Roles and Responsibilities for Supporting Children and Young People with Disabilities under the Children, Young Persons, and Their Families Act 1989

This guideline accompanies the Memorandum of Understanding between:

Child, Youth and Family, a service of the Ministry of Social Development, and Health and Disability National Services, Ministry of Health

March 2010
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Introduction

Child, Youth and Family, a service of the Ministry of Social Development, and the Health and Disability National Services Directorate of the Ministry of Health have a memorandum of understanding (MoU) between them. The MoU relates to disabled children and young people who meet the eligibility criteria for health and disability services and who are subject to Part Two of the Children, Young Persons, and Their Families Act 1989 (the CYPF Act).

This document is the guideline to support the principles outlined in the MoU. It provides professionals working within Child, Youth and Family, the Ministry of Health and needs assessment and service co-ordination (NASC) organisations with guidance on how to apply the MoU. It has been developed by Child, Youth and Family and the Ministry of Health in consultation with operational staff and NASC organisations.

Disabled children and young people belong with their families, yet their needs and situations are often complex. In line with the principles of the CYPF Act, our commitment is to work together to support families to care for children and young people. Child, Youth and Family practice is guided by the following perspectives and principles:

- child-centred
- family led and culturally responsive
- strengths- and evidence-based.

These perspectives and principles provide the basis of Child, Youth and Family's Care and Protection Practice Framework.

The child-centred perspective emphasises the welfare and interests of the child as being of central importance, along with the child's right to preserve their own identity, religion and language. The family-led and culturally responsive strand reinforces the need to work with families and whānau to support them in their primary role as carers and protectors of their children. The strengths- and evidence-based strand relates to the principle of empirically supported practice. Current research supports strengths-based and resilience-focused approaches; ie, the notion that people rebound from serious trouble and adversity, to grow through dialogue and collaboration.
Goal

The goal of this guideline is to improve the outcomes for disabled children, young people and their families by:

- strengthening the capacity and resources of the family or whānau to support and care for their disabled child or young person
- achieving stability for the child or young person
- clarifying the roles and responsibilities of the two agencies
- encouraging shared planning and the development of integrated and flexible support packages
- improving decision-making processes and ensuring these are timely
- supporting relationship building with other agencies, including schools and other non-government organisations
- achieving national consistency in the delivery of services provided to disabled children and young people, and their families, whānau and carers.

Relationship with other policy and procedures

The practice of both Child, Youth and Family and NASC staff is guided by policies and procedures that are specific to their organisations. Some of these are referred to in this guideline. A list of key documents and other sources of information is provided in the ‘Further Information’ section at the end of this document.
Feedback on the MoU and guideline

Any feedback on the effectiveness of the MoU and this guideline, and how they can be improved, would be appreciated and should be sent to the National Advisor for Disabled Children, Child Youth and Family National Office, or the Development Manager, Family and Community Support Team, at Health and Disability National Services.
1 Overview of the Roles and Responsibilities of the Ministry of Health and NASC Services

1.1 Ministry of Health

The Health and Disability National Services Directorate within the Ministry of Health, is responsible for planning and funding disability support services.

The definition of someone who is eligible for health and disability services is: ‘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’.  

1.2 Needs assessment service co-ordination (NASC) services

NASC services are contracted by Health and Disability National Services, and have three key roles.

- **Needs assessment** is undertaken in conjunction with the disabled child or young person and their family or whānau. It is a process of defining the current abilities, resources, goals and needs of a child or young person and their family, and identifying which of these is the most important. Needs assessment staff are referred to as ‘needs assessors’ or ‘assessment facilitators’.

- **Service co-ordination** is a process of identifying, planning and reviewing the package of services required to meet the prioritised needs and goals of the child or young person and their family, whānau and carers.

- **Budget management** involves allocating cost-effective packages of services within an indicative budget. This process is guided by the Support Package Allocation tool within benchmarks determined by Health and Disability National Services.

The following figure shows the geographic area covered by each NASC.

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1.3 Other disability support services

Health and Disability National Services contracts with a range of organisations to provide disability support services (see www.moh.govt.nz/disability for details). Child, Youth and Family staff wanting information on the range of services and entry criteria for specific services should talk to their local NASC service. A list of the NASC organisations can be found online at www.moh.govt.nz/disability under 'contact details'.
### 1.4 Other health and disability funding

Health and Disability National Services is just one of a number of funders responsible for meeting the health and disability related needs of children and young people. Others are outlined below.

**Figure 3: Funders of disability-related needs of children and young people**

<table>
<thead>
<tr>
<th>Funders</th>
<th>Services</th>
</tr>
</thead>
</table>
| **ACC**                      | ACC's legislation covers all New Zealanders who have an injury that is accepted by ACC, including “sensitive claims”. ACC provides treatments and supports to meet a person’s entitlements under the Act. Examples of services are:  
  - home-based rehabilitation  
  - attendant care  
  - support at school if related to accident  
  - supported living  
  - physiotherapy and occupational therapy  
  - environmental supports, including aids and modifications. |
| **District Health Boards**   | District Health Boards (DHBs) have a funding agreement with the Ministry of Health to provide health and mental health services to children and young people. They also fund and contract a wide range of community services provided by non-government organisations.  
  **Mental Health Services** |
|                              | These include Child and Adolescent Mental Health Services (CAMHS), respite care and acute inpatient services.  
  To be eligible, the child or young person must have severe mental illness. This includes a range of disorders including autism spectrum disorders and conduct disorders.  
  The types of support include:  
  - teacher aide  
  - adapted learning programmes or environments  
  - specialised equipment or materials. |
| **Ministry of Education**    | Group Special Education (GSE) is part of the Ministry of Education and it works with schools and early childhood education services.  
  GSE is available to assist learning in schools for children with physical and/or intellectual impairments, hearing or vision difficulties, learning, emotional or behavioural difficulties.  
  The types of support include:  
  - teacher aide  
  - adapted learning programmes or environments  
  - specialised equipment or materials. |

In addition, the following assistance may be available through Work and Income in some circumstances: Invalids Benefit, Child Disability Allowance, Unsupported Child Benefit, and Domestic Purposes Benefit: Care of the Sick and Infirm (see: http://www.workandincome.govt.nz/individuals/).
2 Overview of Child, Youth and Family Roles and Responsibilities

2.1 Overview

The mission of Child, Youth and Family is to help shape a New Zealand where children and young people grow up in families that are free from abuse and violence, free from neglect, and free from offending. Child, Youth and Family is the government agency with legal duties and powers to intervene to protect and help children who are being abused or neglected, and is accordingly responsible for the investigation and assessment of whether a child is in need of care or protection. Child, Youth and Family has these responsibilities when the child or young person also has a disability, and has a role in youth justice and adoptions.

Child, Youth and Family may be involved with a child or young person when:

1) care or protection issues are being investigated or assessed under the provisions of section 17 or 19 of the CYPF Act, or
2) the child or young person is in need of care or protection and the child or young person has been placed in the custody of the Chief Executive of the Ministry of Social Development or another person or organisation pursuant to a court order or an agreement under the CYPF Act, or
3) the child or young person is in need of care or protection, the child or young person is not subject to a custody order or an agreement under the CYPF Act, but the concerns are being managed (eg, a family group conference plan, or a support or services order under the CYPF Act, is in place).

On receiving a notification of the ill treatment or neglect of a child or young person, it is the role of Child, Youth and Family to investigate and determine if there is a need for further action to address the care or protection of the child or young person. This is a particular area of social work expertise and a key statutory role of Child, Youth and Family under the CYPF Act.

Where a social worker forms a reasonable belief that a child or young person is in need of care or protection, the social worker must refer the matter to a care and protection co-ordinator for a family group conference under section 18 of the CYPF Act.

There are two other ways care and protection family group conferences can occur:

- referral by other person or by the court (section 19)
- for the purpose of considering an out-of-home care agreement.

2.2 Key roles

Within a local Child, Youth and Family site office, the key roles are as follows.

The social worker investigates and assesses concerns about the care and protection of children and young people. The social worker works alongside a family, where practicable, and often community agencies to develop plans that ensure the safety and wellbeing of the child or young person.

The care and protection co-ordinator convenes care and protection family group conferences. The duties of care and protection co-ordinators are outlined in section 424 of the CYPF Act.
Figure 4: Geographic areas of Child, Youth and Family services
3 Overview of the Relationship between Child, Youth and Family, NASC Services and the Ministry of Health

Improving the outcomes for children and young people with disabilities who access both Child Youth and Family and disability support services requires a commitment between the agencies involved. The principles for achieving this are outlined in the Memorandum of Understanding. Collaborative activities that support this approach include:

- building relationships between the organisations at all levels
- focusing on shared goals
- using shared approaches to assessment, planning and decision-making
- resolving differences in views as they arise.

