community. The Provider will achieve this by working with the person in the context of their whanau, and with family, welfare guardian, staff/carers (including those from residential and vocational services), advocates and friends (referred to as support networks).

All services purchased by the Ministry will be provided consistent with the aims and intentions of the New Zealand Disability Strategy (2001).

2.2 Māori Health and Disability

The Crown Statement of Objectives outlines the Government's medium term objectives for, and expectations of, the Ministry. In response to the Crown's Objective for Māori health and in line with its purpose statement, the Ministry has developed a Māori Health Strategy, *He Korowai Oranga*, and a Māori Health Action Plan, *Whakatataka*.

He Ratonga Tautoko i Te Hunga Haua, the DSD Māori Disability Action Plan identifies four strategic goals aimed at increasing responsiveness to Māori. The Behaviour Support Service is required to contribute to the implementation of *He Ratonga Tautoko i Te Hunga Haua* and the four strategic goals.

The four strategic goals are:

- Remove barriers for disabled Māori
- Increase Māori participation in the disability sector
- Develop effective disability services
- Work across sectors

Mauriora (positive life essence) is a key principle for Māori with a disability as opposed to Oranga (health) as described in *He Korowai Oranga*. Mauriora and the four strategic goals may be achieved through the application of Tikanga (practice and process) i.e. the use of te reo, appropriate protocols, participation in Marae activities and regular whānau, hapū or Iwi initiatives.

SERVICE USERS

3.1 Inclusions

People with an Intellectual Disability, whose behaviour frequently interferes with, restricts or prevents their access to everyday routines, settings, activities and relationships.

3.2 Exclusions

Ministry funded Behaviour Support will not provide a service for people who:

- a) Do not have an Intellectual Disability,
- b) Require services solely as a result of a mental health need as recognised by mental health services eligibility criteria - these assessments are funded by the Ministry through mental health assessment services or community mental health teams,
- c) Are eligible under the Injury Prevention, Rehabilitation and Compensation Act (2001) or
- d) For whom purchasing of services is not the responsibility of the Ministry of Health e.g. Special Education Services, Child, Youth and Family Services.

3.3 Interface with Mental Health and other Specialist Services

It is expected that some people receiving Behaviour Support will require the specialist assistance of other Specialist Services from time to time. The Ministry expects that in all such instances the Provider will work together with those Specialist Services to achieve the best outcomes for the person. Accordingly, you must establish effective relationships with other Specialist Services including Mental Health Services. (See Section 6, Service Linkages).

4. SERVICE ACCESS

4.1 Access Criteria

The Service must be available Monday – Friday during standard office hours (8am to 5pm) for the provision of core Behaviour Support Services. Outside these hours, referral should be made to NASC or Regional Intellectual Disability Care Agencies (RIDCA) in the case of emergencies. The Regional Intellectual Disability Supported Accommodation Services (RIDSAS) will provide the capacity to meet short-term emergency residential needs. (See Section 6, Service Linkages).

There may be individual circumstances that vary from this arrangement, whereby the Behaviour Support Provider agrees to be responsive outside standard office hours. Such circumstances are to be expected where the person and provider will require planned interventions or training sessions outside of the hours above.

People will be seen within one week of the receipt of a referral, and an assessment commenced within 21 days, unless otherwise prioritised. Where waiting lists are used to prioritise access to service, the criteria applied must be transparent and utilise recognised best practice guidelines to ensure those clients with greatest need are seen as a priority. Additional information should be gathered if necessary to assist in prioritising. NASC agencies must identify to the Behaviour Support Provider those clients they believe to need rapid access to service and advise their Ministry of Health Contract Manager of the urgency of the referral.

Behaviour Support is purchased to provide a service on a regional basis, as detailed in the provider specific terms and conditions.

The Provider should work towards ensuring that there are no barriers to access through cultural beliefs and practices.¹

Access issues for Maori must be clearly understood and processes developed to minimise the barriers Maori experience in accessing disability support services. The Behaviour Support Provider should develop protocols with local iwi for responding to issues for Maori.

4.2 Entry To Service

Access to Behaviour Support Service is through referral by NASC or Regional Intellectual Disability Care Agencies (RIDCA).

¹ Cultural denotes age, gender, ethnicity, disability or sexual orientation.

Where referrals are from sources other than NASC/RIDCA the Behaviour Support Provider should establish if the person has previously been referred to the local NASC Agency and if not should make a referral before proceeding with providing a service. This is to ensure all support needs have been assessed and responded to as appropriate, and that the person is confirmed as eligible.

