

# Therapy and Assistive Technology/Equipment

## Operational Protocols

Between the Ministry of Education  
and the Ministry of Health

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## Introduction

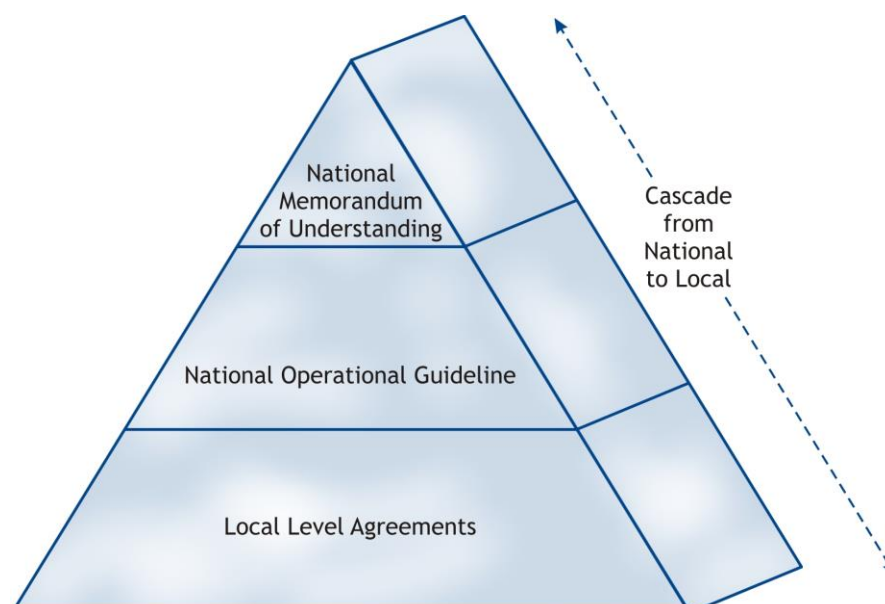
In 1997, the Ministry of Education and the then four Regional Health Authorities, developed a protocol to clarify funding responsibility for the provision of assistive technology/equipment for children and young people with disabilities, and to resolve long standing confusion over roles and responsibilities. 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's 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 comprising 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 Guideline**<sup>1</sup> – details the principles and expectations of the services including the respective roles and responsibilities of each agency; and
3. **Local level agreements** – outlines 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 document. A template is also provided for a Local Level Agreement (LLA). The following diagram shows how the three components fit together to align national and local agreements and practice.

**Figure 1 Operational protocol**



1 Previously known as the Therapy and Equipment Protocols

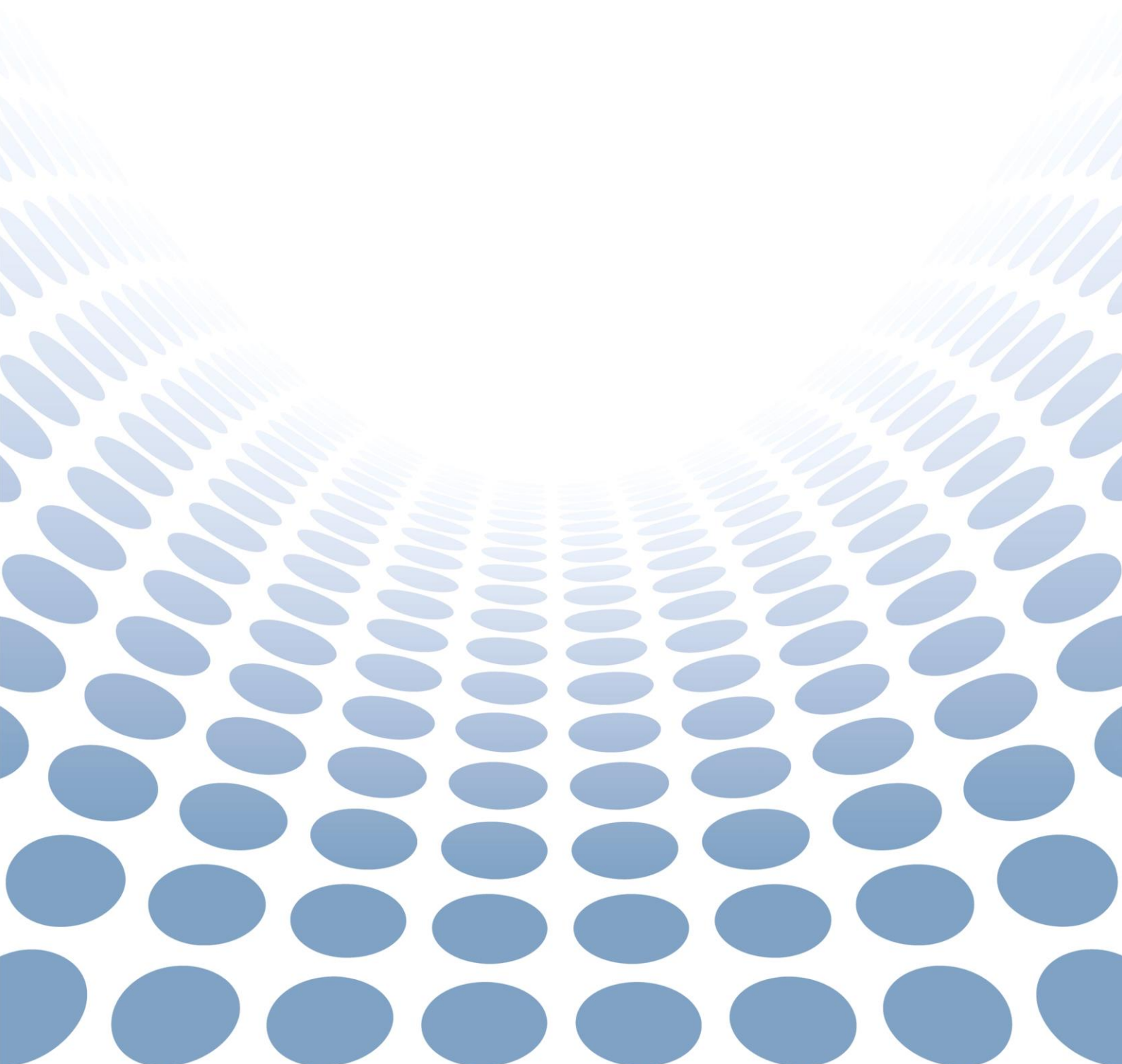
The following table shows the different components of the framework, the primary and secondary users of each component and the key purpose of each level.

**Table 1 Who will use the documents?**

4

DOCUMENT	WHO WILL USE IT THE MOST (Primary Users)	WHO MAY REFER TO IT AT TIMES (Secondary Users)
<b>Memorandum of Understanding</b>	Ministries of Education and Health, and District Health Boards: <ul style="list-style-type: none"> <li>outlines joint commitment and leadership</li> </ul>	Directors of Education, and Managers Learning Support: <ul style="list-style-type: none"> <li>provides context to the national operational protocol</li> </ul>
<b>Operational Guideline</b>	Therapists, EMS Assessors, Equipment and Modification Services' providers, Specialist Assessment Service providers: <ul style="list-style-type: none"> <li>guide daily work and decision making</li> </ul>	Directors of Education, Managers Learning Support, Service Managers, School Principals and Allied Health Professional Leaders and Advisers: <ul style="list-style-type: none"> <li>guide daily work and decision making</li> <li>provide support for staff</li> <li>assist with development of Local Level Agreements</li> <li>assist with issue resolution</li> </ul>
<b>Local Level Agreement</b>	Therapists, EMS Assessors: <ul style="list-style-type: none"> <li>support development of local relationships across services and sectors</li> <li>support staff</li> </ul>	Directors of Education, and Managers Learning Support, Service Managers, Boards of Trustees, and other interested parties: <ul style="list-style-type: none"> <li>guide local work across sectors</li> <li>clarify roles, responsibilities and how these relate</li> </ul>

# Memorandum of Understanding



## Part 1. Memorandum of Understanding

### Therapy and Assistive Technology/Equipment Services

#### Ministry of Education

Learning Support

and

#### Ministry of Health

Disability Directorate

<b>Effective Date</b>	27 October 2021
<b>Status</b>	Reviewed.
<b>Developed by</b>	Ministry of Health Ministry of Education
<b>To be reviewed</b>	By October 2026



## 1.1. Parties

This Memorandum of Understanding is between:

Hautū Te Mahau | Te Pae Aronui (Operations & Integration), Ministry of Education  
and

The Deputy Director-General, Disability Directorate, 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. 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.

This Memorandum of Understanding supports collaborative working relationships across the education, health, and disability sectors, and enables appropriate and consistent decision making at all levels.

## 1.3. 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 Te Kura (correspondence school), or are in a private school or home schooled; and
- receiving Ministry of Education Learning Support; 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, 2011.

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

## 1.4. 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:

- Memorandum of Understanding,
- Operational Guideline (previously known as Therapy and Equipment Protocols),
- Local level agreements.

This Memorandum of Understanding was developed as a result of those recommendations. In 2021, the Memorandum of Understanding was reviewed by the Ministry of Health and the Ministry of Education.