3.1 Structures

The following table shows how the roles within Child, Youth and Family, NASC services and the Ministry of Health correspond with each other.

Table 1: The roles of CYF in relation to NASC services and the Ministry of Health

<table>
<thead>
<tr>
<th>Level</th>
<th>Health and Disability National Services</th>
<th>Child, Youth and Family</th>
</tr>
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<tbody>
<tr>
<td>Local</td>
<td>NASC:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needs assessor / assessment facilitator</td>
<td>Care or protection</td>
</tr>
<tr>
<td></td>
<td>Service co-ordinator</td>
<td>Social worker</td>
</tr>
<tr>
<td></td>
<td>Team leader</td>
<td>Care and protection co-ordinator</td>
</tr>
<tr>
<td></td>
<td>NASC manager</td>
<td>Supervisor youth justice – relevant where</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a disabled young person with care or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>protection issues is also engaged with youth justice services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth justice co-ordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth justice manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practice leader</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Site manager</td>
</tr>
<tr>
<td>Regional</td>
<td>Ministry of Health:</td>
<td>Operations manager – cluster of sites</td>
</tr>
<tr>
<td></td>
<td>Contract relationship managers</td>
<td>Regional director</td>
</tr>
<tr>
<td></td>
<td>Manager, Family and Community Support Team</td>
<td>Regional child disability advisors</td>
</tr>
<tr>
<td>National</td>
<td>Ministry of Health:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development Manager, Children and Young people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manager Family and Community Support Team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group Manager, Disability Support Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Executive Manager, Operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Manager, Operations</td>
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<tr>
<td></td>
<td></td>
<td>National Advisor For Disabled Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deputy Chief Executive</td>
</tr>
</tbody>
</table>
3.1.1 Regular liaison
The local NASC service and Child, Youth and Family office need to work together to identify strategies to improve co-ordination between the two agencies and develop local solutions. Meetings between agencies should occur at least monthly. These meetings will usually be led by the Child, Youth and Family site manager and the NASC manager. Other staff likely to be involved include the care and protection co-ordinator, practice leader, NASC team leader and operations managers.

The purpose of the meeting is to ensure consistency in approach by NASC services and Child, Youth and Family in all situations, including the type of support packages developed and funding decisions. Other goals include sharing ideas and information, and addressing any issues as they arise.

In some cases the geographic area a NASC is responsible for will include more than one Child, Youth and Family site office. Where this happens, liaison meetings should occur either with each site office at least once every three months, or monthly and with more than one site manager attending the meetings.

A record of meetings must be kept.

3.2 Case meetings
Case meetings will be arranged to co-ordinate planning and monitor the progress of an individual child or young person and their family or whānau. They may be attended by the social worker, supervisor, care or protection co-ordinator, needs assessor or service co-ordinator, and any other agencies involved with the child and family.

A record of meetings must be kept. Please note that in the case of all meetings, records must be kept by an agreed party. When holding meetings, bear in mind:

- the need for action-focused outcomes
- timeframes must be stated
- minutes will be circulated to relevant parties.
4 Inter-agency Referrals

NASC and Child, Youth and Family staff may contact each other at any time for advice, or if there is reason to believe they may have shared involvement with a child or young person.

4.1 Child, Youth and Family referrals to NASC services

Referrals to NASC services from Child, Youth and Family may be required for a number of reasons. Examples include where:

- children and young people are considered to have a disability that has not previously been referred to a NASC service for a needs assessment
- children and young people with a disability appear to have inadequate services supporting them
- children and young people with a disability have a changed personal situation.

NASC timeframes for responding to referrals from Child, Youth and Family are as follows.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First contact</strong></td>
<td>Within two working days of receipt of the referral or enquiry.</td>
</tr>
<tr>
<td><strong>Time to complete facilitated needs assessment</strong></td>
<td></td>
</tr>
<tr>
<td>- within 24 hours in a crisis where a person’s safety is at risk</td>
<td></td>
</tr>
<tr>
<td>- within 24-48 hours for urgent referrals, depending on the degree of urgency</td>
<td></td>
</tr>
<tr>
<td>- within five working days in 40 percent of cases</td>
<td></td>
</tr>
<tr>
<td>- within 14 working days in 40 percent of cases</td>
<td></td>
</tr>
<tr>
<td>- within 20 days in 20 percent of cases</td>
<td></td>
</tr>
<tr>
<td><strong>Time to complete service co-ordination</strong></td>
<td>Within 20 working days of completion of the needs assessment in the remaining 20 percent of cases. ^2</td>
</tr>
</tbody>
</table>

A response means that a needs assessor has been assigned and initial discussion between Child, Youth and Family and the needs assessor has taken place.

The NASC service will determine whether the child meets the eligibility criteria for Health and Disability National Services and will advise Child, Youth and Family in writing of the outcome.

4.1.1 Needs assessment

The needs assessor will work with the family, whānau or carer to complete the needs assessment for the child or young person. This assessment is expected to be holistic, and to consider the needs of the family or carer in the context of their environment. The NASC service will phone the CYF referrer to confirm whether the child meets eligibility criteria as soon as the NASC assessment is complete.

4.1.2 Specialised assessments

The needs assessor can refer the child for specialist assessment by a range of health and disability professionals, often employed by District Health Boards. Examples include:

- a physiotherapist assessing mobility and equipment needs
- a psychologist or other health professional determining eligibility for health and disability services.

Note: Existing services must not be withheld because of delays in accessing specialised assessments.

Child, Youth and Family staff can help reduce delays in the assessment process by including any diagnostic assessments completed at the time of referral to the NASC service. Examples of reports that are helpful to include are paediatric, psychological, psychiatric, physiotherapy and/or occupational therapy assessments.

4.2 NASC referral to Child, Youth and Family

NASC services can refer to Child, Youth and Family through one of two paths:

1) a report under section 15 of the CYPF Act to a social worker (often referred to as a ‘notification’)
2) a referral to a care and protection co-ordinator where a disabled child or young person can no longer be cared for at home for an extended period, and consideration of an out-of-home care agreement under section 141 is appropriate (this requires a referral for a section 145 family group conference).

Child, Youth and Family will determine the response, including the timeframe, for responding to a notification under section 15. The timeframes are determined through a risk assessment process. For example, ‘critical’ means the child is unsafe ‘now’ and requires immediate protection action.

The CYF timeframes are as follows.

- Critical referrals are responded to immediately (within 24 hours).
- Very urgent referrals are responded to within two days (48 hours).
- Urgent referrals are responded to within seven days (the date received plus six calendar days).
- Low urgency referrals are responded to within 28 calendar days.
- The care and protection co-ordinator will facilitate a pre Family Group Conference planning meeting

The social worker’s investigation or assessment identifies care and protection issues and makes an assessment of current and future risks. Where risk is identified, the assessment informs the level of intervention required to ensure the child’s ongoing safety and plans are developed to meet his or her needs.

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3 Section 15 provides for any person who believes that a child or young person has been, or is likely to be, harmed (whether physically, emotionally or sexually), ill treated, abused, neglected, or deprived may report that matter to a social worker or a member of the police. See http://www.legislation.govt.nz
4.3 Clarifying roles and responsibilities

When both Child, Youth and Family and a NASC service are involved with a disabled child or young person, it is important that the roles and responsibilities are clear. Child, Youth and Family will always have the lead case management role when care and protection issues are under investigation. Child, Youth and Family is responsible for leading assessment and co-ordination processes, including convening meetings.

NASC services will always have the lead case management role when care and protection is not an issue, in particular in relation to section 141 out-of-home placements. They are responsible for leading assessment and co-ordination processes, including convening meetings and making referrals to Child, Youth and Family (see part 7: ‘Disability: Out-of-home Placement’).

4.3.1 Process

Once a referral is made for a Family Group Conference, the care and protection co-ordinator facilitates a pre-conference planning meeting involving the Child, Youth and Family and NASC staff engaged with the child or young person.

