

Therapy and Assistive Technology/Equipment Operational Protocols

Between the Ministry of Education
and the Ministry of Health

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Introduction

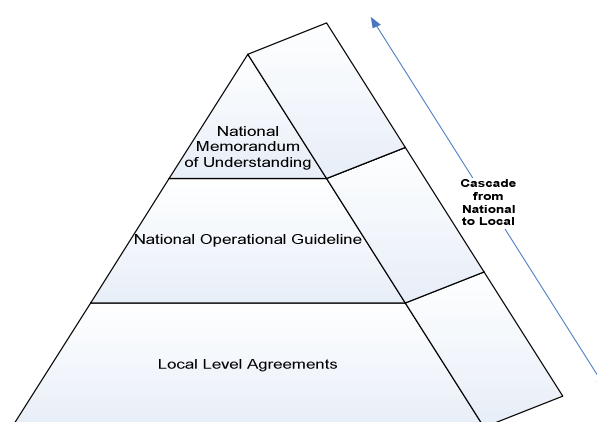
In 1997 the Ministry of Education and the then four Regional Health Authorities developed a protocol to clarify funding responsibility for the provision of assistive technology/equipment for children and young people with disabilities, and to resolve long standing confusion over roles and responsibilities. This was revised in 1999 and, in the same year, a second protocol that addressed the provision of therapy services was developed by the Ministry of Education and what was then the Health Funding Authority.

In 2008, the Ministry of Education, Special Education, and the Ministry of Health Disability Services Directorate commissioned an independent review of the protocols. The report from the review, titled *Recommendations and Findings Report for the Ministry of Education and the Ministry of Health, 2009*, outlined a strategic framework comprised of the following components:

1. **Memorandum of Understanding** – demonstrates joint Ministry leadership and a shared commitment to working together and continuing to provide quality services; and
2. **Operational Guideline¹** – details the principles and expectations of the services including their respective roles and responsibilities of each agency; and
3. **Local level agreements** – outline how health and education services will work together to deliver quality services at the local level (e.g. District level), including how people will work together, who the key players are and what is required of each party.

The Memorandum of Understanding and the Operational Guideline are national documents outlined in this paper. A template is also provided for a Local Level Agreement (LLA) for health and education managers. The following diagram shows how the three components fit together to align national and local agreements and practice.

Diagram 1: National to Local Level Agreements



¹ Previously known as the Therapy and Equipment Protocols

The following table shows the different components of the framework, the primary and secondary users of each component and the key purpose of each level.

Table 1: Who will use the documents?

DOCUMENT	WHO WILL USE IT THE MOST (Primary Users)	WHO MAY REFER TO IT AT TIMES (Secondary Users)
Memorandum of Understanding	Ministries of Education and Health, and District Health Boards <ul style="list-style-type: none"> ▪ Outlines joint commitment and leadership 	District and Local Managers <ul style="list-style-type: none"> ▪ Context to the national operational protocol
National Operational Guidelines	Therapists, Specialist Assessors, Equipment and Modification Services' providers, Specialist Assessment Service providers <ul style="list-style-type: none"> ▪ Guide daily work and decision making 	District and Local Managers, Service Managers, School Principals and Allied Health Professional Leaders and Advisors <ul style="list-style-type: none"> ▪ Guide daily work and decision making ▪ Support for staff ▪ Assist with development of local level agreements ▪ Assist with issue resolution
Local Level Agreement	Therapists, Specialist Assessors <ul style="list-style-type: none"> ▪ Support development of local relationships across services and sectors ▪ Support staff 	District and Local Managers, General Managers and Service Managers, Boards of Trustees and other interested parties <ul style="list-style-type: none"> ▪ Guide local work across sectors ▪ Clarify roles, responsibilities and how these relate

Speech Language Therapy

A key question asked throughout the review was whether speech language therapy should be included in the Operational Protocol. Generally there is agreement that it should be included, however further work to clearly define roles and responsibilities, is required to achieve this.

Speech language therapy is therefore included in the Memorandum of Understanding to indicate the two Ministries' willingness to progress this. Speech language therapy is not yet included in the Operational Guideline or the Local Area Agreements.

Part 1. Memorandum of Understanding



Memorandum of Understanding Therapy and Assistive Technology/Equipment Services

Ministry of Education
Special Education
and
Ministry of Health

Disability Services, Health and Disability
National Services Directorate

Effective Date:	June 2010
Status:	Final (Feb 2010)
Developed by:	Ministry of Health Ministry of Education
To be Reviewed:	By June 2013

1.1 Parties

This Memorandum of Understanding is between:

The Deputy Secretary Special Education, Ministry of Education

and

The Deputy Director-General, Health and Disability National Services Directorate,
National Health Board Business Unit, Ministry of Health

Together these are the “the Parties” to this Memorandum of Understanding.

The Parties agree that their respective organisations and relevant contracted agencies will endorse and adhere to this Memorandum of Understanding at all levels of operations.

1.2 Scope of the Memorandum of Understanding

The Memorandum of Understanding relates to the provision of physiotherapy, occupational therapy, speech language therapy services and assistive technology/equipment services (“the Services”) for children and young people with disabilities who are:

- enrolled in a state or state-integrated school, in correspondence school, or are in a private school or home schooled; and
- eligible to receive Special Education funding; and/or
- eligible for Ministry of Health Disability Support Services in accordance with the criteria set out below.

The following criteria must be satisfied to be eligible for Ministry of Health Disability Support Services:

“A person who has been identified as having a physical, intellectual and/or sensory disability (or a combination of these) which is likely to continue for a minimum of six months and results in a reduction of independent function to the extent that ongoing support is required.”

Source: Ministry of Health, 1997

Children and young people with disabilities who meet the above criteria are referred to in this Memorandum of Understanding as “children and young people”.

1.3 Responsibilities

Special Education is part of the Ministry of Education and is responsible for providing specialist education services for children up to the age of 21 years who have barriers to learning. The Ministry of Health is responsible for the planning and the funding of Disability Support Services to children and young people with disabilities.

1.4 Background

In 2008, the Protocols between the Ministries of Health and Education that guided therapy and assistive technology/equipment services were reviewed.

The review recommended that a strategic framework that gives context to the operational protocol be developed, based on the following three components:

1. Memorandum of Understanding
2. Operational Guideline (previously known as Therapy and Equipment Protocols)
3. Local level agreements.

This Memorandum of Understanding has been developed as a result of those recommendations.

1.5 Purpose

The purpose of this Memorandum of Understanding is for the Parties to identify and record agreed principles that are established for the purpose of improving access to services and outcomes for eligible children and young people with a disability.

The aim of this Memorandum of Understanding is to support collaborative working relationships across the education and health sectors, and to enable appropriate and consistent decision making at all levels.

This Memorandum of Understanding should be read in conjunction with the Operational Guideline. It is based on goodwill and cooperation between the Parties to achieve the best outcomes for children and young people. The provisions of this Memorandum of Understanding are subject to New Zealand law, any government directive and any policy change.

Where changes to government policy affect the purpose and functions of this Memorandum of Understanding, each agency will inform the other of those changes as early as possible and meet to amend any agreed aspects of this Memorandum of Understanding.