The Operational Guideline, Local Level Agreement Template, Glossary and FAQs were amended in 2021 to reflect changes in terminology. They are due to be reviewed in 2022.

### **1.5. Responsibilities**

This Memorandum of Understanding should be read in conjunction with the Operational Guideline. It is based on goodwill and co-operation 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, government directive and policy change.

The Ministry of Education, Learning Support, is responsible for providing specialist education services for children who have learning support needs up to the age of 18 years, or up to the age of 21 if they have an agreement under Section 37 of the Education and Training Act 2020.

The Ministry of Health is responsible for the planning and the funding of Disability Support Services to children and young people with disabilities.

### **1.6. 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 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, ensuring quality support and services for the child or young person.
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.



## 1.7. Confidentiality

The Parties acknowledge that disclosure of information is subject to the Official Information Act 1982, the Privacy Act 2020, the Health Information Privacy Code 2020 and the Vulnerable Children Act 2014.

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.

## 1.8. Review and Variation

This Memorandum of Understanding will be reviewed against its purpose by both Parties, taking account of the perspective of stakeholders and the Ministries, by July 2026 or earlier if there are changes to government policy that affect the purpose and functions of this Memorandum of Understanding. Each agency will inform the other of any changes as early as possible and meet to review and update the document considering the changes.

If there is no review, the Memorandum of Understanding will continue to operate, consistent with this agreement.

The *Therapy and Assistive Technology/Equipment Services Operational Protocols* may be varied from time to time by mutual agreement between the Parties where there are changes to key contacts or terminology.

Any new document resulting from review or variation will be produced, agreed, signed, distributed by the Parties and will be available on the Parties' websites:

[www.health.govt.nz](http://www.health.govt.nz)

[www.education.govt.nz](http://www.education.govt.nz)

The Parties will be responsible for the destruction of a redundant Memorandum of Understanding or operational protocol, and distribution and retention of any new Memorandum of Understanding or operational protocol.

## 1.9. Term

This Memorandum of Understanding will commence on 15 October 2021 and continue until terminated by either party by serving to the other party three months' notice in writing of the intended termination.

### 1.10. Signing

Signed by Hautū Te Mahau | Te Pae Aronui (Operations & Integration), Ministry of Education and Deputy Director-General, Disability, Ministry of Health, October 2021.

10

Signed:

A handwritten signature in blue ink, consisting of stylized letters 'S', 'T', and 'M' followed by a horizontal line.

Sean Teddy  
Hautū Te Mahau | Te Pae Aronui  
(Operations & Integration)  
Ministry of Education

Date: 29/10/ 2021

Signed:

A handwritten signature in blue ink, starting with 'A' and 'I' followed by the name 'Adri Isbister' and a horizontal line.

Adri Isbister  
Deputy Director-General  
Disability  
Ministry of Health

Date: 25/11/ 2021

## Appendix A – Contact People

### Ministry of Education

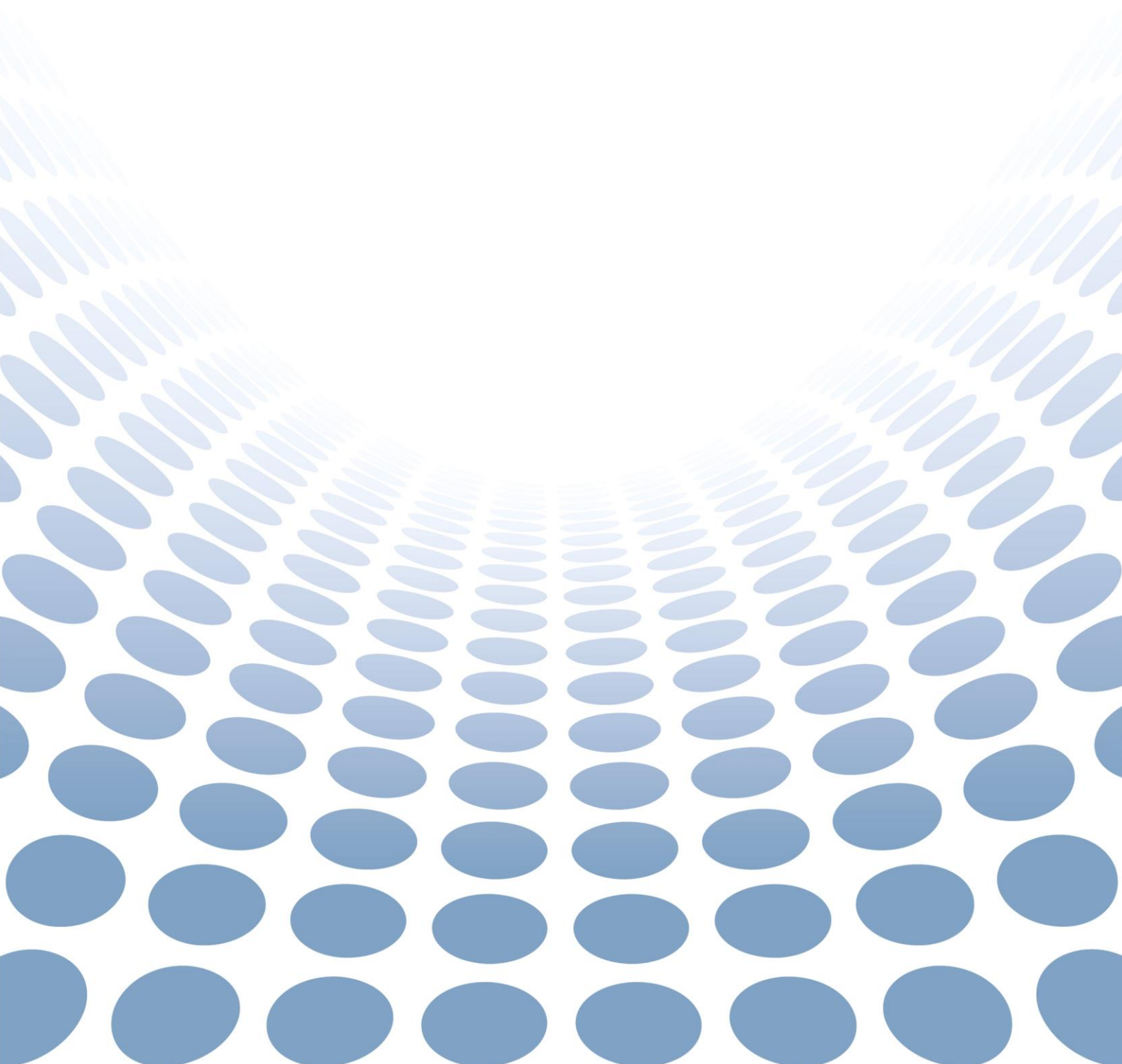
<b>Contact Person/Position:</b>	Manager, National Service Support and Guidance, Learning Support
<b>Postal Address:</b>	Ministry of Education, P O Box 1666, Thorndon, Wellington
<b>Phone:</b>	(04) 463 8000 0800 622 222

### Ministry of Health

<b>Contact Person/Position:</b>	Portfolio Manager, Equipment and Modification Services
<b>Postal Address:</b>	Ministry of Health, P O Box 5013, Wellington
<b>Phone:</b>	(04) 496 2000

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

## Part 2. Operational Guideline



## Part 2: Operational Guideline

Therapy and Assistive Technology/Equipment

### Operational Guideline: Roles and Responsibilities

Between the Ministry of Education  
and the Ministry of Health

<b>Effective Date</b>	27 October 2021
<b>Status</b>	Varied - to reflect changes in terminology.
<b>Developed by</b>	Ministry of Health Ministry of Education
<b>To be reviewed</b>	2022

## Operational Guideline Contents

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## 2.1. Purpose

This Operational Guideline (the Guideline) identifies health and education roles and responsibilities as they relate to the funding and provision of occupational therapy, physiotherapy, and speech language therapy services and assistive technology/equipment to children and young people with disabilities. The Guideline provides the operational procedures to support the Memorandum of Understanding between the Ministries of Health and Education (“the Parties”).<sup>2</sup>

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

- fostering co-operation and collaboration between the Parties to provide flexible, and child- and young person-focused services
- setting out roles and responsibilities
- clarifying funding responsibilities
- assisting referrers to understand appropriate referral pathways.

The Guideline will be used by providers of:

- therapy services, and services to assess assistive technology/equipment needs, including occupational therapists, physiotherapists, and speech language therapists
- assistive technology (Education)
- Equipment and Modification Services (EMS)
- specialist assessment services.

It may also be referred to by:

- Early Learning Services
- families and whānau of the children and young people
- schools
- EMS Assessors
- education fund managers
- managers and providers of therapy services and/or assistive technology/equipment services.

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”.<sup>3</sup>

Throughout this Guideline the term Assistive Technology includes devices such as computer hardware and software products, as well as vision equipment, hearing devices and specialised seating.

## 2.2. Principles

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

<sup>2</sup> Refer to the Glossary at the end of the Guideline document for definitions of key terms.

<sup>3</sup> Ministry of Education, Assistive Technology Guidelines, 2009

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, ensuring quality support and services for the child or young person.
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.

### 2.3. Legislative Strategic and Policy Context

This Guideline fits within a wider strategic context of national legislation, strategies, and policy. The most notable of these are outlined in Table 2 below.