The purpose of the meeting is to clarify roles and responsibilities, including:

- who will liaise with the child or young person, and their family or whānau, and ensure they participate
- the methods and frequency for keeping each other informed (eg, if Child, Youth and Family has the lead case management role, the social worker might keep the NASC service informed through a regular weekly phone call identifying communication responsibilities)
- the assessments required and naming the person responsible for organising each activity
- the responsibilities for developing plans
- the responsibilities for liaising with any other agencies (eg, Group Special Education and Work and Income).
5 Working Together

Regular meetings, discussions and joint work between NASC services and Child, Youth and Family are important to achieve the best outcomes for children and young people with disabilities, and their families or whānau. This applies to all work completed together by Child, Youth and Family, NASC and Ministry of Health staff.

This part’s focus is on those children and young people who are both disabled and have care and protection interventions. Part 7 provides more detailed guidance on section 141 out-of-home care agreements where disability is the main presenting issue for the child or young person.

5.1 Joint assessments

It is good practice for a needs assessment and care and protection assessment to be completed together, as this will ensure the full needs and circumstances of the child or young person and their family or whānau are obtained and understood. Where a joint assessment is not possible, the Child, Youth and Family and NASC assessment processes must be completed in parallel, with ongoing discussions between the social worker and needs assessor.

5.2 Shared planning

There are four situations where Child, Youth and Family and the NASC service undertake shared planning.

- during the development of a family/whānau agreement
- prior to a family group conference
- when a child or young person with a disability is leaving the care of Child, Youth and Family
- when a young person with a disability is leaving the care of Child, Youth and Family and moving into adult services.

5.3 Family group conference: pre-conference planning

Child, Youth and Family and NASC staff need to meet before the family group conference when it is being held for care and protection or for a section 141 out-of-home placement. The care and protection co-ordinator is responsible for ensuring all options for supporting the disabled child or young person and their family or whānau have been explored, and that assessment and planning processes undertaken by the NASC and Child, Youth and Family staff have been followed.

5.3.1 Goals

Goals for pre-family group conference planning are to:

- ensure a thorough and up-to-date understanding of the needs and circumstances of the child, young person and their family or whānau
- gain an understanding of any care or protection needs and any disability needs of the child and young person
- explore all options for providing resources and supporting the family or whānau to care for their child
liaise with other agencies, including Group Special Education and support service providers
agree on timeframes for tasks (eg, the completion of assessments)
develop an integrated support package
clarify and agree on funding responsibilities.

The overall goals are to ensure Child, Youth and Family and the NASC service are prepared for the family group conference, and not to pre-empt the outcomes of the family group conference and decision-making by the family or whānau.

5.3.2 Clarifying needs and solutions
As part of the discussion, the needs of the child and their family will be identified and a range of support options considered. The quality of the assessments and discussion between Child, Youth and Family and NASC staff will enhance the pre-planning process.

A helpful way to identify needs and define the issues prior to a family group conference is to focus on the resources available to the family and the resources they require to meet the needs of the child. This reinforces the fact that:

- the resources within the family/whānau need to match the needs of the child or young person
- family, extended family, community and government agencies can help in many ways
- a family’s resources can be protected, strengthened and supplemented so they can meet the demands they experience
- where there is a gap between the resources available to a family and the demands on them, additional resources can provide a safety net.

The Child, Youth and Family care and protection co-ordinator can consider:

- personal resources (skills, experience, attitudes, knowledge)
- social resources (family and community networks and support)
- mental and physical resources (health, strength, energy, rest, effective crisis management)
- logistical resources (time, proximity to services and supports)
- material resources (house, car, phone, equipment)
- financial resources (income, savings, credit).

5.3.3 Integrated support and resource packages
Based on the needs of the disabled child or young person, a support package that integrates the resources provided by Child, Youth and Family and the NASC service will be developed.

Although it is important not to pre-empt the outcomes of the family group conference, discussion with family or whānau and support service providers will be required to explore and develop support options. Discussion with Group Special Education or other community-based agencies may also be required, depending on the individual circumstances.

Depending on the needs of the disabled child or young person, the support and resource package may include:

- the services required to meet the child or young person’s disability support needs (eg, equipment or therapy)
- the services required to meet the needs of the child or young person’s family or whānau – this will depend on the role the family has, but may include respite
- the services required to meet the needs of the caregivers (eg, carer support, holiday programmes)
- a suitable placement with an approved section 396 service provider.

There needs to be approval for funding in principle before the conference. This will support the family group conference to make decisions that can be implemented in a timely manner.

The development of an integrated support and resource package does not replace the need for Child, Youth and Family and NASC staff to complete their usual documentation requirements.

### 5.3.4 Out-of-home placement

**Table 2: Summary of service costs and roles**

<table>
<thead>
<tr>
<th>Section</th>
<th>Responsibility</th>
<th>Custody</th>
<th>Funding</th>
</tr>
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<tbody>
<tr>
<td>Section 101 custody order, care and protection</td>
<td>Child, Youth and Family</td>
<td>Chief Executive of Ministry of Social Development (MSD), section 396 provider, or individual</td>
<td>Child, Youth and Family</td>
</tr>
<tr>
<td>Section 139 temporary care agreement (28-day limit, plus one extension of 28 days)</td>
<td>Child, Youth and Family</td>
<td>Chief Executive of MSD or section 396 provider</td>
<td>Child, Youth and Family</td>
</tr>
<tr>
<td>Section 141 out of home care agreement (disability causal in requirement for out-of-home placement)</td>
<td>Ministry of Health</td>
<td>Section 396 provider</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Section 140 extended care agreement (12 months maximum)</td>
<td>Child, Youth and Family</td>
<td>Chief Executive of MSD or section 396 provider</td>
<td>Child, Youth and Family</td>
</tr>
</tbody>
</table>

1. If an issue arises across these streams, the responsibility column indicates which agency is responsible for leading resolution of the issues.
2. Refer to the glossary, p42, for an explanation of custody.
3. In the funding column, Child, Youth and Family funding includes living costs. Disability funding for community supports, such as behaviour support, will be put in place by the Ministry of Health and NASC service, where eligible.
6 Children and Young People with a Disability and Care and Protection Concerns

6.1 Overview

Children and young people with a disability along with care and protection concerns will need to continue to access their disability supports while Child, Youth and Family is involved and after this involvement is completed. A guiding principle agreed in the Memorandum of Understanding is that disability supports will not be reduced or curtailed as a result of an intervention from Child, Youth and Family.

It is a principle of the CYPF Act\(^4\) that a child or young person should only be removed from his or her family if there is serious risk of harm to the child or young person. In many cases, care or protection concerns can be dealt with by other means and court intervention is not necessary.

When a care or protection investigation and/or assessment is underway or issues are unresolved, the Child, Youth and Family social worker will have the lead case management role. Child, Youth and Family will usually pay the costs of temporary care or an out-of-home placement if out-of-home placement is required because of abuse or neglect.

The NASC service would continue to have the role of providing access to disability support services through their usual practice of reviews and reassessments. This will be undertaken in a way that is sensitive to the child or young person’s situation with a minimum of disruption (eg, by retaining familiar caregivers and a regular-as-possible routine as the child or young person moves from their family home to their foster placement).

The exception to Child, Youth and Family paying the placement costs is where the child or young person would require out-of-home care for reasons of disability only.

6.2 Care and protection family group conferences

Where a social worker has formed a reasonable belief that a child or young person is in need of care or protection, the social worker must refer the matter to a care and protection co-ordinator to convene a family group conference (section 18). Particular care will be taken to ensure that those attending (including the child or young person) can participate in the conference by identifying and responding to any communication needs they may have (eg, interpreters for deaf people, use of pictures and other non-verbal communication tools).

The Child, Youth and Family social worker will summarise their investigation and/or assessment, and will outline the option(s) developed as part of the pre-family group conference planning. The family group conference will then consider whether the child or young person is in need of care or protection. If the conference agrees that this is the case, it may then make decisions, recommendations and plans to address the care or protection needs. The conference may also consider the disability support needs of the child or young person.

\(^4\) Section 13(e).
If the family group conference has agreed that there are no care or protection issues, but that there are disability issues that are best managed through an out-of-home placement, then a section 141 out-of-home care agreement may be appropriate. In this instance, a new conference will need to be convened under section 145.
7 Disability: Out-of-home Placement

7.1 Overview

All options for supporting a child or young person with disability to remain living in their home must be fully explored before considering a section 141 out-of-home placement. As stated in the CYPF Act:

141 Agreement for extended care of severely disabled child and young persons

This section applies to any child or young person who is so mentally or physically disabled that suitable care for that child or young person can be provided only if that child or young person is placed in the care of an organisation or body approved under section 396 to provide care for such a child or young person.