Any feedback on the effectiveness of this Memorandum of Understanding, the accompanying practice guidelines, and how they can be improved should be sent to both Parties' nominated contact people (see Appendix A).

1.6 Review

Both Parties will review this document against its purpose, taking account of the perspective of users and the Ministries, by June 2013.

1.7 Principles

The principles of this Memorandum of Understanding are that:

1. The best interests of the child and young person are the primary concern and purpose of the Services.
2. The Parties will develop and foster collaborative working relationships to provide the Services at all levels.
3. Best practice and professional standards will be adhered to.
4. Employees and contracted agents of the Ministries of Education and Health will work together and co-operate with each other in undertaking their respective duties and responsibilities.
5. Employees and agents of the Ministries of Education and Health will work together and co-operate with each other to find solutions in a timely manner.
6. When assistive technology/equipment is required for education and health reasons, the organisations will take responsibility for identifying a lead agency and therapist.
7. The Parties agree to work flexibly together and to provide the Services across a range of environmental settings.
8. This Memorandum of Understanding and the Operational Guideline will serve as the basis for local level agreements. The local level agreements will outline how health and education services will work together to deliver quality services.
9. The Parties will collaborate to make the best use of available resources.
10. The provision of service continuity for the child or young person is a priority in decision making processes.

1.8 Confidentiality

The Parties acknowledge that disclosure of information is subject to the Official Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1993.

Each Party will consult with the other before disclosing information relating to operational matters covered by this Memorandum of Understanding, as required by law, and each Party will only disclose that information in accordance with the law.

1.9 Amendments

This Memorandum of Understanding may be varied from time to time by mutual agreement between the Parties.

With each variation, a new document including the variation(s) will be produced, agreed and then signed and distributed by the Parties. Each new document, if any, will be available on the Parties' websites:

www.moh.govt.nz

www.minedu.govt.nz

The Parties' relationship managers will be responsible for the destruction of a redundant Memorandum of Understanding, distribution and retention of any new Memorandum of Understanding.

1.10 Term

This Memorandum of Understanding will commence on **1 June 2010** and terminates on **31 December 2013**, unless earlier terminated by either party by serving to the other party three months' notice in writing of the intended termination.

1.11 Execution

Signed by the Deputy Secretary, Special Education, Ministry of Education

Signature  _____

Name: Nicholas Pale

Date: 31 May 2010

Signed by the Deputy Director-General, Health and Disability National Services, National Health Board Business Unit, Ministry of Health

Signature  _____

Name: Geraldine Walsh

Date: 8 June 2010

Appendix A Contact People

Ministry of Education

Contact Person/Position:	Practice Leader, High and Complex Needs (for occupational therapy and physiotherapy) Practice Leader Communication (for speech language therapy) National Coordinator (for assistive technology)
Postal Address:	Ministry of Education, P O Box 1666, Thorndon, Wellington
Phone:	(04) 463 8910

Ministry of Health

Contact Person/Position:	Development Manager, Children and Youth (for therapies) Development Manager, Environmental Support Services (for equipment)
Postal Address:	Ministry of Health, P O Box 5013, Wellington
Phone:	(04) 496 2000

Part 2. Therapy and Assistive Technology/Equipment Operational Guideline: Roles and Responsibilities



Operational Guideline

Occupational Therapy, Physiotherapy Services and Assistive Technology/Equipment

Between the Ministry of Education and Ministry of Health

Effective 2010

Effective Date:	June 2010
Status:	Final (Feb 2010)
Developed by:	Ministry of Health Ministry of Education
To be Reviewed:	3 yearly

2.1 Purpose

This Operational Guideline identifies health and education roles and responsibilities as they relate to the funding and provision of occupational therapy and physiotherapy services² and assistive technology/equipment to children and young people with disabilities. The Guideline provides the operational procedures to support the Memorandum of Understanding entered into between the Ministries of Health and Education (“the Parties”).

The purpose of this Guideline is to achieve the best possible service delivery and outcomes for children and young people, and their family/whānau by:

- Fostering cooperation and collaboration between the Parties to provide flexible and child and young person focussed services
- Setting out roles and responsibilities
- Clarifying funding responsibilities
- Assisting referrers to understand appropriate referral pathways

This Operational Guideline will be used by providers of:

- Therapy services
- Assistive technology/equipment services
- Equipment and Modification Services (EMS) providers
- Accredited assistive technology/equipment assessors and registered assessors
- Fund manager specialist providers

It may also be referred to by:

- Children and young people and their families/whānau
- Schools
- Education fund managers
- Managers and providers of therapy services and/or assistive technology/equipment services
- Referrers

² Work is underway to also include Speech Language Therapy in this Operational Guideline but at the time of writing that work was not complete.

Assistive Technology is sometimes called ‘specialised equipment’ or ‘assistive equipment’ and can be described as:

“simply anything that can help a person with disabilities to do something they cannot do, or help them to do it better than they can without it”.³

Throughout these Guidelines the term Assistive Technology includes technology devices such as computer hardware and software products as well as vision equipment, specialised seating, tables and hearing devices⁴.

2.2 Principles

The principles outlined in the Memorandum of Understanding guide this Operational Guideline and they are repeated here for easy reference:

1. The best interests of the child and young person are the primary concern and purpose of the services.
2. The Parties will develop and foster collaborative working relationships to provide the services at all levels.
3. Best practice and professional standards will be adhered to.
4. Employees and contracted agents of the Ministries of Education and Health will work together and co-operate with each other in undertaking their respective duties and responsibilities in relation to therapy, and the assessment and provision of assistive technology/equipment for eligible children and young people with disabilities.
5. Employees and agents of the Ministries of Education and Health will work together and co-operate with each other to find solutions for those children and young people both services are involved with, and in a timely manner.
6. When assistive technology/equipment is required for education and health reasons, the organisations will take responsibility for identifying a lead agency and therapist.
7. The Parties agree to work flexibly together to provide the services across a range of environmental settings.
8. This Memorandum of Understanding and the Operational Guideline will serve as the basis for local level agreements. The local level agreement will outline how health and education services work together to deliver quality services.
9. The Parties will collaborate to make the best use of available resources.
10. The provision of service continuity for the child or young person is a priority in decision making processes.

³ Ministry of Education, Assistive Technology Guidelines, 2009

⁴ *ibid*

2.3 Legislative Strategic and Policy Context

This Operational Guideline fits within a wider strategic context of national legislation, strategies and policy. The most notable of these are outlined in the following table.

Table 2: Legislative Strategic and Policy Context

TYPE	TITLE
Legislation	<ul style="list-style-type: none"> ▪ The Education Act of New Zealand 1989 ▪ New Zealand Privacy Act 1994 ▪ The Code of Health and Disability Services Consumers' Rights 1996 ▪ The New Zealand Health and Disability Act 2000 ▪ Health Practitioners Competence Assurance Act 2003
International conventions	<ul style="list-style-type: none"> ▪ United Nations Convention on the Rights of Persons with Disabilities 2006
Strategies	<ul style="list-style-type: none"> ▪ The New Zealand Disability Strategy 2001 ▪ The New Zealand Carers Strategy 2008
Policies, Standards, Guidelines	<ul style="list-style-type: none"> ▪ National Education Guidelines 1993 ▪ Special Education 2000 ▪ To Have an “Ordinary” Life - Kia Whai Oranga “Noa” 2003 ▪ Allied Health Services Sector Standard NZS 8171:2005 ▪ Specialist Service Standards for Education, Special Education 2006 ▪ Equipment and Modifications Services Manual, Ministry of Health 2007 ▪ The New Zealand Curriculum Framework 2007 ▪ Assistive Technology Guidelines, Ministry of Education 2008 ▪ DSS Child Development Service Specifications 2004

2.4 Purpose of the Services and Eligibility

Both the Ministries of Health and Education have guiding principles, purpose and eligibility for the services they oversee or deliver. These are summarised below.

