
Practice Guideline:
Interface Between
Needs Assessment and Service
Coordination
And
Equipment and Modification
Service Assessors and Providers

Ministry of Health

September 2015

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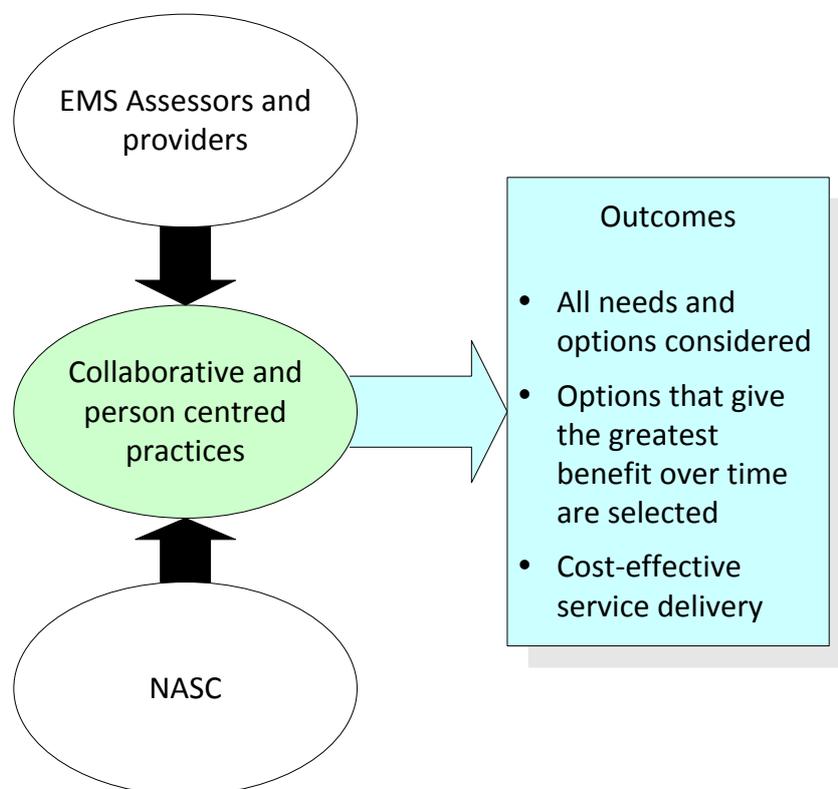
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Introduction

1.1 Overview

The Ministry of Health (Ministry) requires active engagement between Needs Assessment and Service Coordination (NASC) organisations, Equipment Management Services (EMS) Assessors and EMS Providers when considering complex or high-cost housing modifications and/or personal care equipment, or when an EMS solution is recommended to assist in managing challenging behavioural needs.

This Guideline emphasises person-centred and collaborative planning between the NASC and EMS Assessors, together with the EMS Providers, with the expectation that this will result in the selection of the best options that deliver the greatest benefit over time to the person, thereby achieving cost effective service delivery.



1.2 Purpose

The purpose of this Guideline is to outline the Ministry requirements for an interagency approach between NASC organisations and EMS Assessors and EMS Providers when considering an Equipment and Modification Services solution for the disabled person and older people.

2 Principles of the Guideline

The principles that guide the relationship between NASC and EMS Assessors and EMS Providers are that:

Key Principles	Aspects to consider
All interactions are person centred	The person's needs, goals/choices and outcomes are at the centre of all aspects of assessment, decision making, planning and delivery of service and support options.
All interactions are based on collaboration	The parties will work together and co-operate with each other in undertaking their respective roles and responsibilities (including assessment and development of service and support options).
All interactions are based on finding effective solutions for the person	The parties will work together to achieve timely, appropriate, sustainable (both short and long term needs), and cost effective use of available resources.

While this Guideline is directed at the professional relationship between NASC and EMS Assessors and EMS Providers, the importance of collaborating with the person and their family/whānau and carers can't be over-stated. A person-centred approach places the needs and outcomes of the 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, whānau, carers and other services.

A person centred approach is considered best practice and is consistent with professional guidelines including the Standards for Needs Assessment for People with Disabilities (Standard 4, MoH 1994), and the code of ethics and standards for occupational therapists, physiotherapists and other allied health professionals.

3 Roles and Responsibilities

The roles, responsibilities and parameters of the groups this Guideline covers are outlined in the following table.

For older people, the functions of needs assessment, service coordination and budget management may be carried out by staff with a range of job descriptions and titles, and this Guideline is relevant and applicable to them.

Table 1: Roles and responsibilities

Groups	Roles and responsibilities	Parameters
<p>NASC (Ministry or DHB funded)</p>	<ul style="list-style-type: none"> • Needs assessment is undertaken with the disabled or older person and their family or carers. It is a process of defining the current abilities, resources, goals and needs of the person and their family and identifying which of these is the most important. • Service co-ordination is a process of considering options, planning and reviewing the package of services required to meet the prioritised needs and goals of the disabled or older person and their family, whānau and carers. • Budget management involves allocating cost-effective packages of services within an indicative budget. This does not include EMS services. 	<p>Geographically defined. People needing long-term support due to:</p> <ul style="list-style-type: none"> • Physical, sensory, and/or intellectual disabilities, generally up to the age of 65 • Chronic health conditions presenting before the age of 65 • Aging (65 yrs plus) or long-term conditions more commonly experienced by older people (“Close in Age and Interest” age 50-64 yrs inclusive)
<p>EMS Assessors</p>	<p>EMS Assessors are responsible for:</p> <ul style="list-style-type: none"> • Assessments - working with the person and their family or carers and undertaking assessments, usually in their home environment. • Considering a range of options to meet the person’s needs and goals. • Determining whether the person meets eligibility and access criteria for Ministry equipment and modification services where this is the most appropriate solution. • Consulting with an EMS Provider where applicable. • Considering and making a Service Request for an EMS solution where appropriate. • Discussing options with the person should funding not be available. • Reviewing solutions to ensure identified needs are met. <p>EMS Assessors are allied health therapists and other professionals. EMS assessment is only part of the work they are responsible for.</p>	<p>Employed by a range of agencies including District Health Boards, private organisations and NGOs.</p>