To start the process, a referral must be sent to the NASC service, which is responsible for determining whether an application for out-of-home placement is made to the Ministry of Health. Before progressing with an application, the NASC service co-ordinator ensures that the child or young person meets eligibility criteria for disability support services, and that all practical supports are in place for the family to continue providing care. This service co-ordination includes working with the family/whānau to consider all alternative options, such as respite services, foster care or shared care.

Service co-ordination also includes contacting Child, Youth and Family so that they can determine whether there are care and protection issues. If there are care and protection issues, these will be managed through the care and protection co-ordinator, and the NASC section 141 application will only continue to progress where disability is the reason. Where the NASC service has declined an application for section 141 and Child, Youth and Family maintains it is still relevant, it will be considered through the process for resolving differences (see part 13: ‘Resolving Differences’).

A CYPF Act section 145 family group conference must take place before an agreement for a section 141 out-of-home placement on a short- or long-term basis is made.

Before the family group conference, the NASC service identifies a service provider. This service provider must have section 396 approved status and have the capacity to provide care for the particular child or young person. This plan is approved in principle by the relevant health and disability manager before the family group conference goes ahead.

7.2 Criteria for out-of-home placements

Section 141 of the CYPF Act refers to placing a disabled child or young person in the care of an organisation or body approved under section 396 to provide care. Organisations must be approved under section 396 of the CYPF Act before they can provide accommodation and care for a child or young person under section 141. Section 396 certifies that the proposed caregiver:

- has appropriate facilities and adequate staffing to care for the child or young person, or is suitable to act as the custodian or guardian of children and young persons
- can ensure appropriate care is provided to the child or young person.

The family/whānau and service provider can develop flexible arrangements depending on individual circumstances at any given time. The family/whānau must agree to the section 141 out-of-home placement. They continue to have regular contact with the child and in principle it is expected that the relationships are maintained. A section 141 care agreement must not be entered into if the family is not willing to maintain contact. The family/whānau continues to be the guardians and make

5 Arguably, a child or young person whose family cannot provide suitable care in the home because of disability and who meets the criteria for a section 141 agreement is in need of care or protection under section 14 of the CYPF Act. However, the question to be established here is whether there are care or protection issues other than the fact that suitable care cannot be provided at home because of the child or young person’s disability.
decisions related to the child. However, the section 141 agreement may specify that certain medical decisions may be made by the organisation providing care.

### 7.2.1 Section 145 family group conference

Where a child or young person can no longer be cared for at home because of disability, a family group conference may be convened under section 145 of the CYPF Act to consider whether an agreement for out-of-home placement is appropriate. See the flow diagram in Figure 5 for more information about the section 141 process.

#### Notes to Figure 5

<table>
<thead>
<tr>
<th>Note #</th>
<th>Child, Youth and Family responsibilities</th>
<th>NASC responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Anyone can make a referral</td>
<td>Document the rationale for the identified out-of-home placement. Include formal and informal support networks. Note if CYF have current or previous involvement. (Please refer to Figure A1 in the Appendix.)</td>
</tr>
<tr>
<td>1a</td>
<td>Advise if there are care and protection concerns for the child or young person and determine the appropriate response. Refer to the NASC service if appropriate.</td>
<td>Ensure all support options have been maximised to allow the child to remain in their home. Referral made to CYF. (Please refer to Figure A2 in the Appendix.)</td>
</tr>
<tr>
<td>2</td>
<td>Where a child is identified as requiring an out-of-home placement as a result of disability, agencies need to agree that the section 141 pathway is the correct process to follow. All options, including Strengthening Families and High and Complex Needs, need to be considered.</td>
<td>Complete all areas of DS s141 NASC-Ministry of Health application form. Check Needs Assessment recent and still relevant.</td>
</tr>
<tr>
<td>3</td>
<td>Complete all areas of DS s141 NASC-Ministry of Health application form. Check Needs Assessment recent and still relevant.</td>
<td>Approval for the proposed package is given, including rationale, eligibility, service plan, start date (see DS s141 NASC-Ministry of Health application form). Ensure care and protection has been eliminated.</td>
</tr>
<tr>
<td>4</td>
<td>Facilitate pre-family group conference meeting. This meeting will include all affected parties and cover the full service plan, including all areas required for the certificate. It must not pre-empt the decision of the family group conference; instead, the focus must be on gathering the information so the options can be considered and decided upon.</td>
<td>NASC service and service provider must participate in pre family group conference planning and conference. Feedback loop: Any changes highlighted need to come back to the authorised HDNS manager before being approved.</td>
</tr>
<tr>
<td>5</td>
<td>Facilitate family group conference: the conference will be child-focused and family led, and will consider the disability support and out-of-home placement needs of the disabled child or young person and their family or whānau (see part 8.2).</td>
<td>NASC service and service provider must participate in family group conference. Feedback loop: Any changes highlighted need to come back to the authorised HDNS manager before being able to be approved (see part 7.3).</td>
</tr>
<tr>
<td>6</td>
<td>If there are any unaddressed care and protection issues, the family group co-ordinator needs to refer to Child, Youth and Family through a section 15. If there are any unaddressed care and protection issues, the NASC may refer to Child, Youth and Family directly section 19.</td>
<td>Complete section 141 agreement in accordance with section 146 (see part 7.3). Obtain certificate under section 141(4).</td>
</tr>
<tr>
<td>7</td>
<td>Check the agreement complies with section 146. Check that the funding agreement is approved</td>
<td>See part 8.2. Discuss with Child, Youth and Family.</td>
</tr>
<tr>
<td>8</td>
<td>Note the time period of 12 months to return to family group conference for review. If the child is under 7 years old then a review will be held at 6 months (see part 7.3).</td>
<td></td>
</tr>
</tbody>
</table>

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Roles and Responsibilities for Supporting Disabled Children and Young People under the Children, Young Persons, and Their Families Act 1989
Figure 5: Section 141 CYPFA pathway (out of home placements for disabled children and youth) flow chart

Roles and Responsibilities for Supporting Disabled Children and Young People under the Children, Young Persons and Their Families Act 1989
7.3 The section 145 family group conference

7.3.1 NASC roles and responsibilities
NASC staff will attend the family group conference to provide information. This will cover:

- approval from the Ministry of Health authorised manager to proceed to the family group conference
- a summary of the disability support needs of the child or young person
- an indication of the resources that are being, and could be, provided to support the family
- out-of-home placement options, including all family and whānau options
- how long it will take to put services in place
- any other requirements.

7.3.2 Service provider roles and responsibilities
The potential provider of the out-of-home service will (and is entitled to) attend the family group conference. Their role is to provide information on out-of-home placement options and to contribute to discussions on how the relationship between the child or young person and their family or whānau will be maintained during the placement.

The provider will need to agree to provide any services arising from the decisions of the family group conference. To assist with this process, it is important to engage the provider in the pre-family group conference planning.

7.3.3 Independent voice for the child or young person
The best interests of the child or young person are always paramount, and an independent advocate may be required to ensure the child or young person’s interests are represented.

Advocacy options include:
- the family or whānau nominate an advocate
- the child or young person nominates an advocate
- a health and disability advocacy service.

7.3.4 Section 145 family group conference agreement
The family group conference agreement provides the opportunity for the family/whānau to explore different options, and it promotes co-ordination across service agencies. The agreement will indicate:

- appropriate family support funded by the Ministry of Health or provided by other health and disability services has been properly explored as an alternative to an out-of-home care agreement
- the care and protection co-ordinator is satisfied that an out-of-home placement is an appropriate care option within the objectives and principles of the CYPF Act, set out in sections 4, 5, 6, and 13
- confirmation that the service provider has the capacity and the skilled staff to care for the child, and to meet the needs of the child or young person’s development

6 For information see http://www.hdc.org.nz/advocacy
• arrangements for maintaining and strengthening the relationship between the child or young person and their family or whānau
• additional health and disability services required by the child or young person, family, whānau or caregivers
• any arrangements for schooling, health and medical, and cultural matters
• financial arrangements, including application for Invalids Benefit prior to the 16th birthday
• the obligations of the family or whānau
• a date for review of the section 141 agreement.

Further details are outlined in section 146 of the Act.

7.4 Section 141 agreement and certificates

Section 141 agreements are for disabled children or young people who can no longer be cared for at home for an extended period.

7.4.1 Length of agreements

Section 141 of the CYPF Act provides that no agreement under section 141 for any person can extend beyond two years. Although the Act currently provides for an agreement to be up to two years, Child, Youth and Family and Health and Disability National Services have agreed that in no case must an agreement be longer than one year. The Children, Young Persons and Their Families Amendment Bill No 6 proposes to amend the Act to reflect this position.