Table 3: Overview of Service Purpose

Purpose of the Services	
HEALTH SECTOR	EDUCATION SECTOR
<p>Services occur within the parameters of the Ministry of Health service specifications and these are part of contracts with providers.</p> <p>The vision is for disabled people to live in their homes and participate in their communities as other New Zealanders do⁵.</p> <p>Services focus on:</p> <ul style="list-style-type: none"> ▪ Enabling and promoting functional independence within each child or young person’s own context ▪ Enabling families and whānau to care for their children and young people as independently and as safely as possible <p>Services can be delivered in any setting that is relevant to the child or young person’s needs.</p>	<p>Services occur within the context of the NZ Curriculum Framework 2007 including key competencies and learning areas.</p> <p>Services focus on:</p> <ul style="list-style-type: none"> ▪ Removing, reducing or overcoming barriers to educational achievement ▪ Achieving presence, participation and learning, as well as promoting functional independence in the educational setting(s) ▪ Assisting with the achievement of objectives and learning outcomes ▪ Supporting the student in the context of their classroom and other learning environments <p>Services can be delivered in any setting that is relevant to the child or young person’s needs.</p>

⁵ <http://www.moh.govt.nz/disability>

Table 4: Overview of Eligibility to Receive Services

Eligibility	
HEALTH SECTOR	EDUCATION SECTOR
<p>Health funded Disability Support Services are available to people who meet the following Ministry of Health definition:</p> <p><i>“A person with a disability is a person who has been identified as having a physical, intellectual or sensory 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”.</i>⁶</p> <p>For more information see:</p> <p>www.moh.govt.nz/eligibility</p> <p>http://www.moh.govt.nz/moh.nsf/pagesmh/5238/\$File/disability-service-spec-child-development-services.pdf</p>	<p>Students with special education needs and disabilities are supported under the <i>Special Education 2000</i> policy framework. To be eligible for education services the child or young person must be:</p> <ul style="list-style-type: none"> ▪ enrolled in a registered school (compulsory education including independent schools and the correspondence school), or formally exempted from school and being home schooled <p>And</p> <ul style="list-style-type: none"> ▪ aged between five and 19 years (or up to the end of the year they turn 21 if they have a Section 9 Special Education Agreement) <p>For more information see:</p> <p>www.minedu.govt.nz/educationSectors/SpecialEducation/</p>
<p>The Parties are not responsible for funding if the child or young person is eligible for cover and entitlement through the Accident Compensation Commission.</p>	

⁶ Some children and young people who do not meet the Disability Support Services definition may be eligible for services. For example, children with chronic medical conditions may be eligible for Equipment and Modification Services under the Long Term Support Chronic Health Conditions funding stream.

2.5 Occupational Therapy and Physiotherapy Services

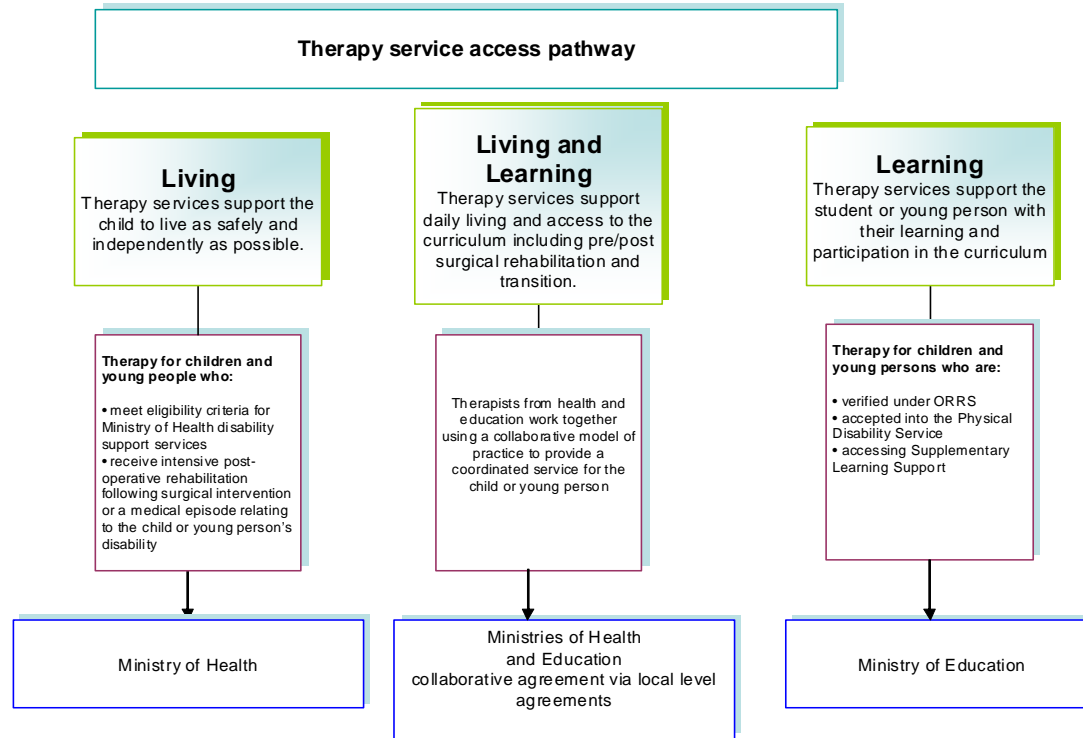
Specific roles and responsibilities relating to Occupational Therapy and Physiotherapy Services are outlined in this section.

Table 5: Eligibility for Therapy services

Therapy - Eligibility		
	HEALTH SECTOR	EDUCATION SECTOR
Therapy	<ul style="list-style-type: none"> ▪ Children and young people will be eligible for consideration for health funded occupational therapy and physiotherapy where they are: ▪ Eligible for Ministry of Health Disability Services ▪ In need of intensive therapy prior to, or intensive rehabilitation following, a medical or surgical intervention related to the child or young person's disability⁷ 	<ul style="list-style-type: none"> ▪ Students will be eligible for consideration for education funded occupational therapy and physiotherapy where they are: ▪ Verified under the Ongoing and Reviewable Resourcing Schemes (ORRS) ▪ Accepted into the Physical Disability Service ▪ Accessing the Supplementary Learning Support initiative

⁷ Where intensive rehabilitation is required to optimise the surgical/medical outcomes for a child or young person, the type, term and intensity of the rehabilitation will be based on individual need. Education and Health therapists will work together to implement the post surgical rehabilitation program.