**Table 2 Legislative Strategic and Policy Context**

TYPE	TITLE
Legislation	<ul style="list-style-type: none"> <li>• Official Information Act 1982</li> <li>• Vulnerable Children's Act 2014</li> <li>• Education and Training Act 2020</li> <li>• Privacy Act 2020</li> <li>• Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996</li> <li>• New Zealand Public Health and Disability Act 2000</li> <li>• Health Practitioners Competence Assurance Act 2003</li> <li>• Health Information Privacy Code 2020</li> </ul>
International conventions	<ul style="list-style-type: none"> <li>• United Nations Convention on the Rights of Persons with Disabilities 2006, ratified by New Zealand 2008</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• The New Zealand Disability Strategy 2016</li> <li>• The New Zealand Carers' Strategy 2008</li> <li>• Mahi Aroha Carers' Strategy Action Plan 2019-2023</li> </ul>

Table 2 continued from page 15

<b>Policies, Standards, Guidelines</b>	<ul style="list-style-type: none"> <li>• Statement of National Education and Learning Priorities (NELP) 2020</li> <li>• Learning Support Delivery Model 2020</li> <li>• Learning Support Action Plan 2019-2025</li> <li>• To Have an “Ordinary” Life - Kia Whai Oranga “Noa”, National Advisory Committee on Health and Disability 2003</li> <li>• Allied Health Services Sector Standard NZS 8171:2005</li> <li>• He Pikorua, Our Practice Framework 2019</li> <li>• The Enabling Good Lives Vision and Principles</li> <li>• Equipment and Modifications Services Manual, Ministry of Health 2014</li> <li>• The New Zealand Curriculum 2017</li> <li>• Te Marautanga o Aotearoa 2010</li> <li>• Te Whāriki (Early Childhood Curriculum) 2017</li> <li>• Assistive Technology, Ministry of Education 2021</li> <li>• Disability Support Services Child Development Service Specification 2012</li> </ul>
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## 2.4. Purpose of the Services/Supports and Eligibility

Both the Ministries of Health and Education have guiding principles, purpose, and eligibility for the services and supports they oversee or provide. These are summarised in Tables 3, 4 and 5 below.

Table 3 Overview of Service/Support Purpose

HEALTH	EDUCATION
<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 do.<sup>4</sup></p> <p>Services focus on:</p> <ul style="list-style-type: none"> <li>• enabling and promoting functional independence within each child or young person’s own context</li> <li>• enabling families and whānau to care for their children and young people as independently and as safely as possible.</li> </ul> <p>Services can be delivered in any setting that is relevant to the child or young person’s needs.</p>	<p>Supports occur within the context of the NZ Curriculum and Te Whāriki (Early Childhood Curriculum) including key competencies and learning areas.</p> <p>Supports focus on:</p> <ul style="list-style-type: none"> <li>• removing, reducing or overcoming barriers to educational achievement</li> <li>• achieving presence, participation and learning through the promotion of communication and functional independence in the educational setting(s)</li> <li>• assisting with the achievement of objectives and learning outcomes</li> <li>• supporting the student in the context of their classroom or learning environments.</li> </ul> <p>Supports can be provided in any setting that is relevant to the child or young person’s needs.</p>

<sup>4</sup> <http://www.health.govt.nz/our-work/disability-services>

**Table 4 Overview of Eligibility to Receive Support and Services – Early Learning Services<sup>5</sup>**

HEALTH	EDUCATION
<b>Health funded Disability Support Services:</b>	<b>Early Intervention</b>
<p>Health funded Disability Support Services are available to people who meet the following Ministry of Health definition:</p> <p>“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”.<sup>6,7</sup></p> <p>For more information see:</p> <p><a href="https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people">https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people</a></p>	<p>Early Intervention provides support for children with additional needs from birth, until they transition in to school.</p> <p>Early Intervention is available to parents, whānau and kaiako to support a plan for a child’s participation and learning.</p> <p>Early Intervention teams work with families and early learning educators who ask for help when they are concerned about the learning and development of young children. Early Intervention can be provided by Ministry of Education teams or by contracted Early Intervention providers. These specialists include:</p> <ul style="list-style-type: none"> <li>• Early Intervention teachers</li> <li>• Kaitakawaenga (Māori cultural advisers)</li> <li>• Education Support Workers</li> <li>• Psychologists</li> <li>• Speech-language therapists.</li> </ul>
<b>Child Development Services</b>	<b>Occupational and Physiotherapy within Early Intervention</b>
<p>Child Development Services (including occupational therapy, speech language therapy and physiotherapy) provide multidisciplinary allied health and community-based services that have an emphasis on early intervention for pre-school children with disabilities (intellectual, physical or sensory), who are at risk of developing a disability or have developmental delay and are not achieving developmental milestones.</p>	<p>The Ministry of Education does not provide occupational therapy or physiotherapy services for children from birth to school age.</p>

5 Before school age

6 Some children and young people who do not meet the Disability Support Services definition may be eligible for other relevant 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.

7 This includes children with developmental delay

**Table 5 Overview of Eligibility to Receive Services – School aged students**

HEALTH	EDUCATION
<p>Health funded Disability Support Services are available to people who meet the following Ministry of Health definition:</p> <p>“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”.<sup>8</sup></p> <p>For more information see:  <a href="https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people">https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people</a></p>	<p>Students with learning support needs are supported through the Learning Support Delivery Model. To be eligible for Ministry of Education Learning Support services the child or young person must be:</p> <ul style="list-style-type: none"> <li>enrolled in a registered school (compulsory education including independent schools and Te Kura - the correspondence school), or formally exempted from school and being home schooled</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>aged between five and 19 years (or up to the end of the year they turn 21 if they have a Section 37 Agreement under the Education and Training Act 2020).</li> </ul> <p>For more information see:  <a href="https://www.education.govt.nz/our-work/changes-in-education/strengthening-learning-support">https://www.education.govt.nz/our-work/changes-in-education/strengthening-learning-support</a></p>

## 2.5. Occupational Therapy, Physiotherapy and Speech Language Therapy

Specific roles and responsibilities relating to Occupational Therapy, Physiotherapy and Speech Language Therapy services and supports are outlined in this section.

**Table 6 Overview of Therapy Services Provision and Key Linkages**

	HEALTH	EDUCATION
<b>THERAPY SERVICES</b>	<p>Therapies funded by Disability Support Services within the Ministry of Health are primarily provided by District Health Board Child Development Services, with the exception of some independent agencies or trusts that are contracted by the Ministry of Health. The setting for service delivery is based on the needs of the family and child or young person accessing the service. It may be in the preschool/school, the family home, or another community-based setting.</p>	<p><b>Speech Language Therapy within Early Intervention</b></p> <p>Therapies may be provided through the Ministry of Education, Learning Support who may also contract therapists, or the family may choose another Ministry of Education funded Early Intervention specialist service provider for this service.</p>

<sup>8</sup> Some children and young people who do not meet the Disability Support Services definition may be eligible for other relevant 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.

Therapies can be privately funded by family or whānau in regions where therapists are available.

Therapies are provided by District Health Board Child Health Services following acute illness, and subsequent follow-up.

### Occupational Therapy, Physiotherapy and Speech Language Therapy within schools

Some schools are specialist school providers, such as fund-holders, and provide specialist services. A few schools also hold the Service for the Physical Disabilities contract. These arrangements are under agreement with the Ministry of Education.

#### Linkages:

1. Family and whānau needs must be considered as part of the assessment and therapy processes. 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 documented plan.
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:
  - family and whānau, school staff, health or education therapists, early learning teachers, Needs Assessment Service Coordination (NASC) organisations, other specialists such as dieticians, doctors, orthotists, audiologists, ophthalmologists and contracted providers of services such as wheelchair and seating, or alternative augmented communication.

Provision of therapy services is flexible, child and young person focused, and based on a collaborative and complementary approach, as reflected in the principles of the Memorandum of Understanding.

Referrals that meet the eligibility criteria (refer Tables 4 and 5 above) are prioritised for access to therapy services. This will determine service delivery at the local level.