The section 141 agreement can be extended by agreement of a family group conference. Reviews need to be undertaken annually, and a review may also be required where there is a change in the placement, a change in the child or young person’s needs, or a change in the family’s circumstances. If the child is less than seven years old it is good practice to review at six months.

Extending the agreement will require the family group conference to be reconvened to review the placement. There is no limit to the number of times an agreement can be renewed, provided this occurs through a family group conference and the criteria in section 141 are met.

7.4.2 Certificates

A certificate must be completed for each child or young person who will be subject to a section 141 agreement. Once a family group conference has agreed to a section 141, the care and protection co-ordinator is responsible for contacting a section 141 certifier. The Ministry of Health is responsible for authorising individuals or organisations to complete an assessment of the out-of-home placement and issue a section 141 certificate.

Ideally, the certifier will complete their assessment and issue the certificate before the placement commences. Where this is not possible, and the child is already in the placement, the assessment will occur within 20 working days of the family group conference.

7.4.3 Renewing the certificate

Before a section 141 placement can be extended a new certificate will be required.
7.4.4 Change in placement
A new certificate is required if there is a change in the type of placement (e.g., from foster care to residential services).

7.5 Section 142 agreements
The collective view is that this is a historical provision that both parties believe should no longer be used. In a situation where a section 142 placement is considered appropriate, this needs to be forwarded to the national panel convened to resolve differences (see part 13: ‘Resolving Differences’).

7.6 Monitoring and review of out-of-home placements

7.6.1 Monitoring
The NASC service is responsible for monitoring and reviewing the support plan for each child or young person on a section 141 placement every three months. This can be done either by phone or by meeting face to face. Other follow-up may be required in the intervening time.

7.6.2 Review of family group conference agreements
Reviews of family group conference agreements that include an out-of-home placement are a requirement of the CYPF Act, and these occur by reconvening the family group conference. Reviews must be undertaken annually, but a review may also be required when there is a change in the placement, a change in the child or young person’s needs, or a change in the family’s circumstances. If the child is less than seven years old it is good practice to review at six months.

The decision for extending section 141 agreements is as follows.

- The needs of the child or young person are reviewed.
- The permanency goals and suitability of the placement are reviewed.
- A family group conference is convened.
- The family group conference is satisfied that family supports funded by the Ministry of Health or provided by other health and disability services have been properly explored as an alternative to an out-of-home care agreement.
- The care and protection co-ordinator is satisfied that an out-of-home placement is an appropriate care option within the objectives and principles of the principal Act set out in sections 4, 5, 6 and 13.
- The section 141 certificate is reviewed and a new certificate issued.

The NASC service is responsible for completing a review of the placement. This review will cover:

- any changes in the child or young person’s needs
- any changes in the family circumstances that may mean there is an option to return home
- the nature of contact between the child or young person and their family or whānau
- the child or young person’s progress within the home, relationships, school and community
• satisfaction of the child or young person, family or whānau and caregivers with current arrangements
• satisfaction of other agencies, including the support service provider and Group Special Education, with current arrangements
• permanency goals.

The service provider will attend the review and provide a progress report that includes any issues that should be considered by the family group conference.

7.6.3 Process

The process for extending a section 141 agreement follows:

1) The care and protection co-ordinator convenes the review of the family group conference agreement.
2) The NASC service reviews the placement and provides a report to the family group conference.
3) The service provider supplies a progress report to the family group conference.
4) The family group conference considers the information and decides if the out-of-home placement should continue.
5) The placement is assessed by a section 141 certifier and a new certificate is issued.

7.7 Children in out-of-home placements with no legal status

If Health and Disability National Services or Child, Youth and Family fund an out-of-home placement, the child’s legal status must be determined under the CYPF Act. The child needs to be referred to a NASC service for a needs assessment for an out-of-home placement under section 141 to be considered. If there are care and protection concerns, the case should be referred to Child, Youth and Family.

Parents may choose to fund private residential education and/or care for their child. It may not be necessary, therefore, for the child to have legal status under the CYPF Act. However, if the NASC service has a care and protection concern (eg, the parents do not maintain contact with their child), they have a responsibility to refer to Child, Youth and Family.

7.8 Reviews

Child, Youth and Family are responsible for reviewing and updating the family group conference agreement for each child or young person receiving services. The NASC service continues to be responsible for reviewing disability support needs and services.
7.8.1 Process

The process for reviewing a section 141 agreement follows:

1) The social worker and NASC service co-ordinate their reviews to ensure that a complete picture of the child or young person’s needs and progress is gathered, and any possible options for continuing to meet the needs are explored.

2) Outcomes of reviews are recorded.

3) Outcomes of reviews are shared between agencies, either at regular liaison meetings or earlier if there is a need for urgent action.

7.9 Funding responsibilities

Each agency will meet its own operational costs (eg, staffing, disbursements) when undertaking the roles defined in these practice guidelines.

Table 3: Process arrangements for funding a s141 agreement

<table>
<thead>
<tr>
<th>Situation</th>
<th>Child, Youth and Family</th>
<th>Ministry of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family group conference</td>
<td>Own costs of pre-meetings and preparation</td>
<td>NASC(^7) service costs of pre-meetings and preparation</td>
</tr>
<tr>
<td></td>
<td>Convening and reporting costs</td>
<td>Own or NASC service attendance costs</td>
</tr>
<tr>
<td></td>
<td>May pay costs for family to attend</td>
<td>Monitoring of the disability support components of the</td>
</tr>
<tr>
<td></td>
<td>Monitoring and reviewing the family group conference plan</td>
<td>family group conference plan agreement</td>
</tr>
<tr>
<td></td>
<td>implementation</td>
<td></td>
</tr>
<tr>
<td>Investigation or assessment of</td>
<td>All costs</td>
<td>Nil</td>
</tr>
<tr>
<td>care or protection issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^7\) Included in Ministry of Health contract price for the NASC, and not funded separately.
8 Transition Planning

Transition planning takes place when Child, Youth and Family no longer need to be actively engaged with the child or young person but there are ongoing disability support needs. Transition planning also needs to occur before a young person under a section 141 turns 17. This needs to be planned well in advance.

The types of situations when transition planning needs to occur include when the child or young person is:

- returning to the care of their parents or whānau with disability support services in place
- has a permanent placement with caregivers with disability support services in place
- turning 17 years and is no longer covered by the custody provisions of the CYPF Act.

Transition planning to adult services must commence before the young person turns 16 years. It must be completed at least six months before the young person turns 17 or otherwise leaves Child, Youth and Family care.

8.1 Goals

The goals for transition planning include:

- co-ordinated planning between Child, Youth and Family and the NASC service
- a smooth transition between services and funding arrangements
- reviewing existing care and services to ensure needs continue to be met
- ensuring the child or young person and the family or whānau are involved in the process and know what to expect
- ensuring permanency and stability for the child or young person
- ensuring the interests of the young person are protected.

8.2 Change in legal status

When a child or young person is in the care of the Chief Executive of the Ministry of Social Development, and disability needs are highlighted as the primary reason for preventing the child from returning home, consideration may be given to an application for assessment for convening a section 145 family group conference for the purpose of considering a section 141 extended care agreement.

8.3 Protection of Personal and Property Rights Act (1988)

Depending on the young person’s situation, transition planning may include ensuring their ongoing interests and rights are protected. One option for young people over the age of 18 years is to apply to the Family Court for the appointment of a welfare guardian, or personal or property orders. The Court will have to determine that the young person is unable to understand the nature of, or to foresee the consequences of, decisions relating to their personal care and welfare, or to communicate decisions. The Court will require the young person’s competence to be assessed, usually by a psychologist, psychiatrist or other health professional.
Community law centres have developed kits to assist a family member to apply for orders. Alternatively, the forms are available from the Family Court or through the Ministry of Justice website.⁸

Although it is not essential to involve a lawyer in an application, where there is no family member available to make the application this will probably be required. Child, Youth and Family and NASC services are not funded to meet these costs, and funding options will need to be identified.

8.4 Additional guardianship

All children and young people under 17 years need to have someone in their life who can act as their guardian. If the child or young person does not have family or a caregiver in a full guardianship role, Child, Youth and Family can apply to the Family Court for a section 110 additional guardianship order before the young person’s 17th birthday.