EMS Providers	<p>The EMS Providers are responsible for:</p> <ul style="list-style-type: none"> • EMS Advisor consultation providing advice to EMS Assessors on access and eligibility criteria, and potential solutions. • Receiving all Service Requests for equipment and modification services from EMS Assessors, and processing them in a timely manner. • Procuring and providing equipment and modification services. • Asset management including issuing, tracking, maintaining, refurbishing and reissuing equipment as appropriate. • Budget management within Ministry of Health funding guidelines. 	<p>For people with disabilities and age related needs. Accessable is contracted to provide services in the Greater Auckland region and Northland. Enable New Zealand is contracted to provide services in all other parts of the country.</p>
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4 Collaboration Targeted to Needs and Situations

4.1 Indicators for Liaison between NASC and EMS Assessors

There are instances where collaboration is mandatory and will occur before a service request for equipment or a modification is made. There are also instances where greater flexibility is required and the need for collaboration will depend on a person’s needs and circumstances. The following table outlines the indicators for when communication and shared planning is required by NASC and EMS Assessors along with the status of the requirement.

If the person meets more than one indicator, such as a person with a degenerative condition requiring complex housing modifications, this would meet the required and mandatory indicator status.

Table 2: Indicators for liaison between NASC and EMS assessors

	Group	Rationale	Status
4.1.1	<p>People with behavioural needs (see Section 4.2 and Appendix three) who may require Equipment Modification Services.</p>	<ul style="list-style-type: none"> NASC is responsible for needs assessment and service coordination including for disability and age related support services. NASC need to determine the range of services that are being accessed by the person, including a referral to Behavioural Support Services (BSS) if appropriate. This also includes the natural supports that are available to them in the community. BSS may be required and assessment and planning needs to be coordinated to achieve the most effective outcomes. Where the EMS recommended solution is a restraint the interagency team (NASC, EMS Assessor and BSS), discussion is to agree the solution integrates with the BSS plan and any other identified support needs. 	<p>Required and mandatory</p> <p><i>NASC collaboration is required before an EMS service request is made for a solution that is a restraint.</i></p>
4.1.2	<p>People who may require high cost or complex housing modifications (see Section 4.3)</p>	<ul style="list-style-type: none"> All options must be explored first due to the high cost and length of time required to complete complex modifications, and because they cannot be retrieved from a person’s home, or re-issued to another person. To ensure the proposed solution will deliver benefit to the person over time (at least 2 – 3 years). 	<p>Required and mandatory</p> <p><i>NASC collaboration is required before an EMS service request is made.</i></p>

Table 2: Indicators for liaison between NASC and EMS assessors

Group	Rationale	Status
<p>4.1.3 People with rapidly deteriorating degenerative conditions e.g. muscular dystrophy, multiple sclerosis, motor neurone disease, cancer, dementia etc.</p>	<ul style="list-style-type: none"> • A referral to NASC or an EMS Assessor may indicate significant change in need or circumstance and trigger a wider assessment, reassessment or review of support services. 	<p>Recommended and flexible</p>
<p>4.1.4 People with NASC support packages (e.g. home help or personal care), and particularly those with high cost support packages AND complex situations.</p>	<ul style="list-style-type: none"> • Equipment or housing modifications may increase independent functioning for some people, and reduce the level of funded support services required. • To maximise resources and outcomes. • To ensure the proposed solution is the best option and sustainable over time. 	<p>Recommended and flexible</p>
<p>4.1.5 Carer stress and resilience</p>	<ul style="list-style-type: none"> • EMS Assessors may identify that a carer is under stress and that this may jeopardise the stability of a person’s support system. NASC is responsible for assessing the carer’s needs and managing access to support services. 	<p>Recommended and flexible</p>
<p>4.1.6 People with LTS-CHC</p>	<ul style="list-style-type: none"> • DHB funded NASC organisations manage access to the LTS-CHC services and fund the supports. EMS Assessors may identify and recommend an equipment or modification solution which is funded by DSS. 	<p>Required and mandatory <i>The DHB NASC needs to be aware of the total package of supports that the person is receiving.</i></p>

4.2 Behavioural Needs

A person's behavioural needs may impact on their quality of life and ability to participate in their community, and in some instances their behaviour may place the person or others at risk of harm. Assessment, treatment and support from behavioural and other specialists may be required to address needs. These specialists should be involved in planning supports and services to meet their needs.

- People who are eligible for DSS
Explore¹ is the single contracted national provider for Behaviour Support Services (BSS) for people who are eligible for DSS funded supports.

Behavioural Support Services from Explore are accessed by referral from the NASC. Once the referral is accepted and allocated, Explore work with the person and their family/whānau to identify the cause of the challenging behaviour. Explore will work with all parties involved to develop proactive strategies to address the behaviour. This includes people supporting the person who may need to be trained in the behavioural management techniques to implement a Behaviour Support Plan. Explore prioritise referrals using agreed criteria. Explore will advise the likely response time to the NASC once the referral has been accepted.