**Table 7 Eligibility for Therapy Services**

	HEALTH SECTOR	EDUCATION SECTOR
<b>THERAPY SERVICES</b>	<b>Disability Support Services – Child Development Services:</b>	<p>Students will be eligible for education funded occupational therapy, physiotherapy and/or speech language therapy where they are:</p> <ul style="list-style-type: none"> <li>receiving Early Intervention (Speech Language Therapy)</li> <li>verified under the Ongoing Resourcing Scheme (ORS)</li> <li>accepted into the Physical Disability Service (Occupational Therapy and Physiotherapy)</li> <li>receiving In Class Support</li> <li>receiving Resource Teacher: Learning and Behaviour (RTL) support</li> <li>accepted for Communication support (predominantly for children aged five to eight years)<sup>9</sup> (Speech Language Therapy).</li> </ul>
	<p>Children and young people will be eligible for health funded occupational therapy, physiotherapy and/or speech language therapy when they are:</p> <ul style="list-style-type: none"> <li>eligible for Ministry of Health (Disability Support Services), Child Development Services</li> <li>in need of intensive therapy prior to, or intensive rehabilitation following a planned medical or surgical intervention<sup>10</sup> related to the child or young person's disability.<sup>11</sup></li> </ul> <p>Note: 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.<sup>12</sup></p>	
	<b>District Health Board – Child Health Services:</b>	
	<p>Disabled children and young people who have acute<sup>13</sup> illness may be eligible for therapy services provided by child health services.</p>	

9 Refer to the Glossary for a definition.

10 One example is Botulinum Toxin A.

11 Refer to the Ministry of Health Child Development Service Specification (2010).

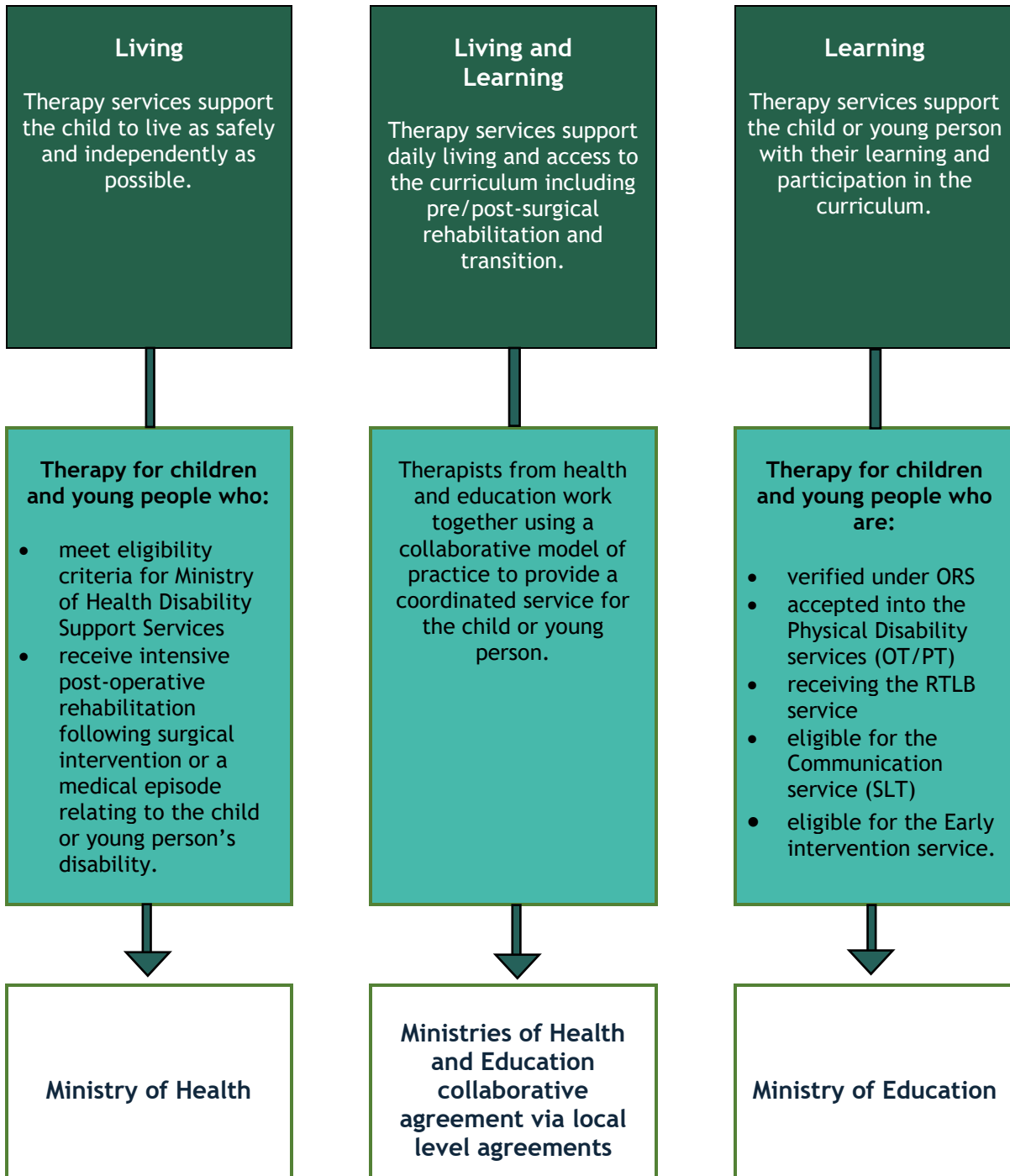
12 Education and Health therapists will work together with the family to implement the pre- and post-surgical rehabilitation programme to ensure it is well coordinated and all parties agree on their role and responsibility. The Local Level Agreements can be used to determine how this will happen across Health and Education services.

13 Acute is defined as a short-term episode of care due to an acute illness and as such the child or young person is expected to return to former level of function and wellness.

Figure 2 Therapy Service Access Pathway

## Therapy Service Access Pathway

22



Eating drinking and swallowing difficulties for children and young people can have a significant impact on their wellbeing, safety and independence across home, school, and community settings. This is a unique area where the speech language therapy roles and responsibilities across health and education have been clarified and documented in Table 8 below.

The table illustrates how a child or young person with eating, drinking and swallowing needs are managed effectively. At the centre of the process is the development and monitoring of an Eating, Drinking and Swallowing Plan that will support how and who will be involved as the child or young person moves back and forth between both services. The Local Level Agreements can also be used to document how this relationship would work in a particular region.

Speech Language Therapy services are not limited to providing support to address eating, drinking and swallowing difficulties. They may also include speech, language, and other communication support (refer Tables 6 and 7 above).

**Table 8 Speech Language Therapy: eating, drinking and swallowing difficulties**

HEALTH SECTOR	EDUCATION SECTOR
<p><b>Disability Support Services – Child Development Services, speech language therapists:</b></p>	<p><b>Education speech-language therapists:</b></p>
<ul style="list-style-type: none"> <li>• allocate a lead therapist where ongoing Health involvement is required.</li> </ul> <p>Child Development Service speech language therapists:</p> <ul style="list-style-type: none"> <li>• support the child and family to develop the skills required to make eating and drinking an enjoyable and safe experience</li> <li>• develop Eating, Drinking and Swallowing Plans in collaboration with the Education speech language therapist</li> <li>• provide advice, guidance, and training to relevant support people (such as family and whānau, teacher, teacher’s aide, support person) when required, to ensure implementation of Eating, Drinking and Swallowing Plans.</li> </ul>	<ul style="list-style-type: none"> <li>• monitor and support the implementation of the Eating, Drinking and Swallowing Plan in an educational context</li> <li>• provide advice and guidance to educational facilities to support the implementation of Eating, Drinking and Swallowing Plans</li> <li>• liaise with and refer to Child Development Services or Child Health Services (as relevant) where a referral or review is required</li> <li>• collaborate with Health to develop an Eating, Drinking and Swallowing Plan.</li> </ul>

Table 8 continued from page 22

24

HEALTH SECTOR	EDUCATION SECTOR
<p><b>District Health Board – Child Health Services, speech language therapists:</b></p> <p>Children and young people may be eligible for speech language therapy services provided by child health services through District Health Boards.</p> <p>Child Health speech language therapists:</p> <ul style="list-style-type: none"> <li>• manage eating drinking and swallowing needs when a child is admitted into hospital</li> <li>• provide relevant follow up after discharge from hospital. This may include liaison and referral to other relevant services (such as Child Development Service, Ministry of Education, and Specialist School Providers)</li> <li>• receive referrals from education services and other agencies, where instrumental assessment (e.g. video fluoroscopy) of eating, drinking and swallowing difficulties is required</li> <li>• contribute to the Eating, Drinking and Swallowing Plans following instrumental assessment.</li> </ul>	
<b>Joint Work</b>	
<p>Where both Health (Child Development Services, Child Health Services) and Education are involved with the same client, they will work collaboratively:</p> <ul style="list-style-type: none"> <li>• to confirm which Health therapist will lead the eating, drinking and swallowing assessment, plan and treatment</li> <li>• to support the implementation of eating, drinking and swallowing plans across all environments</li> <li>• with multidisciplinary team members, such as psychologists, occupational therapists, physiotherapists, dieticians, pediatricians</li> <li>• to attend relevant meetings (e.g. clinic appointments where needs have changed).</li> </ul>	

## 2.6. Assistive Technology/Equipment

Assessment for access to assistive technology/equipment to be considered by the Ministry of Health is through EMS Assessors. Assessment for access to assistive technology/equipment to be considered by the Ministry of Education is through school or Learning Support practitioners (EMS Assessor accreditation is not essential). If the education assessor is also an EMS Assessor, they may also apply for health funded equipment for the child or young

person if the student is eligible for Ministry of Health funded services. Complex assistive technology/equipment assessment may require a referral to a specialist assessment service e.g. communication assistive technology, wheeled mobility, or postural management.

Joint funding of high-cost assistive technology/equipment (i.e. with a total value of \$5,000 or more including GST) 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.

For more information refer to:

- Ministry of Health Equipment Manual (which can be downloaded from the following sites):
  - > <https://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services>
  - > <https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people/equipment-disabled-people>
- [Ministry of Education Assistive Technology](#).