Diagram 2: Therapy Service Access Pathway



While this Operational Guideline clarifies service and funding responsibilities, and sets out the requirement for the provision of the services to be flexible and child and young person focussed, it does not commit either Party to provide these services for all referred students. Only those referrals that meet the eligibility criteria will be accepted. Availability of funding and relative priority for access will determine actual service delivery at the local level.

Table 6: Overview of who provides services and key linkages

Therapy - Overview of who provides services and key linkages		
Therapy	HEALTH	EDUCATION
	<p>Who provides services</p> <p>Most of the contracted providers of acute and community based therapy services to families with children or young people with a disability are District Health Board Child Development Services and teams. The remainder are Community Health Teams, and independent agencies or Trusts contracted by the Ministry of Health.</p>	<p>Who provides services</p> <p>Education funded therapies may be provided through the Ministry of Education, Special Education who may also contract either Health therapists or therapists in private practice.</p> <p>Some schools are fund-holders and provide specialist services. Schools may also hold the Service for Physical Disabilities contract. All of these arrangements are under agreement with the Ministry of Education.</p>
	<p>Linkages</p> <p>1. Family and whānau needs must be considered as part of the assessment and therapy processes.</p> <p>Students, family and whānau , teachers, service providers, and/or contractors of services for students with disabilities will work together to determine the most appropriate therapy services as agreed through a Support Plan or Individual Education Plan.</p> <p>2. Therapists will have appropriate links with a full range of people, services and agencies in order to meet the individual needs of each child or young person. These could include, but are not limited to:</p> <p>Parents/ whānau, school staff, health or education therapists, other specialists such as dieticians, doctors, orthotists, audiologists, and contracted services such as wheelchair and seating, or assistive communication.</p>	

2.6 Assistive Technology/Equipment

Assessment for access to assistive technology/equipment to be considered by the Ministry of Health is through specialised assessors⁸. Assessment for access to assistive technology/equipment to be considered by the Ministry of Education is through school or Special Education staff (specialised assessor accreditation is not required). If the education assessor is also an accredited specialised assessor, and they have appropriate skills and experience, they may also apply for health funded equipment for the child or young person. Complex assistive technology/equipment assessment may require a referral to a specialised assessment service (e.g. communication assistive technology, wheelchair or seating).

Joint funding of high cost assistive technology/equipment (i.e. with a total value of \$5,000 or more) will be considered where appropriate. In these cases there will be collaboration between both the health and education assessors from the beginning of the assessment process.

Table 7: Eligibility for assistive technology/equipment services

Assistive technology/equipment - Eligibility		
ASSISTIVE TECHNOLOGY EQUIPMENT	HEALTH SECTOR	EDUCATION SECTOR
	Children and young people who meet general eligibility criteria and have specific needs relating to living as safely and independently as possible as outlined in the Equipment and Modifications Services' Equipment Manual, Ministry of Health, 2007	Students are eligible for Education funded assistive technology and other assistive technology/equipment services where they are supported through any of the current Special Education initiatives ⁹ as outlined in the Ministry of Education Assistive Technology Guidelines, 2008.

⁸ Information available at <http://www.enable.co.nz/services/specialised-assessors>

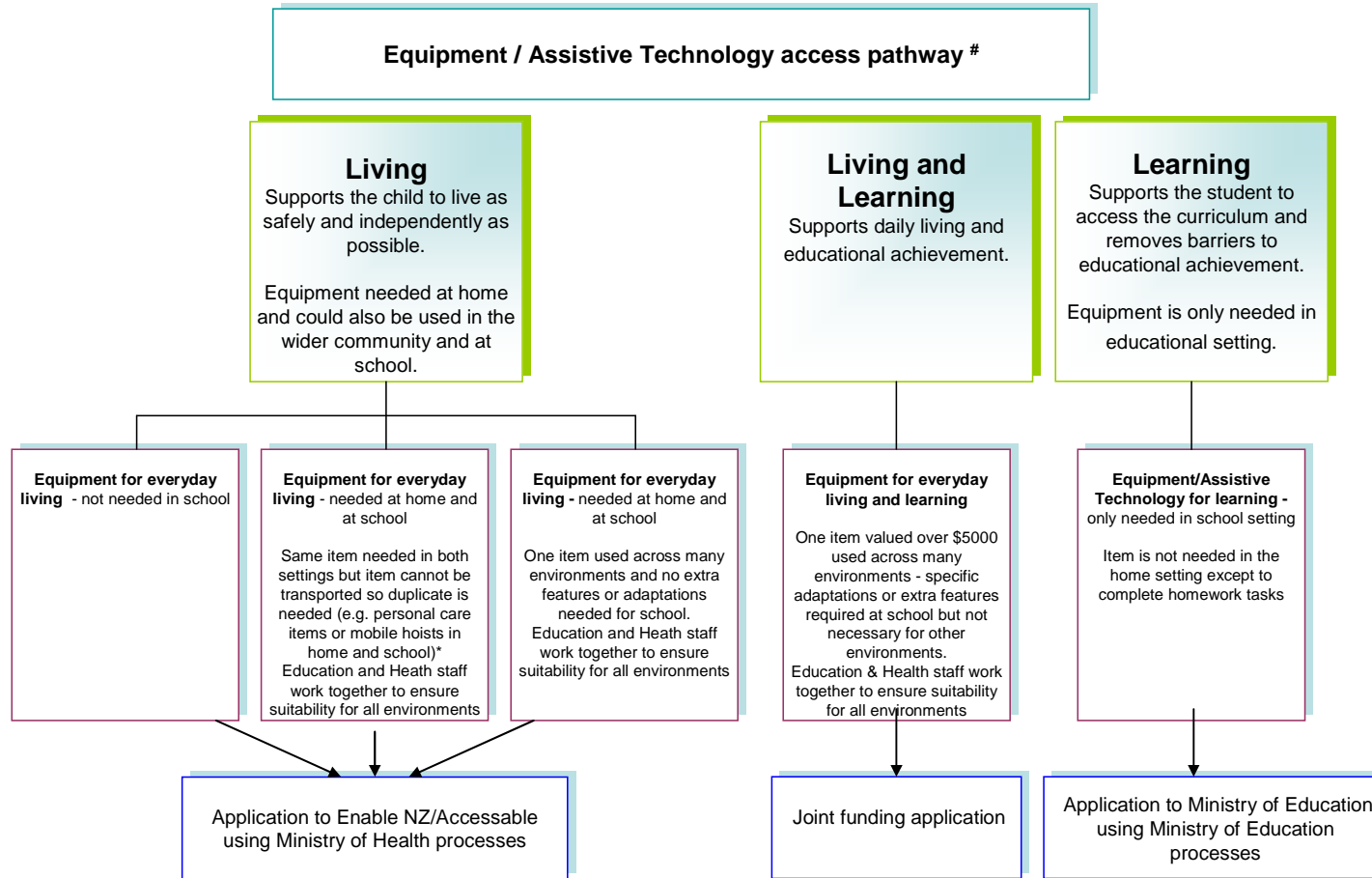
⁹ Examples of initiatives are: ORRS, Speech Language (Communication) Initiative, Severe Behaviour Initiative, Resource Teachers: Learning and Behaviour (RTL), Supplementary Learning Support (SLS), Physical Disability Service, School High Health Needs Fund, Special Education Grant