4.3 Exit From Service

The Provider will be responsible for making appropriate arrangements for people leaving the service and if necessary a referral given to alternative services.

People will exit the Behaviour Support Service when:

- the goals/objectives of the Behaviour Support Plan have been achieved,
- despite best efforts an effective working relationship has not been formed and other arrangements ensuring the person's safety have been made following an independent peer review of the circumstances,
- where there is collaborative agreement with the person and their support networks that no more can be achieved,
- when the person is no longer eligible for this service or,
- when the person chooses to exit.

People may re-enter the service through referral from the NASC agency or RIDCA.

4.4 Inter-Region Transfers

The Behaviour Support Provider is expected to provide service to all people of the specified group wherever they live, or subsequently shift to, within the regional area.

The Behaviour Support Provider will work with Behaviour Support Providers in other areas of New Zealand to ensure continuity of service for people both moving into, and out of, the Provider's region.

Providers are required to ensure the timely transfer of relevant information including assessment, and support planning records to the new Provider subject to the provisions of the Privacy Act and the Health Information Privacy Code.

SERVICE COMPONENTS

5.1 Processes

5.1.1 Specialist Assessment of Behaviour

People will receive a comprehensive and functional assessment of their needs and circumstances. The assessment will include gathering of information, an examination of all factors (biological including screening for mental health issues, behavioural and environmental) that may have contributed to the challenges that prompted the referral, and the building of relationships. Providers will use methodology that reflects best practice and responds to the person's situation. The assessment process will integrate the different skills and expertise of a number of different disciplines to develop a comprehensive understanding of the person's situation.

The written specialist assessment report is available to agencies in receipt of Government funding to provide support for the person. The style of the report should reflect the individual circumstances of the person and their support network, and have appropriate authority gained for sharing information.

5.1.2 Planning

On the basis of the specialist assessment an agreed Individual Behaviour Support Plan will be developed with the person and their support networks. The plan details specific strategies, activities, tasks and responsibilities that have been agreed on to respond to the challenges presented by the person, and includes identification of what must be achieved for the person to live a settled and safe life. The Behaviour Support Plan will incorporate and integrate the skills of the contributing therapists and specialists in the development of a functional plan.

Also included is the completion of risk assessment, as detailed in Clause 2. Goals are set and agreed, and potential crises are identified with contingency arrangements written and agreed. The

Individual Behaviour Support Plan may include further specialist assessments and the use of other specialist services. The plan is reviewed by the Behaviour Support Provider at three-month intervals (or as negotiated with the person and their support network) and is available in writing. The Individual Behaviour Support Plan is co-ordinated by the Behaviour Support Provider. To achieve this there must be:

- Agreement on goals and outcomes to be achieved with the person and their support networks so the Individual Behaviour Support Plan constitutes an understanding with regard to agreed activities, tasks and resources,
- Recognition that the person's support networks have the responsibility to implement the Plan as agreed with the Behaviour Support Provider.

The Plan should be the base from which service quality is monitored. The Plan should include a reassessment date where relevant.

5.1.3 Implementation

The Behaviour Support Provider is responsible for co-ordinating implementation of the agreed Individual Behaviour Support Plan. This includes:

- training staff/carers in specified intervention techniques
- working alongside the persons support networks to implement and model interventions and techniques
- working with people individually or in small groups on specific issues
- acknowledging with the person and their support networks, incremental success/gains
- facilitating problem solving that responds to changing or unforeseen circumstances
- supporting the persons support networks in their work with people with challenging behaviour
- reviewing the progress of both the person and their support networks and advise on further or changing strategies/interventions
- approaching the NASC agency for access to one-off discretionary funds to provide resources where this will have a positive impact (refer to 5.1.8 for a detailed description)
- being available during standard office hours to provide ongoing advice and hands-on assistance (where appropriate e.g. through modelling or assisting in managing crisis situations), and being available outside of these hours for specific planned intervention in circumstances involving people receiving Behaviour Support
- promoting the use of non-aversive interventions in all aspects of their work
- assisting the person and their support networks to prepare for and visit with local specialists and mental health professionals – in some circumstances it may be appropriate for the Behaviour Support Provider to be present at the visit.

5.1.4 Monitoring and Evaluation

The Behaviour Support Provider will monitor the implementation of the Behaviour Support Plan, working together with the person, and their support networks to evaluate the efficacy of the Plan and make alterations as necessary.