- People not eligible for DSS funded supports
Explore's contract does not extend to people who are not eligible for DSS funded services. When a request for EMS results in the potential identified need for a restraint, the relevant behaviour support service must still be involved. In these circumstances, it is the role of the appropriate agency (such as Health of older person NASC, or Long Term Support Chronic Health Conditions DHB NASC team) to identify specialists able to provide behavioural support services for the person. Local services will differ from area to area. Referral processes may also differ between areas and regions.

Behavioural Support Services for older people will often be the responsibility of the DHB Specialist Psychogeriatric teams (who may include Geriatricians, Psychogeriatricians, Psychologists, Social Workers, Specialist Nursing Staff and Occupational Therapists).

Refer to Appendix Three for the detailed process to follow when assessing for, and accessing Ministry of Health funded Equipment and Modification Services to support people with challenging behaviour.

¹ <http://www.healthcarenz.co.nz/clients-families/behaviour-support-services/>

4.3 High Cost and Complex Housing Modifications

When an EMS Assessor is considering a high cost and complex housing modification solution, this requires active engagement with NASC. This is because of:

- the length of time and cost involved in modifying a person's home,
- the need to maximise all the supports the disabled or older person may be getting or may get in the future ; and
- the need to ensure that the person will benefit from the modification for a reasonable length of time.

When the length of benefit is likely to be less than 2-3 years, a high cost or complex housing modification may not be justified and other options need to be explored and exhausted.

The types of housing modification solutions that require communication and shared planning across services include:

- Ceiling mounted overhead tracking hoists
- Multi-floor lifts² over 1.5m high (also known as a 'through floor lift' or 'clip on lift'), stair chair lift or stair platform lift
- Kitchens with multiple changes
- Bathrooms with multiple changes e.g. adding a level access shower, basin or toilet is required to be moved
- Extensive multiple modifications / reconfiguration of the home
- Extensions outside the footprint of the home i.e. extend the size of the house beyond the existing roof-line
- Modifications that are required to support a person who has challenging behaviour
and/ or
- The cost of the housing modification is likely to exceed \$25,000 (excluding GST).

In some situations providing the high cost and complex housing modification may result in the person becoming more independent reducing the need for funded supports. The EMS Assessor should refer the person for a NASC reassessment where there is potential to reduce the need for supports.

4.4 Recommended and Flexible

For the areas where the requirement for engagement between NASC and EMS Assessors is flexible and will depend on the person's needs and circumstances, the following additional descriptions apply.

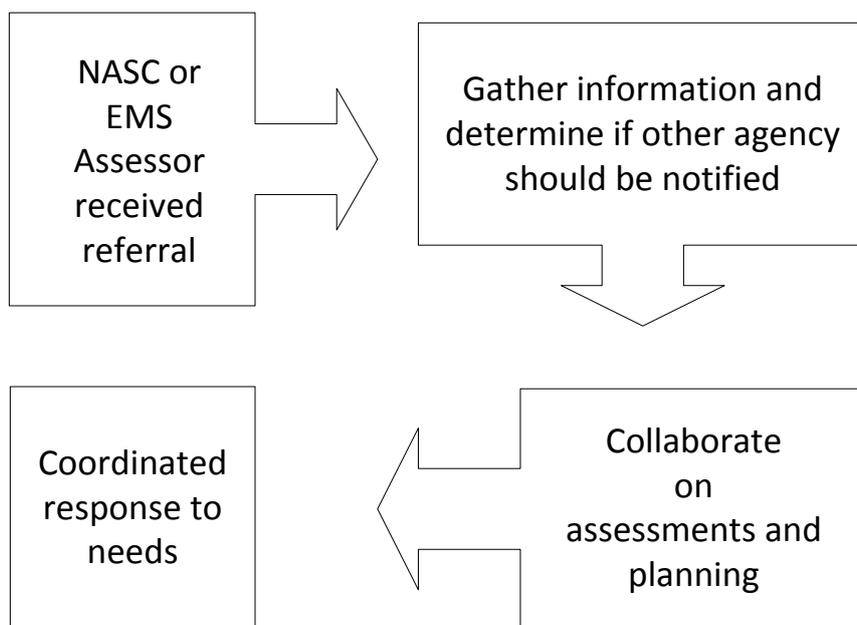
- **Degenerative and rapidly deteriorating conditions** - the person may already be engaged with services, and only require a support package to be adjusted or a simple equipment item. However, a referral may also indicate a significant change in need or circumstance indicating a high cost or complex equipment or modification solution. For people with rapidly deteriorating degenerative conditions, the agency that has received the referral is required to make a judgement on whether the other agency should be notified.
- **High cost support packages** – equipment or housing modifications may increase a person's independent functioning and reduce the cost of other disability and age related support

² Maximum thresholds applies

services. NASC may refer the person for an EMS assessment where there is potential to increase independent functioning and a person is receiving a support package through NASC. This recommendation applies to people who may benefit from an assessment but particularly applies to those receiving high cost support packages.

- **Complex situations** – the person has a lifelong or age related disability with high and complex needs or has a sudden/dramatic change in their disability status. For one example, a child with complex needs (not necessarily degenerative) may require ongoing and changing support packages, due to developmental transitions. Another example is when a person has had a stroke that results in a significant and long term disability. Wider collaboration across all support agencies involved is recommended to ensure well planned and coordinated services can be provided over time.
- **Carer stress and resilience** – when the EMS Assessor identifies that a carer’s stress levels have reduced resilience and jeopardise the person’s support system, a referral to the NASC is recommended. EMS is unlikely to provide the solution in this situation, and wider consideration of the needs of the person in the context of their natural environment and supports is required.