Some disabled young people will need to have someone in a guardian role after they turn 17 years. This is particularly likely if the young person has a significant intellectual disability. In these circumstances, where there is no-one more suitable available, the Chief Executive can remain an additional guardian until the young person’s 20th birthday, when orders will expire. Transition planning needs to address this issue.

8.5 Process

The process steps for transition planning are as follows.

- Ensure the young person is included appropriately and their views are taken into account.
- Arrange a meeting between the NASC service, Child, Youth and Family staff, the family, the caregiver and any significant others to develop a transition plan for the child or young person.
- Jointly discuss and explore all resource and support options for resourcing and supporting the family or whānau.
- Clarify who will liaise with other services (eg, residential or supported living services, school, work or supported employment).
- Consider the young person’s ongoing need for protection. Where an application to the Family Court for a welfare guardian or orders under the Protection of Personal and Property Rights Act will be made, agree on the roles and responsibilities.
- Consider if a review of CYPF Act orders is required.
- Set timeframes for actions.
- Agree on how the progress of the actions will be monitored (eg, set times for case meetings).
- Put together an independence pack appropriate to the circumstances.

⁸ http://www.justice.govt.nz
8.6 Content of a transition plan

A transition plan needs to include:

- the ongoing services that will be provided
- referral to other services that may be required, and who will make the referral
- how re-entry to the services or re-engagement with Child, Youth and Family will be managed if the child or young person is less than 17 years and this is required
- an application for additional guardianship or protection, or an application for Personal Property and Rights Act orders, where required
- dates and processes for discontinuing Child, Youth and Family funding and/or services
- the process and responsibility for notifying other agencies and providers involved.
The overall aim is that children and young people will be cared for by their families or whānau, and that Child, Youth and Family and the NASC services will work together to support families to care for their children. When this is not possible, the child or young person may require an out-of-home placement on a temporary or long-term basis.

We need to ensure that children and young people are on the correct pathway. If circumstances change, a child or young person can be referred back to family group conference for review. Table 4 outlines the types of orders and agreements available through the CYPF Act for disabled children and young people.

### Table 4: Orders and agreements available through the CYPF Act

<table>
<thead>
<tr>
<th>Section and order or agreement</th>
<th>When to use / not use</th>
</tr>
</thead>
</table>
| Section 101 Custody orders | Where a court has made a declaration that a child or young person is in need of care and protection, the court may make an order placing the child or young person in the custody of the Chief Executive of the Ministry of Social Development (MSD) or another person (e.g., a caregiver).
  
  A custody order automatically ends when a young person turns 17, if it has not expired sooner. |
| Section 110(2)(b) Additional guardianship to caregivers | Following a declaration that a child or young person is in need of care and protection, the court may make an order appointing an additional guardian. Additional guardianship requires guardianship to be shared between the additional guardian (often the Chief Executive of the MSD) and the existing guardians (usually parent/s) and to consult them on any significant issues related to the child (e.g., schooling, medical interventions).
  
  An additional guardianship order can also be made in favour of the caregivers.
  
  Additional guardianship orders can continue until the age of 20 years where the young person requires ongoing support, unless they are discharged. The Chief Executive can remain an additional guardian if it is deemed necessary to protect the placement, or to support a young person’s transition to independent living. |
| Section 110(2)(a) Sole guardianship | Following a declaration that a child or young person is in need of care and protection, the Chief Executive, an iwi or cultural social service provider, or any other person can be appointed as the sole guardian of a child or young person. This has the effect of suspending the guardianship rights of parents or any other court-appointed guardian for as long as the order remains in place. |
| Section 139 Temporary care agreement | Care is provided for a period of 28 days as a result of a voluntary agreement between the child’s parents or guardians and the Chief Executive, or iwi or cultural social service provider. An extension for a further 28 days is possible.
  
  Agreements can be entered into without a family group conference or court involvement. These agreements can be made at short notice and in response to an emergency or crisis situation.
  
  An agreement may not be required where the family or guardian has agreed to receive respite care from a service provider and is available to provide guidance and make parental decisions. |
<table>
<thead>
<tr>
<th>Section and order or agreement</th>
<th>When to use / not use</th>
</tr>
</thead>
</table>
| **Section 140**  
Extended care agreements | The parents, guardians or usual caregivers agree to the child or young person being placed in the care of the Chief Executive, or iwi or cultural social service provider for an extended period.  
A family group conference is required to agree.  
Where the child is under 7 years, the length of the agreement is limited to 6 months. For older children and young people, the length of the agreement is 12 months.  
This agreement may only be used where a parent, guardian or person having care will resume care on termination of the agreement. |
| **Section 141**  
Extended care agreements | Extended care for disabled children and young people who can no longer be cared for at home in accordance with section 141 is used where the child or young person is so disabled that suitable care can only be provided if the child or young person is placed in the care of an approved organisation.  
A family group conference agreement is required.  
The CYPF Act indicates that agreements can be for up to 1 year. However, where the child is under 7 years the agreement will be reviewed at 6 months. Following a review of the family group conference agreement, the placement can be extended.  
Placement must be approved by a section 141 certifier.  
Family supports funded by the Ministry of Health or provided by other health and disability services must have been properly explored as an alternative to an out-of-home care agreement.  
The care and protection co-ordinator must be satisfied that an out-of-home placement is an appropriate care option within the objectives and principles of the CYPF Act, set out in sections 4, 5, 6, and 13, before an agreement can be entered into. |
| **Section 142**  
Agreements to provide residential care | This is an agreement for out-of-home care of disabled children and young persons by providers registered under the Disabled Persons Community Welfare Act 1975.  
The collective view is that this is a historical provision that both parties believe should no longer be used. If you have a case where you think section 142 is the best option, then this needs to be escalated to the National Panel convened to resolve differences (see part 13: ‘Resolving Differences’).  
Where children are subject to section 142 agreements, the NASC service will ensure regular monitoring occurs with a view to transferring the child or young person to an agreement under section 141 if the child cannot be cared for at home, or where there is a care and protection concern; Child, Youth and Family will be notified. |
10 Ministry of Health-funded Community-based Disability Support Services

Service providers have a critical role in implementing plans and delivering services to meet the needs of the disabled child, young person and their family or whānau, and will work collaboratively with NASC and Child, Youth and Family staff.

10.1 Range of services

There are many types of formal out-of-home placements. They may be short term or long term. The most common are outlined below.

- **Respite care** – occasional short periods of out-of-home care provided by another family or in a staffed residential facility.
- **Shared care** – part-time out-of-home care where another family cares for a child or young person. The purpose of the shared care is to develop a support system that is much like an extended family.
- **Foster care** – an out-of-home placement with a caregiver or foster family on a temporary or long-term basis.
- **Residential care** – an out-of-home placement in a contracted staffed residential service on a temporary or long-term basis. This type of placement must be arranged under the provisions of section 141 of the CYPF Act.

10.2 Service providers

Providers of services for out-of-home placements must be approved under section 396 of the CYPF Act.

10.2.1 Section 396

When the child or young person has been placed for reasons of care and protection, the provider must be approved under the provisions of section 396 of the CYPF Act. The provider may carry out care or protection activities on behalf of Child, Youth and Family, and these will be included in agreements made at the family group conference and in any subsequent court orders.

These services can be provided in two ways:
- within a staffed home or residence
- with a caregiver or foster family contracted to the approved provider.

The disabled child or young person and their caregivers remain eligible for disability support services funded by Health and Disability National Services.

10.2.2 Health and Disability National Services (Safety) Act (2001)

The purpose of this Act is to promote the safe provision of health and disability services.
A caregiver or foster family who is contracted to a provider, as well as staffed residential services, must comply with this Act if they are providing health and disability services. Providers are required to be certificated to the Health and Disability Sector Standards. The organisation is likely to have a contract with the Ministry of Health to provide disability support services.
11 Working with Other Agencies

Child, Youth and Family and NASC staff must work collaboratively with the other agencies involved in providing services and supports to the child, young person and their family/whānau.

11.1 Group Special Education

Where the child or young person is engaged with Group Special Education, they must be involved in discussions on an out-of-home placement. The aim is to ensure that:

- any potential impacts of changes of caregiver or residence on the child’s schooling can be taken into account in decision-making
- a plan for maintaining continuity of the child’s schooling is in place
- a plan for supporting the child and family through any changes is in place
- Group Special Education has the opportunity to work with Child, Youth and Family, the NASC service and schools to manage any resource implications.

Strengthening Families may be the best process to use for discussions.