**Table 9 Overview of Assistive Technology/Equipment services and Key Linkages**

	HEALTH	EDUCATION
<b>ASSISTIVE TECHNOLOGY EQUIPMENT</b>	<b>Disability Support Services – Child Development Services</b>	<b>Who provides the support</b>
	<p>Assessment for health funded equipment to meet a child or young person’s long term<sup>14</sup> needs is undertaken by EMS Assessors who may be health or education therapists. The Ministry of Health contracts two agencies to provide Equipment and Modification Services in New Zealand.<sup>15</sup></p> <p>EMS Assessors make applications to these agencies for equipment, vehicle modifications and housing modifications.<sup>16</sup> Equipment approved for funding will be provided from a store (reissued) or, if this is not available, purchased new for the child or young person.</p>	<p>Assessment for education funded assistive technology is undertaken by Learning Support or school staff, including those in schools that are specialist providers such as fund-holder and special schools. Applications are submitted to the local Ministry of Education Assistive Technology Coordinator for moderation consideration.</p> <p>Approved assistive technology applications will have devices reissued following a successful trial or funding made available for the school to purchase for the child or young person.</p>

<sup>14</sup> Long term is defined as needing the equipment for a minimum of six months or more.

<sup>15</sup> Accessable provides services for Auckland and Northland, and Enable New Zealand provides services for the rest of New Zealand.

<sup>16</sup> For all current manuals refer to [www.accessable.co.nz/home](http://www.accessable.co.nz/home).

**Table 9 continued from page 25**

<b>26</b>	<b>District Health Board – Child Health Services</b>	
	When the need for equipment is short term and the child or young person is expected to return to their former level of function, the assessment and provision of short-term loan equipment for personal care is undertaken by the appropriate service in the District Health Board. <sup>17</sup>	
	<p><b>Linkages</b></p> <p>The Ministries of Health and Education will collaborate and work together to undertake joint assessments and joint application processes where appropriate.</p>	

**Table 10 Eligibility for Assistive Technology/Equipment Services**

	HEALTH SECTOR	EDUCATION SECTOR
<b>ASSISTIVE TECHNOLOGY EQUIPMENT</b>	<p>Children and young people will be eligible for Health funded assistive technology/equipment when they:</p> <ul style="list-style-type: none"> <li>• are eligible for Ministry of Health Disability Support Services</li> <li>• have identified needs relating to living as safely and independently as possible</li> <li>• meet criteria outlined in the current Equipment and Modifications Services Equipment Manual, Ministry of Health.</li> </ul>	<p>Students are eligible for Ministry of Education funded assistive technology support where they are supported through any of the current Learning Support initiatives<sup>18</sup> as outlined in the <a href="#">Ministry of Education Assistive Technology 2021</a>.</p>

17 If the personal care short term loan equipment is needed for school, Education and Health therapists will work together to determine the most appropriate solution.

18 Examples of initiatives are: ORS, Speech Language (Communication) support, Severe Behaviour support, Physical Disability Service and School High Health Needs Fund

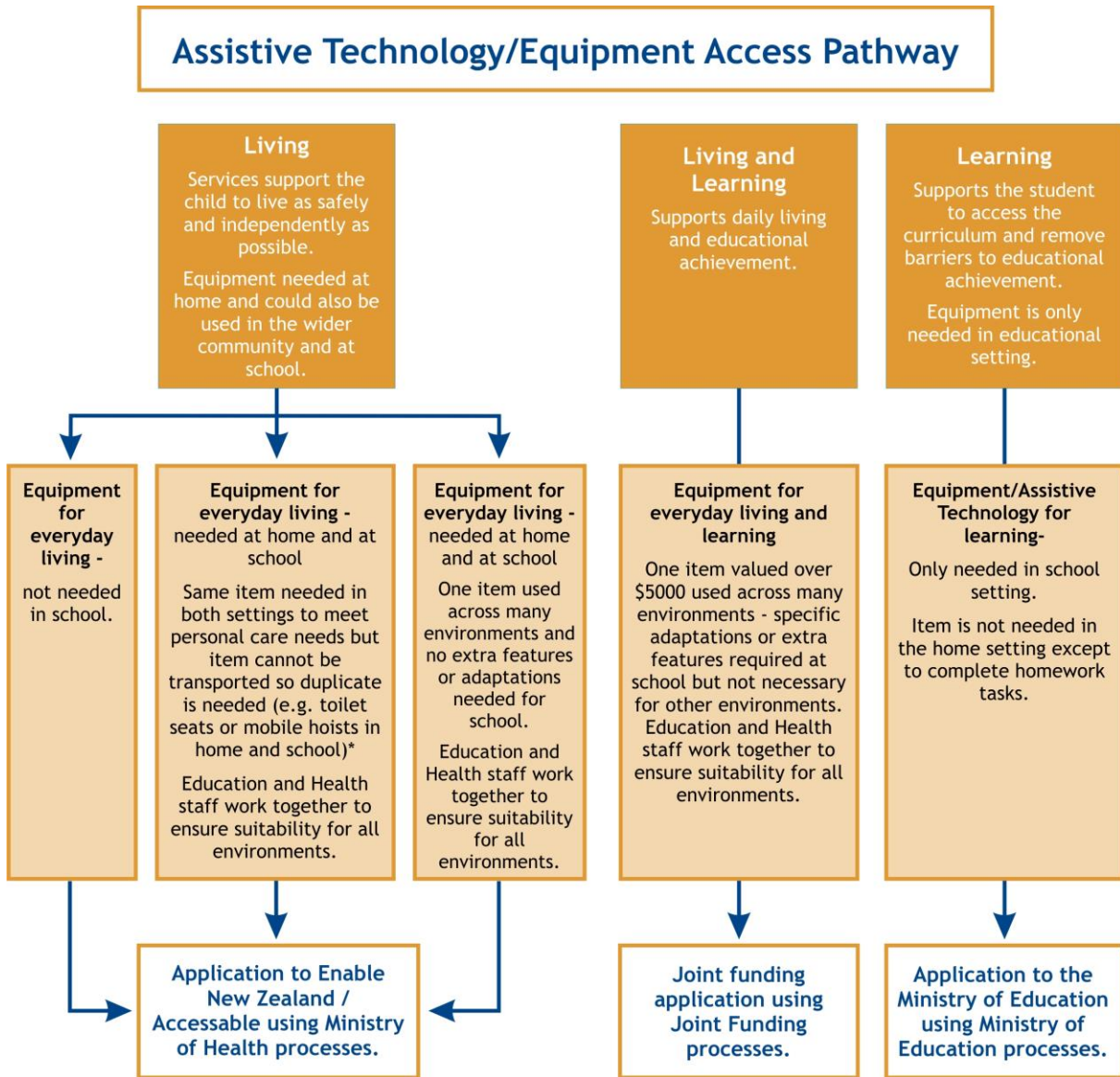


**Table 11 Assistive Technology/Equipment Funding Responsibilities**

ASSISTIVE TECHNOLOGY EQUIPMENT				
	What is the primary need for the equipment?	What will the equipment be used for?	Where will the equipment mainly be used?	Who will undertake the assessment?
HEALTH	To support the child in their daily living.	To assist the child and their family and whānau to live as safely and independently as possible.  Examples: <ul style="list-style-type: none"> <li>• face to face communication,</li> <li>• personal care,</li> <li>• wheelchair.</li> </ul>	All settings – at home, at school and (in some cases) in the community.	EMS Assessors.
EDUCATION	To support the student's learning and participation.	To remove barriers to educational achievement.  Examples: <ul style="list-style-type: none"> <li>• written communication,</li> <li>• physical access to classroom resources,</li> <li>• alternative access to classroom resources.</li> </ul>	Only in the school setting.	Specialist or Education personnel.
JOINT FUNDING	To support the child in both daily living and learning activities. One equipment item, with a total value of over \$5000, <sup>19</sup> which will have different or additional features for use in both settings.	To assist with independence and safety at home and in the community and accessing the curriculum.  Examples: <ul style="list-style-type: none"> <li>• face to face communication and written communication,</li> <li>• height adjustable wheelchair.</li> </ul>	All settings – at home, at school and in the community. Joint funding is defined by task not setting.	Joint assessment with both Health and Education assessors and application to both agencies. For more information see the Joint Funding Fact Sheet ( <a href="http://www.education.govt.nz">www.education.govt.nz</a> search term: assistive)

<sup>19</sup> If request meets the joint funding criteria but the total value of the item is under \$5000 including GST, 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.

**Figure 3 Assistive Technology/Equipment Access Pathway<sup>20</sup>**



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

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

## 2.7. Exclusions and Constraints

This Operational Guideline does not cover the following:

- The provision of services for young people after they leave school. School leavers may access adult services funded by the Ministry of Health (or other agencies) if the person meets the eligibility criteria.
- Children and young people eligible for ACC entitlements are excluded from accessing disability funded Health services.<sup>21</sup> 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 services and assistive technology/equipment supports within finite budgets. The provision of the supports and 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.

## 2.8. Transitions

Transitions occur when the child or young person changes setting or experiences a change in circumstances. For instance:

- change from home to an early learning service
- change from an early learning service to school
- change of teacher/classroom/school
- when leaving school to go to adult services or other post school environments.