The process to be followed by NASC and the EMS Assessor in managing these types of referrals is briefly outlined in the following diagram.



The person will need to consent to a referral between agencies. Information should be provided to ensure the person understands the rationale, purpose and potential benefits of the referral, and they can comfortably give their consent. If the person has limited competence, the EMS Assessor needs to ensure that a parent or a legal representative such as a welfare guardian can assist the person to understand and give consent to the extent possible, and/ or act on the person’s behalf and actively represent the person’s best interests if required.

5 Engagement Activities

5.1 Processes and Outcomes

Collaborative processes to be followed and expected outcomes are outlined in the following table and will guide practice.

Outcome	Processes
a) Early engagement between NASC and EMS Assessors.	<ul style="list-style-type: none"> NASC or EMS Assessors will notify the other party and/or make a referral when a person's needs indicate (as per table 2). This action is required at the earliest opportunity. The person has been consulted with regarding their needs, goals/choices and desired/essential outcomes prior to long term options being discussed between agencies.
b) Joint decision-making on engagement for people with rapidly deteriorating degenerative conditions and NASC high cost packages or complex needs/ situations.	<ul style="list-style-type: none"> EMS Assessors will determine whether the person has been referred to NASC, or if a referral is required. When joint referrals for the same person have occurred across agencies, NASC and the EMS Assessor will discuss and agree the process to progress the referral. When discussion is required with the referrer and all other support services involved, NASC are responsible for coordinating these discussions.
c) Regular information sharing.	<ul style="list-style-type: none"> NASC and EMS Assessors keep each other informed of progress when working with the same person.
d) People who require both an EMS assessment and a NASC assessment will experience a well coordinated and seamless process and services.	<ul style="list-style-type: none"> Assessments and other activities will be coordinated between the NASC and EMS Assessor as they work towards person-centred practice. Assessments will be undertaken: <ol style="list-style-type: none"> in a timely manner using a coordinated approach sensitively to ensure the person and their family receive consistent messages and are actively and positively engaged. The EMS Assessor will consult with the EMS Provider if they have any queries regarding eligibility or access criteria. The EMS Assessor will complete the Ministry of Health prioritisation tool to determine access to funding availability for an EMS solution. Where Ministry funding is not available for an EMS solution the EMS Assessor will discuss other options with the person and their family.
e) The person, the NASC, and EMS Assessors and	<ul style="list-style-type: none"> NASC and EMS Assessors will not individually propose solutions to the person that are within the remit of the other agency e.g. NASC

Outcome	Processes
<p>EMS Providers will collaborate to achieve an alignment between the person's needs and goals and the services provided.</p>	<p>will not tell the person they will receive a housing modification, and an EMS Assessor will not tell the person what support services they should receive.</p> <ul style="list-style-type: none"> • NASC and EMS Assessors and EMS Providers will jointly discuss the appropriateness and cost-effectiveness of the different options. • The person and / or their representative, NASC and EMS Assessors and EMS Providers will jointly discuss and agree optimum solutions. • The NASC and EMS Assessor will jointly review the effectiveness of services and solutions put in place to ensure they meet the person's needs and goals.
<p>f) Person safety is addressed while assessments, shared planning and services are put in place.</p>	<ul style="list-style-type: none"> • Where the lead agency has made a referral to the other agency, there may be a delay while assessments and plans are completed and services are put into place. In the interim, the person's safety will be considered. • The lead agency (NASC or EMS assessment service) will identify safety issues and develop a risk management plan with the person and their carer as appropriate. This will be shared with the other agency. • A range of services may be accessed by the person (e.g. Behaviour Support Services, residential services). The lead agency will communicate with all services involved with the person in developing a risk management plan as appropriate.
<p>g) NASC staff and EMS Assessors have competencies that demonstrate skills for collaboration.</p>	<ul style="list-style-type: none"> • EMS Assessors will understand collaborative practices³ and the functions of NASC. • NASC staff will understand collaborative practices⁴ and the functions of EMS Assessors.

³ EMS Assessor accreditation framework and in particular see competencies for housing modifications

⁴ NASC Standards for Needs Assessment (pages 4 and 38) and for Service Coordination (page 8)

5.2 Outcome Summary Report and EMS Service Requests

For each person who meets one⁵ of the indicators outlined in table 2, a report that summarises the outcomes of the engagement between NASC and the EMS Assessor will be completed. Relevant information includes:

- the likely impact the proposed equipment or modification solutions may have on the amount of NASC funded support services being provided or required
- whether the person's living situation is able to be sustained long term
- the care arrangements for children under the custody or guardianship of the Chief Executive, Child Youth and Family
- if there is any up to date information on the individual / family circumstances
- any risks/concerns
- an interagency team approach has taken place and the EMS solution is integrated with the behavioural support services plan and any other support needs have been identified.

Where the EMS Assessor considers that liaison with NASC is not required⁶, they must make a note on the person's file outlining why this decision has been made. This is to ensure that in the event that the EMS Provider makes a query the information can be promptly provided.

If the person is not known to the NASC and they either meet the 'required and mandatory' indicator OR the EMS Provider recommends NASC involvement based on the circumstances of the application, a NASC assessment will need to be carried out in conjunction with the EMS Assessor (joint assessment).

⁵ Note: If the person meets more than one indicator this should be considered as required and mandatory

⁶ This may also include instances where the person does not wish to have NASC involvement due to existing family supports already being in place.