11.2 District Health Board Child Development Services

It is essential to know whether the child or young person is engaged with the local Child Development Service when considering an out-of-home placement. Child Development services are non-medical, multidisciplinary allied health and community based. The service is intended to promote and facilitate each child’s developmental pathway so that their maximal potential is attained throughout their development and growth. Core services provided by Child Development Teams include therapy (such as physiotherapy, occupational and speech language therapy) assessment and provision of equipment and housing modifications and work closely with families/whānau to provide a holistic plan of care. They work in a variety of settings depending on the need of the child or young person and their families, for instance, in schools, kindergartens, home, community, clinics and recreation centres.

Child Development Services have strong links with their respective DHB counterparts including hospital and community based paediatric services and other specialists such as dieticians, doctors, orthotics and seating and wheelchair services.

11.3 Work and Income

Work and Income may contribute to costs if the child or young person and their family/whānau are eligible for income support. The type of assistance available includes the Child Disability Allowance, Domestic Purposes Benefit: Care of the Sick and Infirm, Disability Allowance and Unsupported Child Allowance. Other types of help may also be available, and it is good practice to link the person with Work and Income to ensure they access their full and correct entitlement.

11.4 Strengthening Families

Strengthening Families provides co-ordinated support for families with children under the age of 17 who are working with more than two agencies. It uses an inter-agency case management
approach, and the agencies and the family work together to develop joint solutions. Meetings are independently facilitated, and these enable decisions to be made with the knowledge of all the issues and in consultation with everyone involved.

Any agency working with the family can initiate a meeting. Each region has a local Strengthening Families management group, and the first step will be to contact the co-ordinator and set up a meeting.

The references to Strengthening Families in this guideline are limited. This is because the guideline is focused on clarifying the processes used by Child, Youth and Family and the NASC services. However Strengthening Families is a good option, particularly for working across a wider number of agencies, such as Group Special Education.

11.5 High and Complex Needs (HCN) Unit

The High and Complex Needs Interagency Strategy was developed in 2001 as a joint initiative of the Ministries of Health, Education and Social Development, including Child, Youth and Family. The vision of the Strategy is to improve outcomes for children and young people with high and complex needs through effective inter-agency collaboration.

The HCN Unit supports the High and Complex Needs Inter-agency Strategy by:
- supporting inter-agency collaboration
- collecting and managing information
- allocating funding for locally developed and managed inter-agency plans
- reporting to Ministers and stakeholders.

The HCN Unit supports inter-agency management groups to identify and prioritise the children, young people and their families who have the highest and most complex unmet needs in the country. Each year, between 70 and 100 children and young people will receive support from HCN funding, enabling them to access the right mix and type of services that will have the most impact on their lives.
Figure 6: An overview of the application process

- Case workers identify a child or young person with unmet health, education or social service needs.
- A local inter-agency approach to case management is established.
- The child or young person has ongoing unmet health, education or social service needs.
- An inter-agency management group agrees the child or young person has high local priority and that an HCN funding application should be developed.
- The local manager confirms the case should go to the inter-agency management group for consideration.
- The case worker discusses the possibility of HCN funding with:
  - team leader / manager
  - other sector case workers
  - HCN advisor.

11.5.1 The composition of the HCN Unit

The HCN Unit is made up of:

- a Unit manager, who manages the HCN Unit and supports the implementation of the High and Complex Needs Inter-agency Strategy through the Unit’s functions
- a leader (professional and practice development), who is responsible for the leadership and management of the team of HCN advisors
- five regionally based HCN advisors, who support and guide local managers, professionals and inter-agency teams through collaborative and funding processes
- a small team of support people.

Further information on the HCN Unit (including funding) is available on the website (www.hcn.govt.nz).
12 Interface with the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and Criminal Procedure (Mentally Impaired persons) Act 2003

There is a small but significant group of young people with intellectual disability and/or mental health problems who offend and for whom the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 or the Mental Health (Compulsory Assessment and Treatment) Act 1992 may be relevant. These cases are managed through the courts via the Criminal Procedure (Mentally Impaired Persons) Act 2003. They have multiple jurisdictions and are very complex. More information about these Acts can be found on the Ministry of Health website.
Resolving Differences

The interface between Child, Youth and Family, NASC services and the Ministry of Health is complex and requires all staff to work together to achieve the best outcomes for disabled children, young people and their families/whānau. Differences in views and disputes may arise from time to time between the agencies and individuals. It is critical that these differences be settled quickly to ensure the interests and needs of the child or young person are met. The Joint Ministerial Statement (JMS) provides the framework for this process.

Figure 7: Summary of the process for resolving differences
The dispute resolution processes are as follows.

- Most differences between Child, Youth and Family site staff and a NASC service will be resolved at the local level. This may require the site manager and NASC manager to liaise and agree on an approach.

- If issues are unable to be effectively resolved at a local level, the matter will be referred to the Manager, Family and Community Support Team, at Health and Disability National Services, and the Operations Manager, Child, Youth and Family.

- When issues continue to be unresolved they will be referred to the national panel for resolving differences, which comprises representatives from the national offices of Child, Youth and Family and the Ministry of Health. Child, Youth and Family and the Ministry of Health can refer a matter to, and convene, the panel for resolving differences.

- If the national panel for resolving differences is unable to resolve an issue, this will be escalated to the Deputy Chief Executive, Child, Youth and Family, and the Deputy Director-General, Ministry of Health, for resolution.

Once the dispute resolution process is undertaken, three additional principles will apply.

- The interests of the child or young person must not be compromised while the dispute resolution process is undertaken.

- No organisation will be financially advantaged by delaying agreement.

- Issues between the organisations will not get in the way of good case management, including when communicating with the family and other organisations involved.

Therefore an interim funding arrangement must be entered into immediately so there is no delay in putting in place arrangements for the child or young person. When a solution is found, all costs associated with the child or young person will be allocated (or reallocated) in line with this agreement, backdated to when the interim funding arrangement was entered into.
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<td><strong>Application for declaration</strong></td>
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<td><strong>Care of Children Act 2004</strong></td>
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<td><strong>Custody</strong></td>
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|  | A child or young person may be in the custody of the Chief Executive of the Ministry of Social Development or other person or organisation under one of a number of provisions of the CYPF Act. These are:
Custody (continued)

- sections 39, 40, 42, 48 – emergency powers to place a child or young person in the custody of the Chief Executive for a limited period of time
- sections 78, 101, 102 – custody orders made by the Family Court following an application for a declaration that the child or young person is in need of care or protection
- sections 139, 140, – which provide for a child or young person to be placed in the custody of the Chief Executive
- 141 - which provides for a child or young person to be placed in the custody of an approved organisation by agreement with the parents, guardians or other person having care
- 142 - which provides for a child or young person to be placed in the custody of an ‘operator’ within the meaning of the Health and Disability Services (Safety) Act 2001. Note: the collective view is that this is a historical provision that both parties believe will no longer be used.
- sections 235, 238(1)(d), 311 – youth justice provisions for a young person to be in the custody for the Chief Executive or approved organisation.

CYF
Child, Youth and Family, a service of the Ministry of Social Development.

CYPF Act

DHBs
District Health Boards, the providers of hospital- and community-based services and the funders of some community-based health and health and disability services.

DSD
The Disability Services Directorate of the Ministry of Health, most of which has now been incorporated into the Health and Disability National Services Directorate.

Duty Social worker
A duty social worker refers to a social worker designated by Child, Youth and Family to be on duty – meaning they will be responsible during that period for responding to all concerns and issues arising. Each child or young person involved with Child, Youth and Family will have an allocated social worker.

Extended care
Full-time out-of-home placement when a family cannot provide the day-to-day care their child requires for an extended period of time. It can be a foster placement or a residential placement, and is typically of six months to one year’s duration, depending on the age of the child or young person. It can be for longer periods or even ongoing. Often, but not always, it is expected that the child or young person will return to the care of their family as soon as possible. An out-of-home placement of this nature must be arranged under the provisions of the CYPF Act, sections 101, 141 or 142.

Extended care agreement
An agreement for the extended care of a child or young person under the CYPF Act. This includes a section 140 extended care agreement, and, in respect of disabled children, agreements under sections 141 and 142 of the CYPF Act.

FAR
Further action required. This means Child, Youth and Family has decided to take further action on a report under section 15 of the CYPF Act.

FGC
A family group conference convened by Child, Youth and Family under either sections 18, 19 or 145 of the CYPF Act.