Time frame for reassessments will be determined from the Assessment and the Individual Behaviour Support Plan and monitoring of delivery, and will be noted into the Individual Behaviour Support Plan.

5.1.5 Consultation to Support Services

The Behaviour Support Service:

- is available to service providers and funders who support the eligible population for consultation, advice and assistance in the planning and development of community based services that prevent, reduce or minimise the need for people with intellectual disability to develop challenging behaviour

- keeps abreast of the latest developments, innovations and best practice in the design, development and management of high quality community based services for people with intellectual disability
- acts as referral agent, providing ongoing support while working with the family/whanau, and assists in contacts with other services that are made in the context of the person's challenging behaviour, for example: medication reviews, psychiatric consultations, special therapies etc.
- provides leadership in establishing effective cross-boundary and cross-disciplinary relationships and protocols between services for people with intellectual disability and community mental health services, including acute psychiatric services
- develops and implements a strategy that establishes a network of identified expertise within service providers that is aimed at building competence in this area that is permanently enmeshed in organisations, thereby reducing future individual referrals to the Behaviour Support Service over the longer term.

5.1.6 Eligibility Assessments

When a new person presents to the NASC agency/RIDCA, an eligibility assessment may be requested to ensure the person is eligible for funding from the Disability Support Services budget i.e. the person does have an intellectual disability. NASC may access eligibility assessments from a number of sources. Behaviour Support Providers offer the expertise to provide an option for the NASC agency. The eligibility assessment will be provided for NASC only where the Behaviour Support Provider has the ability to complete the assessment in a timeframe negotiated with the NASC agency.

5.1.7 Training and Development for the Wider Community

The Behaviour Support Provider will, along with NASC agencies and the designated MoH Contract Manager, confirm education and training priorities and volumes for the region and develop resources and programmes accordingly. This is separate from the training provided to individuals/agencies about a specific person

5.1.8 Access to Discretionary Funding

Access to discretionary funding is a mechanism of last resort and is expected to be used only rarely for one-off interim solutions that are short term in nature. Therefore, Behaviour Support Services may, on occasion need to access specific services and/or resources for people with challenging behaviour so that effective interventions are timely and responsive.

For example:

- The establishment of a short term customised living arrangement for a person who is, in the interim, not able to live in mainstream community residential services because of the danger he/she presents to themselves and/or others. It must first be established through, liaison with the NASC that the person needs to access the capacity funded crisis/respite beds for this population, or consultation with the RIDCA that the person meets the criteria for support through the High and Complex (H&C) needs strategy. If the person is eligible for services through the H&C strategy, a referral should be made to the relevant RIDCA.
- The purchase of emergency and/or respite accommodation until a suitable placement can be found / negotiated.

Allocation of discretionary funding is the responsibility of NASC agencies (Appendix 3 of NASC Service Specification) and RIDCA and this has to be in accordance with the Ministry's guidelines on this matter.

5.2 Level of Service

The service will be provided to those people who are referred. The initial assessment may screen out the involvement of the Behaviour Support Service from further involvement.

5.3 Key Inputs

5.3.1 Staffing

The Provider will have sufficient competent and qualified staff from a variety of educational backgrounds to provide a level of service relative to person's assessed needs. Staff will have received training that enables them to deliver a service in keeping with the national Best Practice Indicators for Intellectual Disability Services (HFA, 2000).

The Provider will ensure they have a complement of staff with appropriate skills and qualifications, including resource within the staff team to provide regular input into Behaviour Support Plans, and supervision of staff by a Registered Clinical Psychologist.

It is expected that the Provider will maintain an active commitment to staff development. This will include the provision of supervision and/or peer review, as well as professional registration of members of staff as appropriate.

The Provider will ensure that the staff has the following skills:

- An understanding of behavioural responses
- An understanding of communication and the relationship with behaviour
- An understanding of functional analysis and the relationship with behaviour
- An understanding of posture and movement and the relationship with behaviour
- An understanding of developing behavioural support plans and implementing these within the person's specific environment.

A suitable staff with experience in the area of Intellectual Disability and behaviour may include:

- Psychologists
- Speech and Language Therapists
- Occupational Therapists
- Social Workers
- Nurses
- Educators
- Child Development Specialists
- Autism Spectrum Disorder (ASD) Specialists
- Other specialists with relevant experience.