Table 8: Assistive Technology/Equipment Funding Responsibilities

Assistive technology/equipment - Funding responsibilities				
ASSISTIVE TECHNOLOGY EQUIPMENT		Ministry of Health	Ministry of Education	Joint Funding
	What is the primary need for the equipment?	To support the child in his/her daily living	To support the student in his/her learning	To support the child in both daily living and learning One equipment item, with a total value of over \$5000*, which will have different or additional features for use in both settings
	What will the equipment be used for?	To assist the child and/or his/her family or whānau to live as safely and independently as possible Examples: <ul style="list-style-type: none"> • face to face communication • personal care • wheelchair • standing frame 	To remove barriers to educational achievement Examples: <ul style="list-style-type: none"> • written communication • physical access to classroom resources • alternative access to classroom resources 	To assist with independence and safety at home and in the community and accessing the curriculum Examples: <ul style="list-style-type: none"> • face to face communication and written communication • height adjustable wheelchair
	Where will the equipment mainly be used?	All settings – at home, at school and (in some cases) in the community	Only in the school setting	All settings – at home, at school and in the community. Joint funding is defined by task not setting.
	Who will undertake the assessment?	Accredited Specialised Assessors	Education personnel	Joint assessment with both Health and Education assessors and application to both agencies

*If request meets the joint funding criteria but the total value of the item is under \$5000, responsibility is determined by primary purpose. If the primary purpose is to remove barriers to educational achievement, the Ministry of Education retains responsibility. If the primary purpose is to assist the child to live as safely and independently as possible, the Ministry of Health retains responsibility.

Diagram 3: Assistive Technology/Equipment Access Pathway



#All applications are subject to each Ministry's eligibility and priority criteria and availability of funding

* In some exceptional cases equipment needed in school may be funded by Education

Table 9: Who provides services and key linkages

Assistive Technology/Equipment - who provides services and key linkages		
	HEALTH	EDUCATION
ASSISTIVE TECHNOLOGY EQUIPMENT	<p>Who provides services</p> <p>Assessment for health funded equipment is undertaken by accredited assessors who may be health or education therapists</p> <p>The Ministry of Health contracts two agencies to provide Equipment and Modification Services in New Zealand¹⁰. Specialised accredited assessors make applications to these agencies for equipment, vehicle modifications and housing modifications.</p> <p>Equipment approved for funding will be provided from store (reissued) or, if this is not available, purchased new for the child or young person.</p>	<p>Who provides services</p> <p>Assessment for education funded assistive technology is undertaken by Special Education or school staff, including those in fund-holder and special schools.</p> <p>Applications are submitted to moderation teams at the Ministry of Education for consideration.</p> <p>Assistive technology approved for funding will be provided from store (reissued) or, if this is not available, purchased new for the child or young person.</p>
	Linkages	
	<p>Both the Ministries of Health and Education will collaborate and work together to undertake joint assessments and joint application processes where appropriate.</p>	

¹⁰ *accessable* provides services for Auckland and Northland, and Enable New Zealand provides services for the rest of New Zealand.

2.7 Exclusions and Constraints

This Operational Guideline does not cover the following:

- Speech Language Therapy services¹¹.
- The provision of services for children or young people before they are enrolled in a school or after they leave school. In both instances, the services may be funded by the Ministry of Health if the person meets the eligibility criteria.
- Children and young people eligible for ACC entitlements are excluded from accessing Health services¹². There is an ACC and Education Protocol that distinguishes between rehabilitation, safety and whole of life (ACC), and removal of barriers to learning (Education).

Both Parties have responsibilities for funding therapy and assistive technology/equipment services within finite budgets. The provision of the services must be cost-effective and provided within available budgets.

While this Operational Guideline clarifies service and funding responsibilities, and sets out the requirement for services to be flexible and focussed on children and young people, it does not commit either Ministry to provide these services for all referred students. Only those referrals that meet the eligibility criteria will be accepted. Availability of funding and relative priority for access will determine actual service delivery.

¹¹ It is intended that Speech Language Therapy will be included in the future but further work is required to achieve this.

¹² Health's funding criteria states: "Where a person has a disability which is the result of personal injury by accident which occurred on or after 1 April 1974 it should be determined whether they are eligible for entitlements from the Accident Rehabilitation and Compensation Insurance Corporation."

2.8 Student Transitions

Transitions can be stressful for the child or young person and their family/whānau. It is important that a special focus on flexibility and cooperation and collaboration across the sectors occurs at this time. Transition is viewed as a process and not as an event. It should be planned for in a way that reflects this.

Transition processes that facilitate smooth transfers for children or young persons from health into education services and from education into health services will be used if required. There may also be transitions between schools. The primary service will need to instigate a timely transition planning process, involving the child or young person at the centre of planning. The process is typically multi-disciplinary and across both health and education sectors for those with complex needs. Where required, there will also be an interface with other key agencies who are involved in the child or young person's life, such as a paediatrician, Needs Assessment and Service Coordination, or other Health professionals.

A clear distinction needs to be made between the transition needs of the child or young person and those of their family as, at times, they may be different.

Refer to 4.3: *Asset Transfer Protocol 2006* for detail on asset transfers.

Table 10: Transitions Roles and Responsibilities

HEALTH	EDUCATION
<p>Depending on the child or young person's needs, planning may need to start over a year in advance of the school start date, especially if specialised equipment is needed.</p> <p>Health and education services will be involved in joint planning processes.</p>	<p>The Special Education early intervention team, or an alternate provider, is the lead service for planning the transition into school. Planning may need to start over a year in advance of the transition, especially if facility modifications, and/or assistive technology is needed.</p> <p>Education is the lead service for planning for transition out of school. Effective planning starts as early as age 14 for those with high or complex needs¹³.</p>

¹³ Guidelines on Transition Planning are being developed but at the time of writing were not complete.

2.9 Resolving Differences

Where service or funding responsibilities are not clear, local staff, and their managers, involved with the child or young person should work together to resolve the matter. It is expected that, with collaboration, most issues will be resolved at the local level in a timely way and in the best interests of the child or young person.

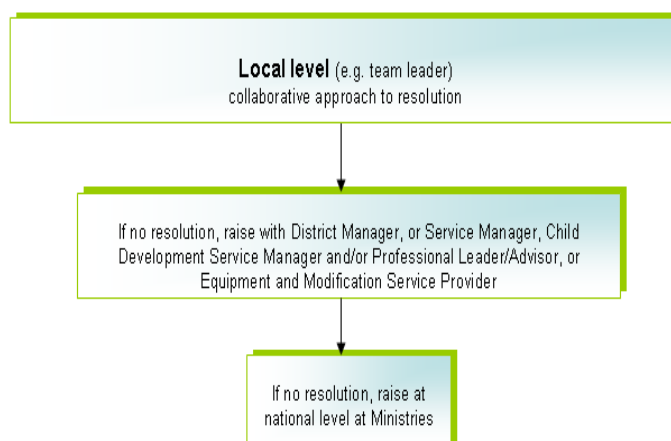
If the matter is not resolved, the issue should be referred to:

Therapy: the District Manager in Special Education and/or the Child Development Service Manager and/or Professional Leader/Advisor in the District Health Board.