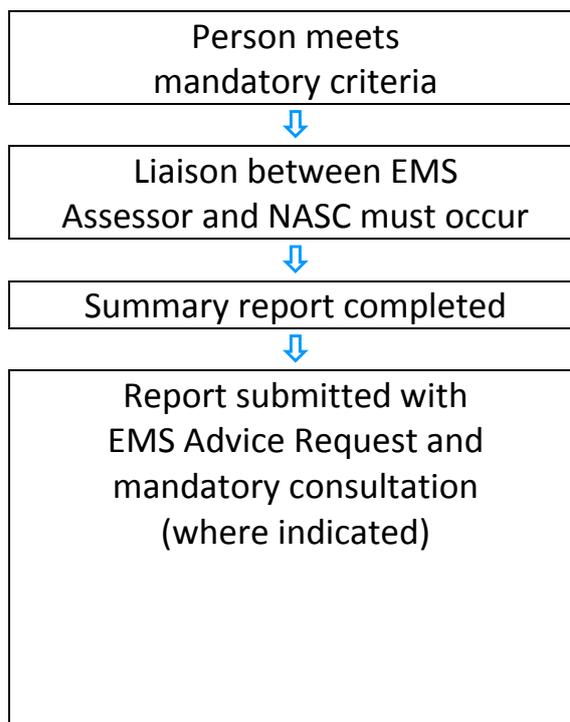
Required and mandatory

The summary report will be submitted with all EMS Advice Requests to EMS Providers related to:

- Behavioural needs including those that may require Equipment Modification Services which are **Restraints**⁷ as defined by the Health and Disability Services (Restraint Minimisation and Safe Practice) standards, and
- High cost and complex housing modifications.

These are the areas where collaboration between services is mandatory and must occur before an EMS advice request is made.

The report must also be attached to any requests made to the Ministry of Health Equipment and Modification Services Review Panel.⁸

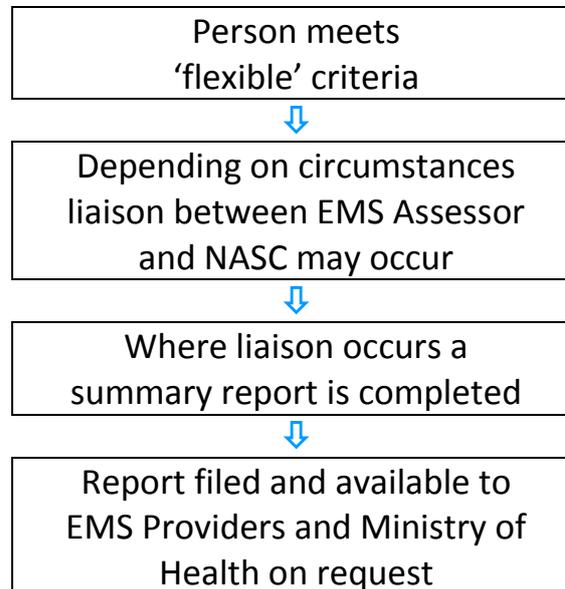


Recommended and flexible

In all other instances, the summary report should be placed in the person's file with both the NASC and EMS assessment agency.

The report may be requested during any relevant audits.

The report must be attached to any cases made to the Ministry of Health EMS Review Panel that fall under recommended and flexible indicators.



⁷ See Appendix Three.

⁸ The purpose of the EMS Review Panel is to support national consistency of decision-making by reviewing cases referred by EMS Providers, where requests are made for: genuine and exceptional circumstances, clarification of policy or exceed \$25,000 (GST excl).

6 Developing Relationships

6.1 Purpose

NASC and EMS assessment services, BSS and EMS Providers are encouraged to develop their relationships to ensure effective collaboration at both management and operation levels. Expected outcomes include:

- A clear understanding of each other's roles and responsibilities
- Cooperation and collaboration between services
- The development of appropriate referral pathways
- Timely delivery of person-centred service delivery

6.2 Timeframes for response to referrals

Both NASC and EMS assessment services experience high demand and they must therefore prioritise referrals. However, agencies should note that where the requirement for engagement is mandatory (where there are behavioural needs requiring a restraint or a high cost of complex housing modification is being considered), a request for EMS advice cannot be made until discussion has occurred. To avoid any escalating risks and issues, NASC and other agencies such as BSS are expected to prioritise these referrals.

6.3 Memorandum of understanding and local agreements

Some service specifications (including NASC) have the requirement that memorandums of understanding or other types of local agreements are developed between key agencies.

Although the Ministry does not require NASC and all agencies employing EMS Assessors to develop an agreement, they may provide a useful framework to strengthen working relationships and collaboration. Therefore the Ministry recommends appropriate agreements are developed, particularly where:

- there is frequent contact between the two agencies
- the relationship between the agencies is challenging and needs improvement.

An example of a template that may form the basis of an agreement is given in Appendix Two.

Appendix One: NASC Outcome Summary Report

Refer to the protected version of the EMS and NASC Joint Report Form which you can download and complete.

Appendix Two: Template for a Local Agreement

LOCAL AGREEMENT

Title: Effective collaboration for the delivery of person-centred Needs Assessment and Service Coordination and Equipment and Modification Services assessment and service delivery.

This document forms an agreement between:

Name of Assessment Service
Name of contact person
Address of organisation

Contact details

AND

Name of NASC
Name of contact person
Address of organisation

Contact details

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

PURPOSE

The purpose of this agreement is to ensure there are agreed and clear processes in place and established lines of communication to ensure a coordinated approach for disabled and older people and their carers (where relevant), who require an assessment and equipment and/ or modification services, and disability support services.