Core staff competence should include, but not be limited to the areas of: disability knowledge, values (social theories of disability, integration, least restrictive alternative, the right to live in the community), consumer rights, non-aversive techniques, risk management, person-centred services, communication skills and behavioural management and, as appropriate, particular needs of people as they change.

The Provider will actively encourage, promote and develop Maori staff, to be employed at all levels of the service to reflect the population.

5.4 Support Services

Included in the purchase price are:

- equipment (such as office equipment and tools of trade)
- transport
- accommodation of staff members while travelling within the region
- administration costs
- organisational overheads
- team management.

5.5 Settings

Behaviour Support Services are provided in those settings that best meet the needs and circumstances of the person and their support networks. Settings include but are not limited to the person's home, vocational or day activity setting and other facilities the person uses.

SERVICE LINKAGES

It is critically important that the Behaviour Support Provider and other providers work together to ensure that:

- people have access to the full range of services
- disputes among providers concerning the intervention with any person are resolved in a timely manner.

Behaviour Support Services are required to demonstrate and maintain effective linkages with these Key Agencies or Providers where appropriate:

- ID Residential service and supported accommodation providers
- NASC Agencies
- High and Complex service providers (RIDCA, RIDSS, RIDSAS)
- Community Liaison Teams
- Dual diagnosis services
- Allied Health Teams
- Vocational services and day programmes
- Other Behaviour Support Services.

Documentary evidence of such linkages must be available on request.

There are a number of other services that linkages must be established with:

- Maori primary and community care services
- other appropriate Maori and Pacific Island organisations
- other Mental Health services
- Consumer advocacy services
- other sector agencies.

"Where children/young people are receiving services from other agencies, the service provider will participate in intersectoral collaboration and co-ordination initiatives such as Strengthening Families".

EXCLUSIONS

Behaviour Support Services are specialist services that complement those services provided to people with an intellectual disability and their support network that are otherwise purchased by the Ministry of Health or other government agencies. None of the activity undertaken by the behaviour support provider is intended to replace, or reduce the need for, regular service provision to continue in the presence of input from a behaviour support provider.

For example, training provided by the behaviour support service will not replace standard orientation, induction and entry level training that residential and day service providers would be expected to provide in the context of their core business. Neither will behaviour support input remove the responsibility of the primary service provider to seek assistance from mental health, emergency, police or legal services where appropriate.

QUALITY REQUIREMENTS

The service is required to comply with the Ministry General Contract Terms & Conditions. In addition, the National Health and Disability Sector Standards will apply to this service as determining quality standards. Providers will use methodology that reflects best practice and responds to the person's situation. The following additional specific quality requirements also apply.

Best Practice Indicators for Specialist Support of People with High and Complex Behavioural Needs (HFA, 2000).

Best Practice Guidelines for People with Intellectual Disabilities with Challenging Behaviour (MOH, 1999).

Guidelines for the administration of the Intellectual Disability (Compulsory Care and Rehabilitation) Act, 2003.

The Behaviour Support Provider will be required to abide by all relevant Policy including but not limited to:

- The New Zealand Framework for Disability Service Delivery - August 1994, Ministry of Health
- Standards for Needs Assessment for People with Disabilities – June 1994, Ministry of Health – updated in 2000, Health Funding Authority
- The DSS Strategy for People with High and Complex Behavioural Needs, 2000
- Ministry of Health guidelines that relate to the administration of the ID (CC&R) Act, 2003.

The Behaviour Support Provider will also be required, under the terms of contract to abide by all relevant New Zealand Legislation including but not limited to:

- Mental Health (Compulsory Assessment and Treatment) Act, 1992
- The Intellectual Disability (Compulsory Care and Rehabilitation) Act, 2003.

The Behaviour Support Provider will observe any relevant protocols and/ or Memoranda of Understanding negotiated between the Ministry and other government departments or agencies (details of all relevant protocols and Memoranda of Understanding will be supplied by the Ministry's Contract Manager)

8.1 Access

- Access to services following referral must be provided in a timely fashion. People will be seen within one week of the receipt of a referral, and an assessment commenced within one month, unless otherwise prioritised (see Clause 4.1).
- People accessing Behaviour Support Service will have access to information as set down in the Health and Disability Commissioner's Code of Rights.

8.2 Person/Family/Whanau Involvement

Person, family and whanau members and advocates should be central to service delivery. This requires:

- a. That the person be given an opportunity to identify who to include or exclude from their assessment and treatment process
- b. That people and their support networks be provided information on how they can be involved in processes. The person, and their support networks, where applicable, will be involved in the development and implementation of Plans, and this is recorded in the Plan.
- c. That the person and their support networks be informed of complaint procedures.