Equipment: the District Manager in Special Education and/or the Equipment and Modification Service Providers for the Ministry of Health.

If, after due consideration, resolution is not achieved at a local or district level, the managers can escalate the issue to the contact people in the Ministry of Health and/or Ministry of Education. See Appendix B for contact details.

Diagram 4: Resolving Differences



The above diagram is detailed further in Table 11 which shows the roles and people involved.

Table 11: Resolving Differences Roles and Responsibilities

	Health	Education
Local	Child Development Services Managers or Specialised Assessment Services	Service Managers
District/Regional	Enable New Zealand or <i>accessible</i>	District Managers/Regional Managers
	Child Development Service Manager and/or Professional Leader/Advisor	District or Regional Technology Coordinator
National	Development Manager Child and Youth (for therapies) or Development Manager, Environmental Support Services (for equipment)	Practice Leader High and Complex Needs (for therapies) or National Coordinator Assistive Technology (for equipment)
	For assistive technology/equipment only: Health and Education Joint Review Panel	

2.10 Monitoring

The Parties agree to monitor therapy and assistive technology/equipment provision and to inform other parties if gaps, overlaps or other issues emerge. This will be an ongoing process throughout the year and existing forums will be used to gather feedback, e.g. the regular Child Development Teams and Ministry of Health meetings, Regional Education meetings, regular Assistive Technology Joint Ministry of Education and Ministry of Health meetings.

In addition, feedback can be given to either of the Parties through the Education District Managers, Child Development Service Managers and *accessible* and Enable New Zealand. If there are any issues identified that are associated with this Operational Guideline, the contact people identified in Appendix B should be notified. Any amendments to the Operational Guideline will be made in writing and will be subject to agreement by both Ministries.

2.11 Status, Term and Review of the Operational Guideline

This Operational Guideline replaces all previous Protocols and understandings regarding service and funding responsibilities for provision of occupational therapy, physiotherapy and assistive technology/equipment services for school-aged children and young people with disabilities.

This Operational Guideline is effective from **1 June 2010** and will be reviewed three yearly. The review process will be initiated jointly by the Parties, and will involve seeking input from key stakeholders. The reviews will include considering the effectiveness of the Operational Guideline against its purpose.

Appendix B Ministry Contacts

Ministry of Education

Contact Person/Position:	Practice Leader, High and Complex Needs (for occupational therapy and physiotherapy) National Coordinator - Assistive Technology
Postal Address:	Ministry of Education, P O Box 1666, Thorndon, Wellington
Phone:	(04) 463 8910

Ministry of Health

Contact Person/Position:	Development Manager, Children and Youth (Therapies) Development Manager, Environmental Support Services (Equipment)
Postal Address:	Ministry of Health, P O Box 5013, Wellington
Phone:	(04) 496 2000



MANATU HAUORA



Part 3.

Local Level Agreement

Local Level Agreement Template

Effective 2010

Effective Date:	June 2010
Status:	Final (Feb 2010)
Developed by:	Ministry of Health Ministry of Education
To be Reviewed:	3 yearly

3.1 Introduction

The local level agreements describe, at the local level (e.g. District level), how people will work together, who the key players are and what is required of each party. All local parties involved commit to the agreement, including the Ministry of Education, Special Education, special schools, fund-holding schools, child development services and any relevant Ministry of Health funded agencies. The agreement covers topics such as who will host joint meetings, how often meetings will be held, and dispute resolution processes.

The local level agreement occurs in consultation with local or District Managers/Service Managers of both the Education and Health services. Appropriate parties are brought together to discuss and agree to the details of the agreement. Both management and practitioners are represented at this meeting and there is an inclusive feedback process so those who will be affected by the agreement have an opportunity to feed in to it. Ongoing review processes allow further input.

The following is an example of a template that may form the basis of a local level agreement. It is expected that local level agreements will have different content due to local solutions and service configurations.

3.2 Template

LOCAL LEVEL AGREEMENT TEMPLATE (example)

Title: Effective Interagency and Multidisciplinary Service Delivery of
Therapy and Assistive Technology/Equipment Services for School Students with Disabilities
for the XX District

This document forms a local level agreement (LLA) between:

Child Development Service
Name of DHB
Name of contact person
Address of organisation

Contact details

AND

Group Special Education
Xxx District
Name of contact person
Address of organisation

Contact details

AND

Name of any other relevant service (e.g. Health funded agencies, paediatricians, adult community health service)
Name of contact person
Address

Note: This agreement does not have an expiry date, but will be reviewed at pre determined periods)

BACKGROUND

In 2008 - 2009 there was a review of two national level operational protocols for therapy and assistive technology/equipment services for school children and young people with disabilities undertaken.

One of the review recommendations was that local level agreements are developed between key service delivery stakeholders to help improve collaboration, local level relationships and, ultimately, service delivery outcomes for children and young people and their families.

PURPOSE

The purpose of this LLA is to ensure there are agreed and active processes in place and established lines of communication to ensure a coordinated approach for children and young people requiring therapy and/or assistive technology/equipment services.

The LLA provides an avenue to recognise and formalise local arrangements and solutions between a range of agencies which are an important part of providing sustainable, efficient and effective services to children and young people, and their families/whānau.

WORKING CO-OPERATIVELY

Each party to this agreement recognises the importance of a coordinated approach to service planning and delivery, and will make their best efforts to involve each agency and refer children and young people between services where appropriate.

Where required, a team approach will be a feature of service delivery. For example, when post surgery When the same assistive technology/equipment is required in the home and at school and two items are required..... (Provide further detail of how this process will occur in practice).

Where there are common training opportunities, each party to this agreement will be invited to participate.

SERVICE PROMOTION

The parties will work together to promote the local service, profile how to access it and ensure referrers know who to refer to and when.

The parties will develop an easy to follow information sheet for families/whānau and others, which describes the local services and access pathways.

REFERRAL TO OTHER SERVICES

If appropriate, each party will tell the other where referral has been made to other services. For example, if a child or young person is referred to a surgeon or to another therapy service.

REGULAR LIAISON AND SERVICE DELIVERY REVIEW

Managers and therapists working for the parties to this agreement will meet at least **frequency** at **venue**, time **XX** to build relationships and networks. Topics for discussion may include:

- Case reviews where shared services have been delivered.
- Service delivery processes, monitoring, review and enhancement (pre-screening process, entry to services, satisfaction with services at all levels).
- Opportunities for improvement or enhancement to existing services and how we can continue to work together.
- Any other business.

The meetings will be chaired by the **who**. It will be decided if minutes will be kept of these meetings.

RESOLVING DIFFERENCES

Should a disagreement arise between any party to this agreement, each party will use their best efforts and act in good faith to promptly settle the disagreement?

The people directly involved in the disagreement should try to resolve the disagreement in the first instance before referring the disagreement to their respective managers.

Should first attempts to resolve a disagreement fail to achieve a satisfactory resolution, the **XXX** will be notified by **XXX** and a mediation process will be instigated if the disagreement is not settled within 20 working days.

All parties will continue to comply with all obligations of this LLA until the disagreement is resolved to ensure best services to children and their families continues.