Principles that guide the relationship between NASC and EMS Assessors and Providers are:

- **All interactions are person centred**
 - The person's needs, goals/choices and outcomes are at the centre of all aspects of assessment, decision making, planning and delivery of service and support options.
- **All interactions are based on collaboration**
 - The parties work together and co-operate with each other in undertaking their respective roles and responsibilities (including assessment and development of service and support options).
- **All interactions are based on finding effective solutions for the person**
 - The parties work together to achieve timely, appropriate, sustainable (both short and long term needs), and cost effective use of available resources.

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, refer people between services where appropriate and respond in a timely manner.

REGULAR LIAISON AND SERVICE DELIVERY REVIEW

Managers, assessors, therapists and other 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.
- Ways clients and in some cases their family members/ guardians/ legal representatives will have views canvassed on how the liaison is working
- Any other business.

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

DISPUTE RESOLUTION

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

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

Should the dispute remain unresolved, the **XXX** will be notified by **XXX** and a mediation process will be instigated if the dispute is not settled within 20 working days.

All parties will continue to comply with all obligations of this agreement until the dispute is resolved to ensure best services to disabled and older people and their carers continues.

AUTHORISATION

Signed by: Name: _____ Position: _____ On behalf of (Organisation): _____ Date: _____	Signed by: Name: _____ Position: _____ On behalf of (Organisation): _____ Date: _____
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Appendix Three:

Equipment and Modification Services for People with Challenging Behaviour

Introduction

This guideline outlines the required process when assessing for and recommending Ministry of Health (Ministry) funded Equipment and Modification Services (EMS) to support people with challenging behaviour.

The process ensures that assessment decisions, support services and EMS solutions are put in place in a timely manner to provide safety for the person and their family/whānau.

When EMS solutions are recommended for the person and their family/whānau; occupational therapists and physiotherapists (EMS Assessors), Needs Assessment Service Co-ordination (NASC) organisations, and Behavioural Support Services (BSS) each have an interdependent role within the process.

Note: EMS services are not an urgent, crisis response service. EMS solutions take time to source and deliver, or to construct within the home

Principles

- Services provided are for people are eligible to be considered for Disability Support Services (DSS) and EMS support.
- The person and their family/whānau receive timely access to services they require.
- Services are appropriate, safe and follow best practice in terms of the assessment process and the EMS solution provided.
- Services are cost effective and meet the person's long term disability related needs.
- An interagency approach occurs between the therapist (EMS Assessor), the NASC and Behaviour Support Services when required.
- Any EMS solution recommended will be the least restrictive and invasive option to meet the identified need.
- Services are coordinated and managed by an interagency team approach to ensure that any solution integrates with the BSS plan and any other identified support needs for the person and their family/whānau.

Process

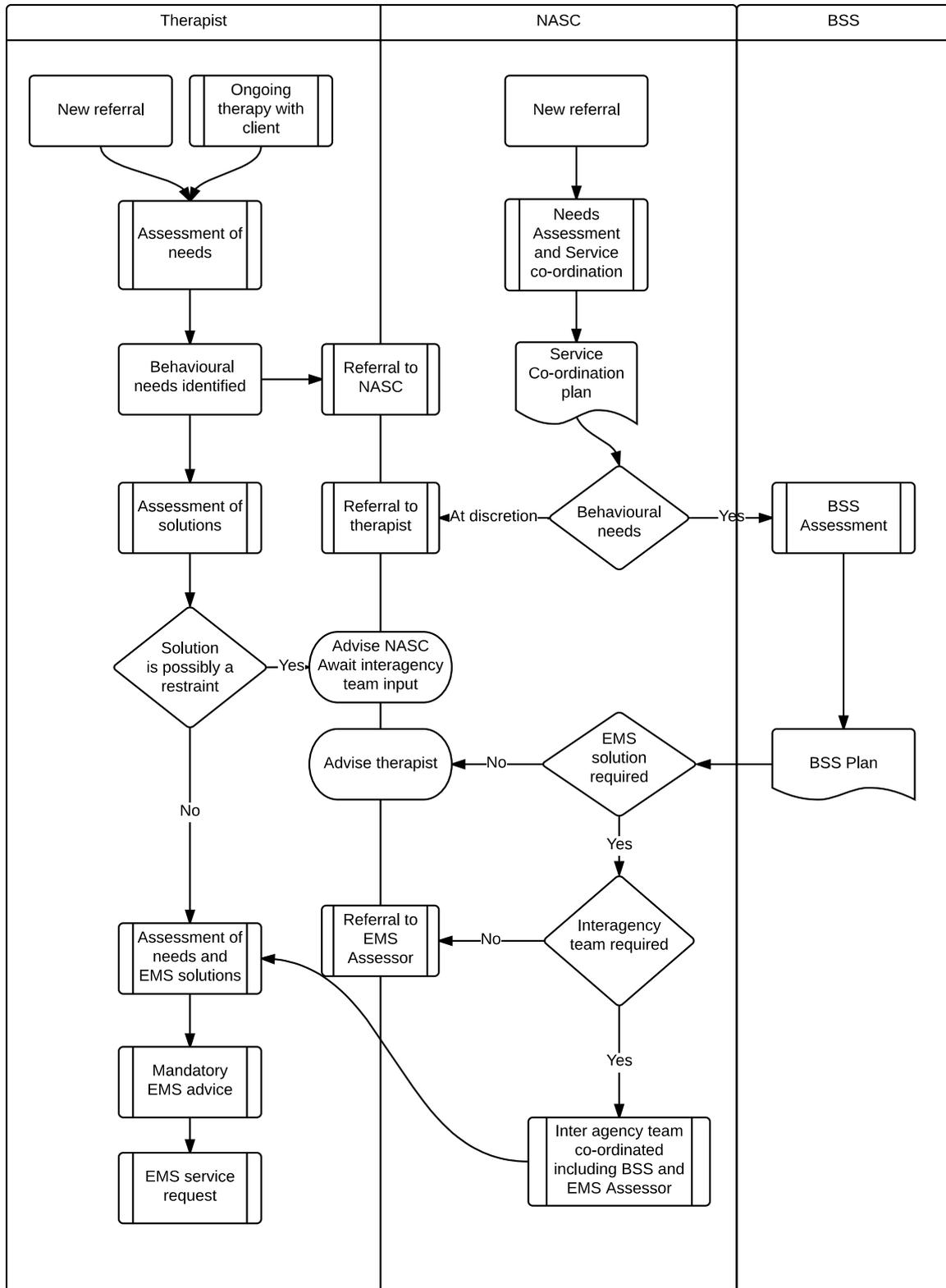
There are two potential pathways to consider. Where the therapist is recommending EMS solutions to manage identified behavioural needs, the process pathway is defined by the type of identified need and whether that EMS solution is a restraint (as defined under the *Restraint Minimisation and Safe Practice Standard NZS8134.2:200*).