8.3 Acceptability

Acceptability of services will be monitored on an ongoing basis. All surveys must follow the Ministry Guidelines for Consumer Surveys (available from Ministry offices). The methods used will identify the acceptability of the following areas of the service as indicated by people, support service providers, support staff, welfare guardians, family, whanau and the person's advocates.

- a) Information distribution
- b) Staff professionalism
- c) Staff cultural sensitivity
- d) Staff communication skills
- e) Respect for privacy
- f) Rights of the consumer
- g) Level of choice
- h) Informed consent
- i) Participation in community-based activities
- j) Ease of use of Secure services
- k) Complaint and feedback systems

8.4 Safety

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

- managing disruptive behaviour in the least restrictive way possible
- minimising potential risk to individuals of physical or sexual abuse from others
- minimisation of the use of restraint.
- Promoting health practices that align with Ministry of Health strategic intent (such as healthy eating, push play, smoke free workplaces etc)

8.5 Effectiveness

- Interventions undertaken by the Behaviour Support Provider will result in the person exiting from the Behaviour Support Service on achieving the outcomes in the Plan, and identifiable improvements in their Quality of Life². Re-referral is on the basis of a review of the existing Plan, and presentation of new challenging behaviour. No more than 30% of clients are expected to be re-referred within 12 months.
- Staff who support clients of the Behaviour Support Service develop skills necessary to work successfully with these people.
- Methods of assessment and implementation are agreed as acceptable within the cultures of the respective Providers, and meet professional practice guidelines. Services for people are provided in a co-operative and collaborative way according to agreed protocols, with evidence of positive communication between Providers. This particularly relates to Behaviour Support, Dual Diagnosis and RIDCA funded High and Complex Providers. Evidence will be available in the form of Memoranda of Understanding, written protocols, formal meeting minutes, service action plans or other written communications.
- Where joint ventures or partnership approaches are formed to deliver the services, evidence of robust systems and structures for service development and policy review is expected to be included with information provided to the Ministry through the reporting cycle (such information may include summary information from advisory group meetings)
- Information is provided to the Ministry through the reporting cycle to assist in planning for future needs and service development.
- Providers will work together to minimise the risk of political and media complaints as a result of the behaviour of people. The Behaviour Support Provider will inform the Ministry Contract Manager immediately they become aware of a potential complaint that is likely to attract media attention.
- There is documented evidence of improved quality of life for people as a result of the relationship with the Behaviour Support Provider. Exit consumer survey or independent evaluation of consumer satisfaction may provide this information.

² A commitment is expected from both the provider and the Ministry to investigate, select and implement the regular use of suitable outcome measurement methodologies to provide evidence of the efficacy of interventions that are developed for people who are supported by the service.

PURCHASE UNITS

Purchase Unit Code	Purchase Unit	Measure	Purchase Measure Definition	Unit	Purchase Unit Definition
DSS220	Service	Client	Provision of Behaviour Support Service		Count of people receiving service on the first day of the month
	Eligibility assessment	Assessment			Assessment of potential person to determine eligibility for DSS funding
	Specialist Support	Service			Training event facilitated by the behaviour support provider

REPORTING REQUIREMENTS

Purchase Unit Code	Purchase Unit	Purchase Unit Measure	Reporting Requirements	
			Frequency	Information
DSS220	Service	Client	Quarterly	<p><i>Quantative Reporting</i></p> <ol style="list-style-type: none"> 1. Number of people per month (refer to above Purchase Unit definition) 2. Average length of time spent per person referral 3. Number of people referred by Ethnicity <ul style="list-style-type: none"> • NZ European/Pakeha • NZ Maori • Samoan • Cook Island Maori • Tongan • Niuean • Other Pacific Island • Other 4. Number of people referred by Gender <ul style="list-style-type: none"> • Male • Female • Unknown 5. Number of people referred by Age <ul style="list-style-type: none"> • 0-16 years • 17-30 years • 31-50 years • 51-65 years • 65+ years