AUTHORISATION

<p>Signed by:</p> <p>Name: _____</p> <p>Position: _____</p> <p>On behalf of (Organisation):</p> <p>_____</p> <p>Date:</p> <p>_____</p>	<p>Signed by:</p> <p>Name: _____</p> <p>Position: _____</p> <p>On behalf of (Organisation):</p> <p>_____</p> <p>Date:</p> <p>_____</p>
<p>Signed by:</p> <p>Name: _____</p> <p>Position: _____</p> <p>On behalf of (Organisation):</p> <p>_____</p> <p>Date:</p> <p>_____</p>	<p>Signed by:</p> <p>Name: _____</p> <p>Position: _____</p> <p>On behalf of (Organisation):</p> <p>_____</p> <p>Date:</p> <p>_____</p>

Part 4. Glossary, FAQs, Asset Transfer Protocol 2006 and References

4.1 Glossary

Term	Definition
Assessment ¹⁴	Assessment is the process of obtaining and interpreting information on children’s learning and development by probing, observing, recording, and documenting what children do and how they do it. It includes evaluation of the cultural, social and physical contexts within which learning and development occur. Assessment is cumulative and involves multiple sources of information.
Child and young person centred	A best practice way of working that puts the needs and outcomes of the child and young person at the centre of all planning and processes. It takes into consideration all relevant aspects of the person’s life such as environments, activities and other people who may be involved, e.g. family, other services.
Collaboration	Collaboration involves working with another or others on a joint activity or project, sharing information and expertise to create new ways of problem-solving, planning and decision-making. Collaboration involves the development of positive, respectful relationships.
Disability; definition of a person with a disability for Ministry of Health service eligibility criteria	<i>“A person with a disability is a person who has been identified as having a physical, intellectual or sensory 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”.</i>

¹⁴ Source: Specialist Service Standards, Special Education, 2006

Term	Definition
Family Centred Services	Family Centred Services are made up of a set of values, attitudes, and approaches to services for children and young persons with special needs and their families/whānau. Family Centred Services recognise that each family/whānau is unique; the family/whānau being the constant in the child or young person's life; and that they are the experts on the child or young person's abilities and needs. The family/whānau works with service providers to make informed decisions about the services and supports the child or young person and family/whānau receive. The strengths and needs of all family members are considered ¹⁵ .
Lead therapist	This is the therapist who is involved the most with the child or young person at any one time.
Physical Disabilities Contract/Service (Ministry of Education)	Students with physical disabilities receive services under what is known as the physical disabilities contract. Services are delivered by physiotherapists and occupational therapists from both the Ministry of Education, Special Education and from school specialist service providers
Ongoing and Reviewable Resourcing Schemes (ORRS) (Ministry of Education)	<p>The Ongoing and Reviewable Resourcing Schemes (ORRS) provide resources for a very small group of students throughout New Zealand with severe disabilities in the areas of learning, vision, hearing, mobility or language use and social communication. Most of these students have this level of need throughout their school years and are identified early in their development. Many receive a comprehensive early intervention service before they begin school.</p> <p>The ORRS provide funding on behalf of individual students for additional teacher time, specialist programmes and therapies, and paraprofessional (teacher's aide) support (where necessary). The funding is managed by each district office of the Ministry of Education, Special Education or an approved Accredited Special Education Service Provider (a school with accreditation to manage ORRS funds).</p>

¹⁵ Centre for Childhood Disability Research at McMaster University Website;
http://canchild.icreate3.esolutionsgroup.ca/en/childrenfamilies/about_fcs.asp

Term	Definition
Timely/timeframes	Different services may have different timeframes. However, there are good practices that determine when things should happen, e.g. referrals should be acknowledged promptly, an initial assessment timeframe should be negotiated, monitoring and reviewing of progress should happen regularly.
Transitions	Transitions occur when the child or young person changes setting or experiences a change in circumstances. Transitions may be significant for the child or young person, such as the change from home to an early childhood education service, or from school to vocational and support services. For many children, changes of teacher or classroom may also require careful planning and support.

4.2 Frequently Asked Questions

The following questions were raised by therapists and the answers are intended as a resource for therapists and their managers in their everyday work.

Local Level Agreement

1. Why do we need a local level agreement?

Across the country there are differences in how health and education funded services divide and undertake their work. The purposes of the local level agreement are to:

- Outline how the Memorandum of Understanding and the operational guideline will apply locally.
- Reflect local agreements about how the various agencies and staff will work together for the best outcomes for children and young people.
- Support positive and effective relationships between the services.
- Detail administrative aspects such as who will host joint meetings, take notes, how often meetings will be held etc.

2. Who is responsible for arranging and agreeing the local level agreement?

The managers of the local health and education funded services are responsible for ensuring the agreement is developed, used and kept current. Groups who should be party to the agreement include Special Education, special schools, fund-holding schools and child development services and, where appropriate, relevant health funded agencies.

Roles and responsibilities across both the education and health sectors for therapy and assistive technology/equipment

3. Can an education therapist undertake services in the family home or in other community based settings other than school, and can health therapists work in school settings?

Yes. The therapist should work in the setting that is most relevant to the child or young person for the work they are undertaking.

4. What happens if a child or young person cannot access the appropriate service in a timely manner due to factors such as waiting lists, staff shortages or staff inexperience? Do we have to pick up the other organisation's workload?

The combined goal of the Ministries of Health and Education is to meet the needs of the child in a timely manner. It is not the intention for a service to be responsible for the other service's workload. However, in extreme circumstances, a pragmatic solution based on the detail in the Local Level Agreement should be applied to respond to priority needs, even across agencies.

The process for undertaking work on behalf of another service should be addressed in the Local Level Agreement as different areas may have different configurations and processes for how they work.

If there are ongoing access issues in any one service or geographic region, this should be notified to the relevant Ministry personnel as identified in the Memorandum of Understanding.

5. What happens if a relatively non complex item of assistive technology/equipment is required for “whole of life” but there is no health therapist involved in the child or young person’s life at this stage?

If there is an education therapist involved with the child or young person, and they have the appropriate skills, experience and are a specialised accredited assessor, it may be more appropriate at this time for the education therapist to undertake the assessment and apply via the health assistive technology/equipment budget for the item.

The rationale is that it is a simpler system for the child or young person and the family (i.e. not having to build a new therapist relationship, two full assessments) and is more cost effective overall.

6. What about therapy and/or assistive technology/equipment applications for those children or young people who do not receive targeted Special Education funding?

If their needs are broader than accessing the curriculum, and they are eligible for disability funded health services, these children or young people should be referred to health services. These are the Child Development Service or specialist assessment services for children and young people up to age 16 years and the Community Health Service at the District Health Board for those aged 16 years and over.

7. What if the issue for the child or young person is only about accessing the education curriculum?

This would be the full responsibility of the Education system.

Assistive technology/equipment

8. Who completes the assessment and application if there is a single piece of assistive technology/equipment that can be shared at home and school?

In this instance the lead service should begin to liaise with the other service as soon as it becomes apparent that a piece of assistive technology/equipment can be shared. As it is for both settings it will be classed as supporting living and therefore Health should take the lead. In some situations, joint funding of an assistive technology/equipment item, if the item is over \$5000, could be possible and would require applications to be submitted to both Health and Education.