Figure 1 *Process Flowchart* provides a diagrammatic representation of the two pathways. A guide of the required pathway (A or B) to take is in Table 1 *Areas of Need / EMS solutions*.

The entry point for the assessment process may be either with the therapist or the NASC. For example, the person is currently an outpatient of the Child Development Service but may not be working with their local NASC.

Mandatory EMS Advisor consultation is required for all EMS requests (pathway A and B) for people with challenging behaviour. Refer to the "Consultation with an EMS Advisor" document.

Figure 1 Process flowchart



- **Pathway A**

At an initial assessment or during ongoing therapy input, the therapist may identify a person has behavioural needs. In these situations a referral to the NASC is required. Through the needs assessment and service coordination process the NASC can then determine what supports are needed and whether a referral is required for a behavioural support services assessment.

At the same time the therapist may identify an EMS solution that will reduce any potential harm and minimise long term risk. Where this solution is **not a restraint** an abbreviated process (Pathway A) can be taken and the therapist can proceed to make an advice request for that EMS solution.

At any time a therapist may choose not to proceed with an EMS assessment, make a referral to NASC and await the outcome of the NASC (and the potential BSS) assessments undertaken with the person and their family/whānau. This will ensure the EMS recommended solution integrates with the BSS plan and any other identified support needs.

Refer to Table 1 for examples of where the assessment process identifies the person's likely need and the potential EMS solution where it is not being used as a restraint and Pathway A can be followed.

A completed *EMS and NASC Outcome Summary Report* form (appendix 1) is not required for EMS solutions following Pathway A.

- **Pathway B**

Where the person's identified behavioural need may result in restricting their access and/or freedom of movement and the therapist has identified an EMS solution that **is a restraint** the therapist must advise NASC of the identified need and the likely solution before continuing with the EMS Assessment and advice request.

An interagency team discussion is required to discuss and agree on the preferred integrated solution for the person and the family/whānau. The outcome may include an EMS solution that is a restraint, or a non-restraint solution alongside other planned interventions from the behavioural support plan.

Note: Where the therapist's assessment/therapy identifies the EMS recommended solutions are a combination of a restraint and non-restraint, the therapist may split the solutions and continue with Pathway A to proceed with an EMS advice request for the non-restraint solution, while awaiting the interagency team involvement (Pathway B) regarding the potential restraint option.

Any agreement on an EMS solution that is a restraint must be documented using the *EMS and NASC Outcome Summary Report* form (appendix 1).

Refer to Table 1 for examples of where the assessment process identifies the person's likely need and the potential EMS solution being used as a restraint where Pathway B must be followed.

NASC

Behavioural support needs may be initially identified by the NASC. In these circumstances NASC will refer to the BSS and await the outcome of the behavioural support services plan. The NASC may also refer concurrently to an appropriate therapist to proceed with their assessment input. Where the therapist identifies a potential EMS solution that is not a restraint to address a behavioural need, they may proceed to follow Pathway A. Where the therapist identifies a likely restraint solution they will advise NASC and await the outcome of the behavioural support plan (Pathway B).

The behavioural support plan may recommend;

- other strategies to manage the behaviour. NASC will advise any referring therapist, where they identified the initial needs, that an EMS solution is not required.
- A recommendation for an EMS solution to assist managing the identified behavioural needs, which will be discussed with the interagency team.

Interagency team guidelines

NASC are responsible for the co-ordination of services and forming the interagency team.

Key principles for the interagency team co-ordinated by the NASC are that the right people are having the right discussions, at the right time.

- The *right people* are, at minimum, the Service Co-ordinator, BSS key worker and the therapist. The composition of the team will vary depending upon the individual circumstances for the person. Additional health professionals or support agencies as appropriate may add value to any discussions regarding managing the identified behaviour. Where required and appropriate, the NASC may ask one of the team members to be the lead, or key worker with the person and their family/whānau.
- The *right discussions* are those that focus on the needs of the person and family/whānau within the home environment, managing the identified behaviour, exploring suitability of a variety of options and agreement on the recommended solution. The discussions will ensure that ethical and legal considerations are evaluated and all principles and policies from the Restraint Minimisation and Safe Practice Standard are maintained.
- The *right time* ensures the overall timeliness for the person to receive support is paramount. While a team may be able to meet face to face, team meetings by phone or email may be appropriate to ensure discussions reach a successful conclusion in a timely manner.