It is important that a special focus on flexibility, co-operation and collaboration across the sectors occurs at these times. 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 people from health into education services and from education into health services will be used if required. There may also be transitions between schools.

The lead 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 high or complex needs. 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 organisation, 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.

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<sup>21</sup> 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."

**Table 12 Transition Roles and Responsibilities**

PHASE	HEALTH	EDUCATION
<b>Moving between services</b>	Joint planning processes are required to ensure a smooth transition between health and education services (and any other relevant parties). A lead service is always identified. Joint planning starts early to ensure a successful transition.	
<b>Into school (school entry)</b>	<p>Depending on the child or young person's needs, planning may need to start at least a year in advance of the school start date, especially if equipment is needed.</p> <p>If required, Health indicates to Education that property modification may be required.</p> <p>Some Ministry of Health Equipment may be transferred to Education using the asset transfer protocols (Refer to p.53 <a href="#">4.3: Asset Transfer Protocol 2006</a> for detail on asset transfers).</p>	<p>The Early Intervention specialist service providers<sup>22</sup> are the lead service for planning the transition into school. The planning may need to start at least a year before the transition to school.</p> <p>Planning timelines will vary to allow enough time:</p> <ul style="list-style-type: none"> <li>• for the family to choose a school and complete the enrolment requirements</li> <li>• for property modifications<sup>23</sup> if required</li> <li>• to initiate assessments for assistive technology if required.</li> </ul>
<b>Leaving School into adult services</b>	<p>Health to refer and provide appropriate reports and information to relevant adult service.</p> <p>Effective planning starts early; a minimum of six months before the young person moves to adult services.</p>	<p>The Education team is the lead for planning for transition out of school. Effective planning starts at age 14 or before for those with high or very high needs.</p> <p>Ministry of Education assistive technology may be transferred from Education to Health using the asset transfer protocols (Refer to p.53 <a href="#">4.3: Asset Transfer Protocol 2006</a> for detail on asset transfers).</p>
<b>Out of Area</b>	Health to refer and provide appropriate reports to receiving District Health Board such as the Child Development Service.	Education reports and information to be provided from the previous school and Ministry of Education office.

## 2.9. Finding solutions and 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.

<sup>22</sup> Please refer to glossary.

<sup>23</sup> Please refer to Ministry of Education Property Guidelines.

If the matter is not able to be resolved at the local level, the issue should be referred to the district or regional level:

- **Therapy:** Manager, Learning Support in the Ministry of Education, and/or the Child Development Service Manager and/or Professional Leader/Adviser in the District Health Board.
- **Equipment:** Manager, Learning Support or Regional Technology Coordinators in the Ministry of 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, district or regional 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.

**Table 13 Key contacts for finding solutions**

	HEALTH	EDUCATION
<b>Local</b>	Child Development Services Managers	Service Managers
<b>District/Regional</b>	Enable New Zealand or Accessable (equipment) Child Development Service Manager and/or Professional Leader/Adviser (therapy) Specialist Assessment Services	Managers Learning Support Assistive Technology Coordinators (local and regional)
<b>National</b>	Development Manager Child and Youth (for therapies) or Development Manager, Environmental Support Services (for equipment)	Specialist Service Leads Complex Needs (for therapies) or National Coordinator Assistive Technology (for equipment) or Specialist Service Lead Speech Language Therapy (for speech language therapy)
	For assistive technology/equipment only: a Health and Education Joint Review Panel meeting would be convened to respond to any assistive technology requests that need discussion at Ministry level.	

### 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 Services and Ministry of Health meetings and Regional Education

Therapy and Assistive Technology meetings. Assistive Technology Joint Ministry of Education and Ministry of Health meetings will be convened to respond to any assistive technology requests that need discussion at Ministry level.

In addition, feedback can be given to either of the Parties through the Ministry of Education Managers Learning Support, Child Development Service Managers and Equipment and Modification Service Providers. 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 Guideline replaces all previous Protocols and understandings regarding service and funding responsibilities for provision of occupational therapy, physiotherapy, speech language therapy and assistive technology/equipment services for early childhood, school-aged children and young people with disabilities.

This Guideline is effective from October 2021 and will be reviewed five 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 Guideline against its purpose.



## Appendix B – Ministry Contacts

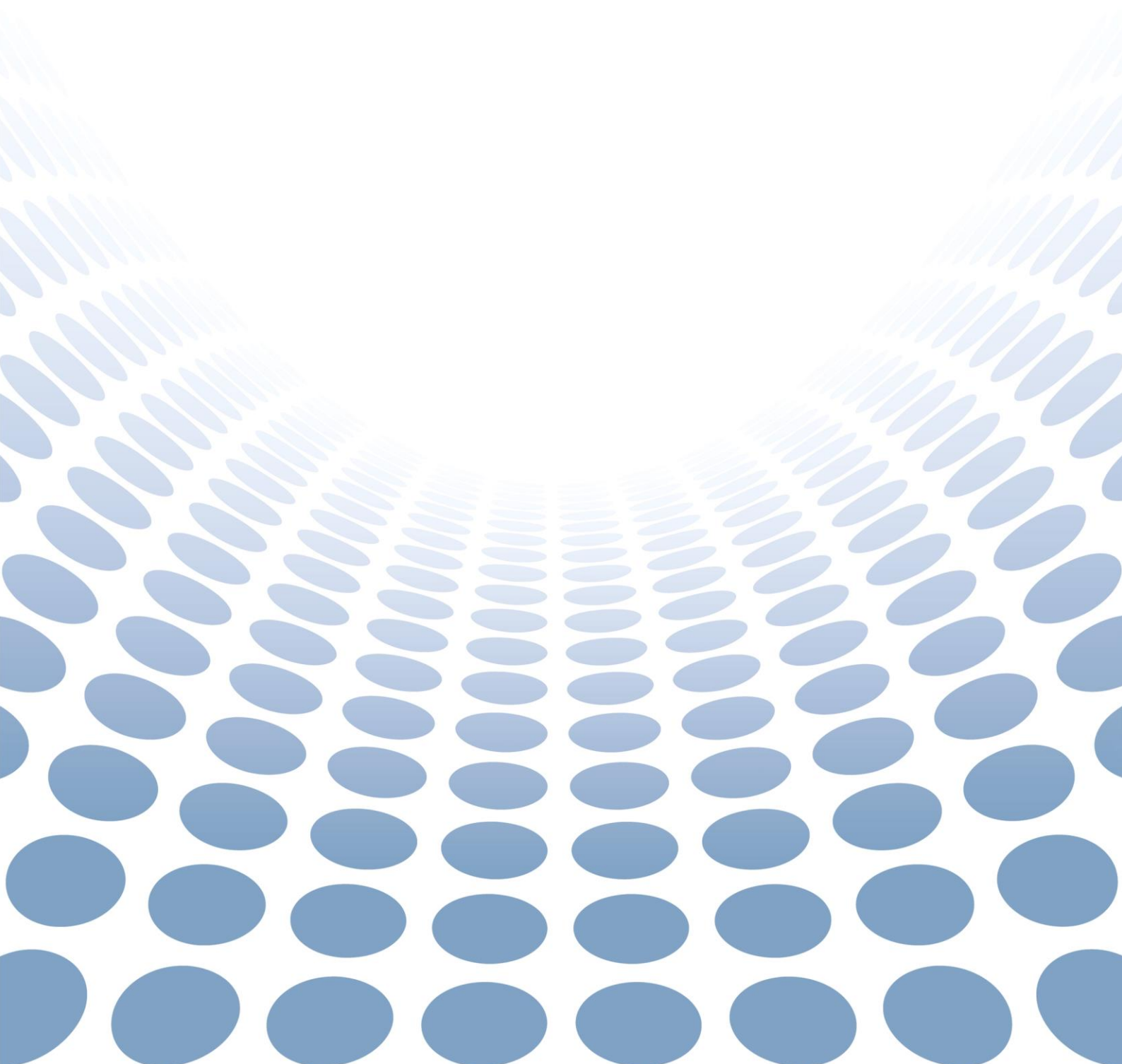
### Ministry of Education

<b>Contact Person/Position:</b>	Group Manager Service Delivery, Learning Support
<b>Postal Address:</b>	Ministry of Education, P O Box 1666, Thorndon, Wellington
<b>Phone:</b>	(04) 463 8000 0800 622 222

### Ministry of Health

<b>Contact Person/Position:</b>	Portfolio Manager, Child Development Service Portfolio Manager Equipment and Modifications Services
<b>Postal Address:</b>	Ministry of Health, P O Box 5013, Wellington
<b>Phone:</b>	(04) 496 2000

# Local Level Agreement



# Part 3. Local Level Agreement Template

<b>Effective Date</b>	27 October 2021
<b>Status</b>	Varied.
<b>Developed by</b>	Ministry of Health Ministry of Education
<b>To be reviewed</b>	2022. Then 5 yearly.

### 3.1. Introduction

The Local Level Agreements describe, at the local level (e.g. regional/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 Learning Support, special schools, fund-holder schools, child development services, conductive education and any relevant Ministry of Health funded agencies.