The ability for the family to transport the item between home and school must be taken into account as should both the home and school environments. This is to ensure the item will function as expected in both environments.

9. What if there needs to be two pieces of the same assistive technology/equipment - one for school and one at home?

Liaison and joint planning between the health and education therapists will have occurred and the lead therapist will apply for the two pieces of assistive technology/equipment from the appropriate funding streams. This makes the process more efficient for the child, young person and family, and for therapist time (i.e. two full assessments are not required).

For example, what if there could be a shared piece but the family cannot transport it easily without risk to themselves (weight) or an inability to transport other children at the same time etc?

As above, on very rare occasions the same piece of assistive technology/equipment may be supplied by both health and education. Or, if it is more cost effective, there may be a joint Health and Education application for a single item that may be more expensive than each of the single items, but overall cheaper than two items, that will function in both environments while still remaining fit for purpose for the child or young person.

10. Can a piece of assistive technology/equipment be funded jointly by Health and Education?

Yes. In some cases where an item costs \$5000 or more and joint assessment has been undertaken. This would require applications to be submitted to both Health and Education.

11. Who is responsible for assessment and items that are used for safety in transport to and from school, either in a taxi or the family car?

Education is responsible for transport to and from school.

12. What if the item is required to be attached to an educational facility, e.g. rails, ceiling mounted hoist?

Anything that is attached to an educational facility is a building modification and therefore classed as an Education responsibility.

Transition from School for Young People

13. Who should be responsible for preparing for and following through when a young person transitions from school?

It is the responsibility of the primary therapist working with the young person at the time. Planning should begin well in advance of the leaving date, e.g. two years.

If the young person requires ongoing therapy or equipment, including wheelchair and seating, services they should be referred to the local DHB Community Health Services. If there is no response from the Community Health Service this should be referred to the Ministry of Health designated person in the Memorandum of Understanding.

Difference of Opinion or Disputes

14. If there is a difference of opinion or a disagreement that can't be resolved between services or therapists what is the escalation process?

Differences of opinion or disagreements are best resolved by those directly involved. If this is not successful, the issue should be referred to the respective local or district managers. This process should be detailed in the Local Level Agreement.

Where an issue arises because the Operational Guideline is not clear, or the issue occurs frequently, the issue should be brought to the attention of the responsible managers from the Ministries of Education and Health. They will provide direction but also ensure that, if policy needs to be clarified at a national level, this occurs.

4.3 Asset Transfer Protocol 2006



Asset Transfer

Education to Health or Health to Education

October 2006



When a student transfers from pre-school to compulsory education, and the Ministry of Health funded equipment continues to meet the student's needs

- The Ministry of Education will take over responsibility for repairs and maintenance of equipment that has been identified as being essential for the student to access the curriculum.
- Should replacement or new equipment be required, this will then become the responsibility of the Ministry of Education as per the standard process for an application for new equipment.
- Any health-funded equipment item that is no longer required by the student should be returned to **accessible/Enable** New Zealand.
- The Ministry of Health will continue to assume responsibility for any equipment that is primarily to meet a student's needs within all community environments.
- No formal asset transfer process will be required.
- All equipment items that continue to be used by the student should be documented in the student's school & Ministry of Education records and by **accessible/Enable** New Zealand. This information will include which agency is responsible for ongoing repairs and maintenance of the equipment.

When a student leaves school with individual equipment items that are valued at under \$5,000:

- If they have been provided with equipment via Ministry of Education funding that will continue to meet their needs post-school, the Ministry of Education may "gift" the equipment to the student.
- This means that the student will accept responsibility for ongoing repairs and maintenance of the equipment.
- Should the equipment no longer meet the needs of the student in their new educational or work environment, re-assessment would be required as per the standard process for Ministry of Health funding applications. In such situations, the equipment should be returned to the Ministry of Education for refurbishment and re-issue where appropriate.

When a student leaves school with Individual Equipment items valued at over \$5000.

- The figure will be calculated at the time of transfer, being the depreciated value of an individual item of equipment, not the purchase price.
- In such situations, the Ministry of Education will then complete the formal asset transfer process to **accessible**/Enable New Zealand. Once this Asset Transfer process has been confirmed, **accessible**/Enable New Zealand will assume responsibility for ongoing repairs and maintenance of the equipment.

I hope this clarification will simplify the asset transfer process and ensure that the needs of students continue to be met at all levels of their education and transition from school.

Barbara Disley

Group Special Education
Ministry of Education

22 November 2006

Geraldine Woods

Disability Services Directorate
Ministry of Health

22 November 2006

Asset Transfer Protocols - Information for Staff

1. Asset Transfer Protocols where a student transfers from pre-school to compulsory education

- The Early Intervention Team identifies students who may have equipment that is essential for the student to access the curriculum (rather than meeting a student's needs within all community environments).
 - The Early Intervention team then complete the Ministry of Education Transfer Form and enclose initial Ministry of Health application form
 - Forward the Transfer to the District Technology Coordinator for moderation by Ministry of Education
 - After moderation the Regional Technology Coordinator will confirm transfer (in writing) to Ministry of Health (**accessible**/Enable New Zealand)

2. Asset Transfer Protocols for Ministry of Education Staff

- All possible school leavers are identified prior to leaving school
- Generate a Te Whata print out for each student to identify all current equipment, purchase dates and original costs
- GSE lead worker/Assistive Technology Advisor clarifies equipment value. All equipment depreciates to \$0 over three years (33.3% per annum) unless specified
- Asset transfer of equipment is completed by lead worker in consultation with the District Assistive Technology Advisor.

When a student has individual equipment items that are valued at under \$5,000:

- The equipment is gifted to the student. The form for gifting is completed and signed by the student/family and the District Technology Advisor.
- One copy of the gifting letter remains with the student/family and the other is lodged in the student's file.
- If the student does not wish to have the equipment it is returned to Ministry of Education stores

When a student has individual equipment items that are valued at \$5,000 or more:

- School/family and Group Special Education Technology Co-ordinators are satisfied the student will meet the Ministry of Health eligibility:
 - Undertake full time education - courses of at least 12 months duration with content working towards future employment, excluding compulsory education;
 - Undertake employment - paid employment of at least 30 hours per week or to achieve a substantial measure of independence, comparable to earnings greater than the sickness/invalids benefit at the minimum adult rate;
 - Undertake vocational training - essential equipment for courses aimed at future employment of at least 12 months duration;

- Return to or remain in their own home - where the person would be unable to manage or be physically safe at home;
 - Communicate the expression of core needs and feelings;
 - Be the primary caregiver of dependent children.
-
- **If eligibility is established then Ministry of Education and Ministry of Health transfer process is undertaken**
 - Complete a temporary agreement while SE lead worker or tertiary provider goes through the steps to complete the application for Ministry of Health
 - Complete Enable New Zealand or *accessible* application form
 - Provide Enable New Zealand or *accessible* with a copy of
 - The assessment report for Ministry of Education funded equipment
 - Te Whata print-out.
 - If Eligibility is not established the Equipment is returned to Ministry of Education stores.

4.4 References

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ISBN 978-0-478-34108-9

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Ministry of Education & Ministry of Health

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