Behavioural Support Services (BSS)

- People who are eligible for DSS
Explore⁹ is the single contracted national provider for Behaviour Support Services (BSS) for people who are eligible for DSS funded supports.

Behavioural Support Services from Explore are accessed by referral from the NASC. Once the referral is accepted and allocated, Explore work with the person and their whānau to identify the cause of challenging behaviour. Explore will work with all parties involved to develop proactive strategies to address the behaviour. This includes people supporting the person who may need to be trained in the behavioural management techniques to implement a Behaviour Support Plan. Explore prioritise referrals using agreed criteria. Explore will advise the likely response time to the NASC once the referral has been accepted.

- People not eligible for DSS funded supports
Explore's contract does not extend to people who are not eligible for DSS funded services. When a request for EMS results in the potential identified need for restraint, the relevant behaviour support service must still be involved. In these circumstances, it is the role of the appropriate agency (such as Health of older person NASC, or Long Term Chronic Health conditions team) to identify specialists able to provide behavioural support services to the client. Local services will differ from area to area. Referral process may also differ between areas and regions.

Behavioural Support Services for older people will often be the responsibility of the DHB Specialist Psychogeriatric teams (who may include Geriatricians, Psychogeriatricians, Psychologists, Social Workers, Nursing Staff and Occupational Therapists).

⁹ <http://www.healthcarenz.co.nz/clients-families/behaviour-support-services/>

Definition of Enabler and Restraint

Information on the definitions and understanding of restraints and enablers is detailed in the *Restraint Minimisation and Safe Practice Standard NZS 8134.2:200*. This standard must be read and understood by all therapists providing EMS solutions for people with challenging behaviour.

It is important to note that some EMS solutions could be used as either an enabler or a restraint e.g. harnesses or belts when a person is in a wheelchair.

- **Enabler**
Where the EMS solution is intended to promote independence, comfort and safety, and the intervention is voluntary this is defined as an 'enabler'. When enablers are being used informed consent needs to be elicited and recorded as per the required processes in the Restraint Minimisation and Safe Practice Standard.
- **Restraint**
Where the EMS solution is intended to prevent access and/or freedom of movement it will be defined as a restraint. Where a restraint is provided, documentation around its purpose and limitations is required as per the Restraint Minimisation and Safe Practice Standard.

Note: A fence is not regarded as an environmental restraint for a person. Every property needs a defined boundary. A household boundary with a 1.8m high fence is common practice and is regarded as standard domestic security.

Where the therapist is in doubt about whether the identified solution for the person is a restraint, it is recommended to use either a peer review process or their assessment services restraint approval processes to evaluate the solution and intended outcome.

Table 1 - Areas of need/EMS solutions

The assessment process identifies the person’s likely need and the potential EMS solution. Table 1 is not an exhaustive list of needs and available solutions, nor does it present solutions which are ‘approved and available’. Not all identified needs and solutions will meet EMS access criteria, or reach the funding threshold using the EMS Prioritisation Tool.

Likely need <i>NB: the likely outcome is often minimising risk and promoting safety for the person.</i>	Potential EMS solution	Restraint	Process Pathway For EMS Assessors
Restraint whilst in vehicle	Car seats, harnesses or buckle guard	No	A
Restrict access/freedom of movement	Locks on internal doors - including key-pad locks	Yes	B
Restrict access/freedom of movement	Locks fitted to oven, oven power source, fridge, freezer or pantry doors	Yes ¹⁰	B
Restraint while in the community	Anti-escape harnesses for buggies/wheelchair	Yes	B
Restrict access/freedom of movement	Catches on wardrobes/drawers	No	A
Restrict access/freedom of movement	Locks on external doors	Yes	B
Restrict access/freedom of movement	Internal gates/barriers	Yes	B
Restrict access/freedom of movement	Security doors within the home	Yes	B
Restrict access from bed	Bed sides up to 300mm	Yes	B
Restrict access from bed	High sided beds	Yes	B
Restricted opening	Windows - Security stays	No	A
Restrict access/freedom of movement	Fencing of play areas	No	A
Restrict access/freedom of movement	Restrict access to roof access points or under the floor/deck	No	A
Reduced harm to person	Fireplace surrounds	No	A
Reduced harm to person	Hardline walls	No	A
Reduced harm to person	Toughened glass	No	A
Reduced harm to person	Stove protectors, barriers to exclude access to a kitchen, bathroom	No	A

¹⁰ These identified issues can be indicators of more involved challenges for the person and would likely benefit from having review from BSS prior to EMS solutions being put in place.

Likely need <i>NB: the likely outcome is often minimising risk and promoting safety for the person.</i>	Potential EMS solution	Restraint	Process Pathway For EMS Assessors
Notification of whereabouts	Driveway point to point beam alarms	No	A
Notification of whereabouts	Security pressure mats	No	A
Notification of whereabouts	Laser beam security units	No	A
Notification of whereabouts	Mattress alarms	No	A
Notification of whereabouts	Security sensor mats	No	A
Notification of whereabouts	Alarms on doorways and windows	No	A
Notification of whereabouts	Tracking systems	No	A
Notification of whereabouts	CCTV (non- recorded) surveillance	No	A