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The agreement covers topics such as who will host joint meetings, how often meetings will be held, and dispute resolution processes. Additionally, the Local Level Agreement could include:

- request for service/referral processes where there is no joint involvement
- access to second opinions
- involvement of education where video fluoroscopy is required
- processes for management of a child transitioning to education services from health services
- processes for the management of a child declined by education services where the child has previously received health services.

The Local Level Agreement occurs in consultation with Managers Learning Support (Education) and Service Managers 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 contribute. Ongoing review processes allow further input.

## LOCAL LEVEL AGREEMENT TEMPLATE

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.

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

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

*Ministry of Education Learning Support*  
*Xxx Region*  
*Name of contact person*  
*Address of organisation*

*Contact details*

AND

*Name of any other relevant service*  
*Name of contact person*  
*Address*

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

## PURPOSE

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The purpose of this Local Level Agreement 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 supports and services.

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The Local Level Agreement 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 and whānau.

## WORKING CO-OPERATIVELY

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Each party to this agreement recognises the importance of a co-ordinated 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 ..... *(Provide further detail of how this process will occur in practice).*

Where there are common training opportunities, all parties to this agreement will be invited to participate.

## SERVICE PROMOTION

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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

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If appropriate, and with parental permission, each party will tell the other where referral/request for support 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

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Managers and therapists working for the parties to this agreement will meet at least *frequency* at *venue*, time *XXX* 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 XXX. 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 Local Level Agreement until the disagreement is resolved to ensure best services to children and their families continues.

## AUTHORISATION

<p><b>Signed by:</b></p> <p><b>Name:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>On behalf of (Organisation):</b></p> <p>_____</p> <p><b>Date:</b></p> <p>_____</p>	<p><b>Signed by:</b></p> <p><b>Name:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>On behalf of (Organisation):</b></p> <p>_____</p> <p><b>Date:</b></p> <p>_____</p>
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# Glossary, FAQs, Asset Transfer Protocol and References



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

## 4.1. Glossary

TERM	DEFINITION
Assessment (related to therapy)	<p>Assessment<sup>24</sup> 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.</p>
Child and young person centred	<p>Professional practice 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.</p>
Child Development Services (Ministry of Health)	<p>Multidisciplinary allied health and community-based services (including Speech Language Therapy) funded by Disability Support Services, Ministry of Health. These services are generally provided by District Health Boards but in some areas, services are provided by non-government agencies.</p> <p>Child Development Services promote and facilitate the child's developmental pathway to maximise their potential through assessment, intervention, and treatment services.</p> <p>Services are predominantly for pre-school children aged 0-5 years and in some regions for children aged 0-16 years.</p>
Child Health Services (Ministry of Health)	<p>Funded by District Health Boards to meet a disabled child's acute or ongoing personal health needs. Examples of services include paediatric assessment, paediatric district nurses, well child services and primary healthcare services.</p> <p>Where a child has a teacher aide, the Child Health Services may provide advice to Ministry of Education staff to support the child's personal health needs when they are at school.</p>
Communication Service (Ministry of Education)	<p>Provides support for students with speech, language and communication needs.</p> <p>Speech-language therapists work collaboratively with students, school staff and parents/whānau to assess students' communication needs and provide interventions.</p> <p>The service is available for school aged students who have difficulty participating and learning because of their speech, language, and communication difficulties and who are not eligible for Ongoing Resourcing Schemes (ORS) funding.</p>

<sup>24</sup> Source: Specialist Service Standards, Special Education, 2006.

Disability	A person with a disability is a person who has been identified as having any self-perceived limitation in activity resulting from a long-term condition or health problem lasting or expected to last 6 months or more and not completely eliminated by an assistive device.
Early Intervention Services (Ministry of Education)	<p>Provide specialist support for young children with additional needs from birth until they transition to school where there is a concern about their learning and development. This may concern a child's developmental delay, disability, behaviour and/or communication difficulties. Early Intervention teams work with families and early childhood educators to support the child in natural environments - usually in early childhood facilities and/or their homes.</p> <p>Children with high needs generally have a team to support them. The Ministry of Education team may include an Early Intervention Teacher and other specialists (e.g. psychologist, speech language therapist, adviser on deaf children, and cultural support staff such as Kaitakawaenga). In addition, relevant members of the local health team (paediatrician, speech language therapist, physiotherapist, occupational therapist, social worker) and other agencies may be part of the child's team.</p> <p>Ministry of Education, Early Intervention supports may include:</p> <ul style="list-style-type: none"> <li>• advice and guidance</li> <li>• training for parents and educators to support the child</li> <li>• individual or group interventions.</li> </ul>
Equipment and Modification Services (EMS) (Ministry of Health)	<p>The Ministry funds equipment and modifications to support disabled people to live as independently and safely as possible.</p> <p>The Ministry of Health is not always able to provide funding to meet all the needs identified by disabled people. To ensure that provision of services is affordable within defined budgets, service allocation can be evaluated against the following principles:</p> <ul style="list-style-type: none"> <li>• they make an effective contribution towards helping people with disabilities to live, as far as possible, as others do in their own homes and communities</li> <li>• they represent value for money both now and in the future</li> <li>• they are allocated fairly through a consistent, principled and equitable approach</li> <li>• they reflect a lifetime perspective through recognising that the services that are most appropriate for a person may change over time.</li> </ul>

<p>Equipment Modification Service Assessor (EMS Assessor)</p>	<p>A person who is approved as an assessor by the Ministry of Health under the Disability Support Services Accreditation Framework published by the Ministry. EMS Assessors hold certain areas of accreditation which relate to their qualifications and experience within that specialty. The areas of accreditation refer to the types of equipment that the EMS Assessor can recommend.</p> <p>Information available at:</p> <p><a href="#">Equipment and modifications for disabled people   Ministry of Health NZ</a></p> <p><a href="#">Equipment and Modification Services   Ministry of Health NZ</a></p>
<p>In Class Support (Ministry of Education)</p>	<p>A contribution towards providing a teacher aide for students with continuing high learning needs, who are not funded through the Ongoing Resourcing Scheme (ORS).</p>
<p>Lead service</p>	<p>The employer of the lead therapist working with a child or young person.</p>
<p>Lead therapist</p>	<p>The identified team member who takes the lead role for specific agreed activities associated with the child or young person.</p>
<p>Long Term Support Chronic Health Conditions funding (Ministry of Health)</p>	<p>The purpose of this funding is to ensure that provision of long-term support services are provided to eligible people. Eligible people must meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>• are first assessed for formal supports before the age of 5 years old (including “medically fragile children”)</li> <li>• are currently not eligible for Ministry funded disability support services or other DHB funded long term support services</li> <li>• have one or more chronic health condition (s) that is/are expected to continue for six months or more</li> <li>• have a very high need for long-term support services</li> <li>• do not have an informal support system (family, whānau) or the caregiver is under consideration pressure and their ability to support the person is compromised</li> <li>• are not currently receiving ministry funded disability support services or other DHB funded long-term support services.</li> </ul> <p>This funding was transferred from the Ministry of Health to DHBs from 1 July 2011.</p> <p>Applications for equipment and modifications for eligible people will be considered in the same manner as all other applications for equipment and modifications. Applications must be endorsed by the local DHB NASC who will consider the provision of equipment and/or modifications within the overall support package recommended for the person.</p>

<p>Needs Assessment and Service Coordination agencies (NASC)</p>	<p>NASC agencies provide a single point of contact to identify a range of support options for people with disability. Options can include personal care support, home help, respite care, and residential care. Services provided by NASC agencies include the following:</p> <ul style="list-style-type: none"> <li>• Needs assessment, which is the process of defining the current abilities, resources, goals and needs of a person and identifying which of these are the most important. The purpose of this process is to decide what is needed to maximise a person's independence so that they can participate as fully as possible in society, in accordance with their current abilities, resources, culture and goals.</li> <li>• Service co-ordination, which is the process of identifying, planning and reviewing the support options required to meet the prioritised needs and goals of the person, and where appropriate, their family or whānau and support people.</li> </ul> <p>The NASC organisation ensures that resources are utilised as efficiently and effectively as possible. The provision of high-cost equipment and/or modifications must be considered within the overall support options provided to the person via the NASC.</p>
<p><a href="#">Ongoing Resourcing Scheme (ORS)</a> (Ministry of Education)</p>	<p>Provides support for students with the highest ongoing levels of need for specialist support. Approximately 1% of the school population require the support of ORS funding. The scheme enables the students to attend school and participate alongside other students.</p> <p>ORS has two levels: 'very high needs' and 'high needs'. The students will have either extreme or severe difficulty in any of the following areas: learning, hearing, vision, physical, or language use and communication or moderate to high difficulty with learning, combined with two other areas:</p> <ul style="list-style-type: none"> <li>• hearing</li> <li>• vision</li> <li>• physical</li> <li>• language use and social communication.</li> </ul> <p>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 transition to school.</p> <p>The Ongoing Resourcing Scheme provides services and support including additional teacher time, specialist programmes and therapies, paraprofessional (teacher's aide) support (where necessary) and a consumables grant. The funding is managed by each regional Ministry office of the Ministry of Education Learning Support or a Fundholder school (the Ministry devolves ORS funding to 66 school providers known as Fundholders).</p>