				<p>6. Number of people referred by normal domicile.</p> <ul style="list-style-type: none"> • Community residential home • Family home • Own home • Other <p>7. Number of people receiving service per month. Provide count of each category:</p> <ul style="list-style-type: none"> • Assessment • Planning • Implementation • High priority (active) Monitoring and Evaluation • Low priority (passive) monitoring and evaluation • Reassessment <p>8. Number of people on waiting list of service per month. Provide count of each category:</p> <ul style="list-style-type: none"> • Assessment • Planning • Implementation • Reassessment <p>9. Number of referrals received per month</p> <p>10. Number of assessments completed</p> <p>11. Number of training events held</p> <p>12. Number of people attending training events</p>
DSS220	Eligibility assessment	Assessment	Quarterly	
DSS220	Specialist Support	Service	Quarterly	
			Quarterly	<p><i>Narrative</i></p> <p>1. Number of people referred for service per month by NASC</p> <p>2. Information about identified service gaps</p> <p>3. Areas of growing demand</p> <p>4. Issues as identified by the Provider</p> <p>5. Progress towards development of outcome measurement methodology as per section 8.5</p> <p>6. Content of training events</p>

- Narrative reports can be submitted at any time if there are issues that you wish to raise e.g. that impact on the service's ability to respond to referrals.
- Templates supplied by you will require a monthly information breakdown but will be submitted quarterly.

Glossary of Terms

Definition of Disability

"A person with a disability is someone who has been assessed as having a physical, psychiatric, intellectual, sensory or age related disability (or a combination of these) which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required"

Needs Assessment

Is when the needs assessment facilitator meets with the person, and other key people such as family, caregivers, and other significant people, to work out and then prioritise the person's needs. This may take several, or ongoing, meetings. The purpose of the process is to decide what a person needs to achieve and maintain independence in accordance with their abilities, resources, culture and goals.

A persons needs may also include the needs of their family/whanau and carers; their recreational, social and personal development needs; their training and education needs; and their vocational and employment needs.

Needs Assessment and Service Coordination Agencies (NASC)

The Ministry of Health funds these agencies. Their roles are first to assess people's needs, and then to coordinate other services to meet those needs.

Challenging behaviour – can be defined as either:

"Severely challenging refers to behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities." (Emerson et al. 1987) or,

"On an everyday basis the negotiation of the label 'challenging behaviour' is a social process. Although there will undoubtedly be some people about whom there will be a wide measure of agreement, there will be others about whom opinions differ across the range of people involved in their care. The person him/herself may also have a view on the matter." (Qureshi 1994)

Definition of Intellectual Disability

The Ministry of Health Disability Services Directorate is reviewing many of the definitions used. In October 2001 the only definition of intellectual disability that the Ministry is mandated to use is in that found in The New Deal:

Intellectual Disability – Permanently impaired learning ability (usually from birth) which prevents or inhibits people from developing the range of physical and social skills usually found in a person of that age.

The Disability Services Directorate also recognises the American Association of Mental Retardation (AAMR) definition of intellectual disability:

"Mental retardation refers to substantial limitations in present functioning. It is characterised by: Significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas:

<ul style="list-style-type: none">• communication• self-care• home living• social skills• community use	<ul style="list-style-type: none">• self-direction• health and safety• functional academics• leisure• work
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Mental retardation manifests before age 18."¹

Dual Diagnosis

The presence of intellectual disability and a concurrent mental health disorder.

High and Complex Strategy

A strategy developed by the former Health Funding Authority to meet the needs of those people with intellectual disability and who have significantly challenging behaviours. The criteria for access to these services are:

1. Show behaviour which poses a serious risk of physical harm to themselves or others

AND

2. Any of a - c below

- a) Access is limited or prevented not only to ordinary opportunities and facilities, but also to mainstream disability support services

Or

- b) Appears to manifest a psychiatric disorder, requiring mental health professional assistance for assessment, treatment or management

Or

- c) Behaviour results in a breach of law, requiring involvement of criminal justice personnel (including Police, Correction or the Courts)

Regional Intellectual Disability Care Agencies (RIDCA)

Provide a function similar to the NASC agencies, but is specifically providing assessment and coordination services for those people who meet the criteria for eligibility for high and complex behavioural needs service provision.

Regional Intellectual Disability Supported Accommodation Services (RIDSAS)

Services provided for those people who meet the criteria for eligibility for high and complex behavioural needs service provision. Services provided are:

1. Residential care (secure and supervised)
2. Supported living
3. Emergency short term care
4. Respite care
5. Vocational services

Regional Intellectual Disability Secure Services (RIDSS)

Services provided for those people who pose such a risk as to require secure hospital based services, or who are required to receive services with this level of security through direction of the courts. Services are provided by District Health Board contracted services.