<p><a href="#">Physical Disability Service</a> (Ministry of Education)</p>	<p>School age students with physical disabilities (not already receiving support through ORS) receive services under the physical disabilities service. Services are delivered by physiotherapists and occupational therapists from both the Ministry of Education Learning Support and from school specialist service providers. Schools need to request support for the Physical Disability Service for their students.</p>
<p><a href="#">Resource Teachers: Learning and Behaviour</a> (RTLB) (Ministry of Education)</p>	<p>Support students' wellbeing, learning and behaviour by supporting their teachers. They may work in one school or in a cluster of schools helping teachers, schools, kura and Kāhui Ako (clusters of schools) develop inclusive classroom environment that enhance students' learning, participation and wellbeing.</p>
<p><a href="#">School High Health Needs fund</a> (SHHNF) (Ministry of Education)</p>	<p>Supports students who have high health needs as the result of a significant health condition and who need additional support for more than six weeks.</p> <p>Students may receive resources from the SHHNF fund and any other learning support funding schemes, except for the Ongoing Resourcing Scheme (ORS). Students who meet the criteria for ORS and have high health needs, receive all their care and supervision through ORS.</p> <p>The level of funding is determined through the Individual Care Plan (ICP) process. The Ministry of Education, or the school if it's a fundholder, is responsible for making sure each student has an annual ICP.</p>
<p>Section 37 Agreement (Ministry of Education)</p>	<p>A Section 37 Agreement under the Education and Training Act 2020 (previously known as Section 9) allows students to enrol in a specialist school or regional health school. It also allows students to enrol outside the legal age, in exceptional circumstances.</p> <p>These agreements are formal arrangements with the Ministry of Education.</p>
<p><a href="#">Special Education Grant</a> (Ministry of Education)</p>	<p>All schools receive a Special Education Grant (SEG) to help students with moderate learning and behavioural needs that are not seen as permanent or ongoing. The SEG is administered by individual schools at their discretion (monitored via Education Review Office). The funding is allocated based on a school's roll numbers and decile rating.</p>
<p>Service timeframes</p>	<p>Different services may have different timeframes for access to services. However, there are good practices that determine when things should happen, e.g. referrals/requests for support should be acknowledged promptly, an initial assessment timeframe should be negotiated, monitoring and reviewing of progress should happen regularly.</p>



<p>Specialist Assessment Services</p> <p>(Ministry of Health)</p>	<p>The Ministry contracts Specialist Services to provide assessments for:</p> <ul style="list-style-type: none"> <li>• Wheeled Mobility and Postural Management, (ADHB - Mobility Solutions, Geneva - Seating To Go and CDHB)</li> <li>• Communication Assistive Technology (Talklink).</li> </ul>
<p><a href="#">Specialist Service Providers</a></p> <p>(Ministry of Education)</p>	<p>Ministry of Education funded providers of specialist services for children in early childhood. In most parts of the country the Physical Disability Service is provided by the Ministry of Education (see the link) for other Specialist Service Providers.</p>
<p>Therapy</p>	<p>The term therapy is used broadly in this document to encompass a variety of service delivery models including assessment and intervention.</p> <p>Models of intervention can be delivered in the preschool/school, the family home or another community-based setting, and can include:</p> <ul style="list-style-type: none"> <li>• a therapist providing individualised sessions with children and young people</li> <li>• collaborative consultation, advice and guidance</li> <li>• interventions implemented by a support person.</li> </ul>

## 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

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#### 1. Why do we need a Local Level Agreement?

Across the country there are differences in how health and education fund services and undertake their work. The purpose of the Local Level Agreement is to:

- Outline how the principles of 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, who will attend, etc.

#### 2. Who is responsible for arranging and agreeing the Local Level Agreement?

The local managers of the relevant 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 Ministry of Education Learning Support, Specialist School Providers and Child Development Services and relevant health funded agencies such as Specialist Assessment Service providers. See: [Table 1- Who will use the documents?](#)

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

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#### 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 works 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 capability?

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 extraordinary 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. See: [Section 2.9 Finding solutions and resolving differences](#)

**5. What happens if an item of health funded equipment is required for everyday living but there is no health therapist involved in the child or young person’s life at this stage?**

An education therapist with the appropriate skills and experience, who is an EMS Assessor (under the Ministry of Health accreditation framework) currently working with the child or young person, may undertake the assessment for items if this is easier for the child or young person and their family.

If there is no education EMS assessor, then a referral to the local Child Development Team or specialist assessment service should be made.

**6. Why are there differences across District Health Boards with services they provide within their Child Development Services?**

Although there is one Child Development service specification (DSS1012, revised October 2010) held between the Ministry of Health and District Health Boards, there have been variations and amendments agreed for some District Health Boards. This has resulted in differences between District Health Boards in eligibility criteria and availability of services. This can be more obvious where there are limited resources, such as Speech Language Therapy. See: [Table 4 - Overview of Eligibility to Receive Services – Early Learning Services](#)

**7. Speech Language Therapy resources are very limited across health and education. Why do these Operational Protocols support two Speech Language Therapists attending the same appointments, for example video fluoroscopy?**

Both Ministries believe that working collaboratively and on occasions attending the same appointments or meetings will result in improved information sharing and understanding that will lead to development of plans and approaches that will better meet the child’s needs and ultimately use fewer resources.

## **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?**

The lead service should begin to liaise with the other service as soon as it becomes apparent that the child’s needs cross both home and school environments.

As the assistive technology/equipment is needed 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 (including GST), could be possible and would require a joint funding application.

The ability for the family to transport the item between home and school must be considered as should both the home and school environments. This is to ensure the item will function as expected in both environments. See: [Figure 3: Assistive Technology/Equipment Access Pathway](#) and [Table 11: Assistive Technology/Equipment Funding Responsibilities](#)

**9. What if there needs to be two pieces of personal care equipment - one for school and one at home?**

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

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

Yes, in some cases where an item costs \$5000 (including GST) or more and joint assessment has been undertaken. This would require a joint funding application (refer to [www.education.govt.nz](http://www.education.govt.nz), keywords: assistive technology).

**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?**

Caregivers have the prime responsibility for the transport of students to and from school. If a student is eligible for Special Education School Transport Assistance (SESTA) the Ministry of Education accepts a share of this responsibility and provides a level of assistance to help with transport between home and school. The assistance provided may not cover some items used to safely transport students to and from school.

Please refer to Special Education School Transport Assistance (SESTA) on the Ministry of Education website ([www.education.govt.nz](http://www.education.govt.nz)) for more information (keywords: SESTA).

**12. Who is responsible for providing equipment that is permanently installed in an educational facility, e.g. rails, ceiling mounted hoist?**

Equipment that is installed in an educational facility is a building modification and therefore classified as an Education responsibility.

Funding for property modifications - capital work such as alterations to buildings and grounds - allows new students with learning needs to enter and perform normal school activities including:

- students who qualify for funding through the Ongoing Resourcing Scheme (ORS), a scheme for students with the highest additional learning needs
- students with additional learning needs who aren't ORS funded

Please refer to [Learning support property modifications funding – Education in New Zealand](#) for more information.

## Transition from School for Young People

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

The Education Team takes the lead in planning for transition out of school, however a joint planning processes with the Health Team is required to ensure a smooth transition. For instance, if the young person requires ongoing therapy or equipment, including wheelchair and seating services, a referral will be made to the local DHB Community Health Services.

Planning should begin well in advance of the leaving date, for instance, at age 14 or before for those with high needs. See: [2.8 Transitions](#)

## Finding solutions and resolving differences

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### **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 possible, 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



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#### Asset Transfer

Education to Health or Health to Education

October 2006<sup>25</sup>

#### **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* or *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* or *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.

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<sup>25</sup> To be updated in 2022

**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 Accessable or Enable New Zealand. Once this Asset Transfer process has been confirmed, Accessable or Enable New Zealand will assume responsibility for ongoing repairs and maintenance of the equipment.

Ministry of Education

Learning Support

22 November 2006

Disability Services Directorate

Ministry of Health

22 November 2006



#### 4.4. Websites

- Ministry of Education – [Learning Support](#) services:  
[Learning support – Education in New Zealand](#)
- Ministry of Health – Disability Support Services:  
<http://www.health.govt.nz/yourhealth-topics/disability-services>
- Enabling Good Lives:  
<https://enablinggoodlives.co.nz>

#### 4.5. Other relevant documents

**Table 14 Relevant documents**

AGENCY	DOCUMENT
Ministry of Education	Ministry of Education <a href="#">Assistive Technology information</a> <a href="#">State school property management and POD – Education in New Zealand</a>
Ministry of Health	Equipment and Modification Services: Equipment Manual, available from Accessable or Enable New Zealand via the following links: <a href="https://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services">https://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services</a> <a href="https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people/equipment-disabled-people">https://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/equipment-and-modifications-disabled-people/equipment-disabled-people</a> Child Development Services Specification (DSS1012): <a href="https://www.health.govt.nz/system/files/documents/pages/service-specification-child-development-services.pdf">https://www.health.govt.nz/system/files/documents/pages/service-specification-child-development-services.pdf</a>
Joint documents Ministry of Education and Ministry of Health	<a href="#">Joint funding information sheet (Education and Health) - assistive technology/equipment</a>