GSE
Group Special Education, part of the Ministry of Education
Guardianship

Section 2 of the CYPF Act provides that 'guardianship' has the same meaning as is given in sections 15 and 16 of the Care of Children Act 2004. This includes:

- all duties, powers, rights, and responsibilities that a parent of the child has in relation to the upbringing of the child
- having the role of day-to-day care for the child, and contributing to the child’s intellectual, emotional, physical, social, cultural, and other personal development
- the right to determine important matters affecting the child, including where and how the child is to be educated, religion, and non-routine medical treatment.

Guardianship orders are made under section 110 of the CYPFA Act following a declaration that a child or young person is in need of care or protection. If a guardianship order is made in favour of the Chief Executive, it is typically an order for additional guardianship and the parents retain guardianship of the child. Very occasionally, the Chief Executive may be made a sole guardian, which suspends the rights of other guardians.

HCN

The High and Complex Needs funding programme, managed by the High and Complex Needs Intersectoral Unit, based in Child, Youth and Family.

HDNS

The Health and Disability National Services Directorate, a part of the Ministry of Health.

IHC

IHC New Zealand, a service provider and advocacy organisation. The operational branches of IHC are called Idea Services.

In need of care or protection

Where a child or young person is believed to be in need of care or protection as set out in section 14 of the CYPF Act, this forms the basis for action under the Act.

Investigation

An investigation is done by a Child, Youth and Family social worker following a report to Child, Youth and Family under section 15 of the CYPF Act to determine whether the child or young person is 'in need of care or protection'.

MoU

The memorandum of understanding signed on 24 June 2008 between the Deputy Chief Executive, Child, Youth and Family, and the Deputy Director-General of Health and Disability National Services.

NASC

Needs assessment and service co-ordination. NASC organisations undertake needs assessments and arrange services for people with disabilities, on behalf of Health and Disability National Services.

NFA

No further action. This means that Child, Youth and Family has decided to take no further action on a report under section 15 of the CYPF Act. Other more appropriate organisations may be responding instead, if needed. ‘Further action’ means that further action will be taken to investigate or take actions in relation to the report.

NGOs

Non-governmental organisations. In this context this usually refers to the providers of disability support services and the advocates for people with particular types of disabilities.

Notification

This usually refers to a report to Child, Youth and Family or the Police under section 15 of the CPYF Act. Section 15 provides for the reporting of ill-treatment or neglect of a child or young person.

Plan

Most final care and protection orders under the CYPF Act must be accompanied by a court plan. The plan will be reviewed at least annually by the court.
**Residential care**

*Child, Youth and Family use of the term*

Child, Youth and Family uses ‘residential care’ to refer to a number of different types of arrangements, depending on the context. There are a number of residential facilities (for both youth justice and care and protection) that Child, Youth and Family manages directly. The term is sometimes also used to refer to a range of other types of residential care, including in-house treatment facilities for drug and alcohol, eating disorders, or sexual offending.

**Residential care**

*Health and Disability National Services use of the term*

The Ministry of Health purchases community residential services for children and young people with disabilities, with an autism spectrum disorder, or with intellectual, physical or sensory disability, from 7 to 16 years of age. Under certain guardianship arrangements, as notified by the Ministry, the age range may extend to 20 years. However, under typical circumstances young people from 17 years of age who have continuous support needs and require out-of-family residential services that are long term in nature will receive adult services.

The service includes providing 24-hour support at levels necessary for children and young people to have safe and satisfying home lives. This includes 24-hour responsibility for children or young people who may need to remain home during the day for any reason. Suitable support will be provided through a combination of services determined by the needs assessment and service co-ordination organisation following an individual needs assessment.

**Respite care**

Occasional short periods of out-of-home care. Respite care may be provided by another family, or in a residential facility that is staffed and provides out-of-home care for more than one child or young person at a time. The purpose of respite care is to relieve the family of responsibility from time to time so that they can have a needed rest or break. Respite can also enable carers to attend to their own and other family members’ needs.

**Shared care**

Part-time out-of-home care that is usually more regular than respite care and involves, as the name suggests, another family caring for a child or young person. A typical arrangement might be two to three days every week, or alternate weeks. The purpose of shared care is to develop a support system that is as much like an extended family as possible, so that the child or young person and the family sharing the responsibility for care can form an attachment. Shared care is organised where a family needs, or will need, regular breaks in order to continue to care for the child or young person with a disability.

**Temporary care**

An out-of-home placement with either a foster family or in a residential setting. The aim is to provide care to a child or young person during a family crisis. This care is provided on an as-required basis but not regularly or frequently. Temporary care tends to be for two to eight weeks in total. Section 139 of the CYPF Act is sometimes the basis for funding temporary care.

**W&I**

Work and Income, a service of the Ministry of Social Development.

**UNCROC**

The UN Convention on the Rights of the Child, which New Zealand signed and ratified.9

9 [http://www2.ohchr.org/english/bodies/ratification/11.htm](http://www2.ohchr.org/english/bodies/ratification/11.htm)
Sources of Information

www.moh.govt.nz
www.cyf.govt.nz
Care of Children Act 2004
Children Young Persons Act
Health and Disability Standards
Figure A1: Process for accessing out-of-home placements for children and young people with disabilities

Referral received by NASC service

- Gather information to determine eligibility

  - Is person eligible for Ministry of Health funded supports?
    - Yes: Carry out comprehensive needs assessment
    - No: Advise referring agency

  - Is there an urgent need for disability supports?
    - Yes: Carry out comprehensive needs assessment
    - No: Unsere

- Carry out service co-ordination
  See Figure A2

  - Is out-of-home placement being considered?
    - Yes: Determine lead agency
      See Figure A3
    - No: Out-of-home placement process ends

  - Go through out-of-home placement process
    See Figure A4

    - Is out-of-home placement approved?
      - Yes: Go through cost allocation process
        See Figure A5
      - No: Out-of-home placement process ends

    - Go through cost allocation process
      See Figure A5

      - Is cost allocation agreed?
        - Yes: Out-of-home placement made
        - No: Out-of-home placement process ends
Figure A2: Service co-ordination process

Service co-ordination process initiated

- Does the person have adequate support to meet their disability-related needs?
  - No: Determine what additional Ministry of Health non-residential supports could be provided
  - Yes: Continue to the next step

Is the level of support adequate to keep the person at home?

- No: Could the person be eligible for additional assistance funded by other government agencies?
- Yes: Out-of-home placement process ends

- No: Other agencies determine what additional non-resident supports could be provided
- Yes: Continue to the next step

Is the level of assistance adequate for the disabled person and their family?

- No: Go back to out-of-home placement process
- Yes: Continue to the next step
Figure A3: Determine lead agency

- **Process initiated**
  - **Are there grounds for considering care and protection issues?**
    - Yes: Refer to Child, Youth and Family for consideration of care and protection issues
    - No: Ministry of Health is the lead agency, Return to section 142
  - **Does Child, Youth and Family advise there are care and protection issues requiring intervention?**
    - Yes: Child, Youth and Family becomes the lead agency for case
    - No: Ministry of Health is the lead agency.
  - **Does Ministry of Health accept Child, Youth and Family decision?**
    - Yes
    - No: Carry out resolving differences process

*Roles and Responsibilities for Supporting Disabled Children and Young People under the Children, Young Persons and Their Families Act 1989*
Figure A4: S141 out of home placement process

1. Complete section 141 application

2. Does the authorised manager grant approval?
   - Yes: Go through pre-FGC planning
   - No: CYF advised to organise FGC

3. Are there any changes to s141 plan identified?
   - No: Process ends. NASC service advised. Alternative options considered.
   - Yes: CYF advised to organise FGC

4. FGC held

5. Is s141 plan agreed?
   - Yes: FGC co-ordinator prepares s141 draft agreement and s146 Certificate
   - No: Process ends. NASC service advised. Alternative options considered.

6. Does the Ministry of Health authorised manager approve the s141 agreement?
   - Yes: Child, Youth and Family prepares s141 care agreement and final s146 certificate
   - No: Child, Youth and Family notified in writing. Refer to resolving differences process.

7. After 12 months (6 months if child under 7 years)
Figure A5: Cost allocation process

Cost allocation process

Is this person under s141?

Yes

Ministry of Health has primary responsibility for funding supports.

No

Child, Youth and Family advises the overall level of support required, based on what a non-disabled child or young person would require

NASC service assesses need and advises the support that Ministry of Health will fund

Could the person be eligible for additional assistance funded by other government agencies?

Yes

Other agencies determine what additional supports could be provided

Agencies advised of draft cost allocation

Are there any challenges to the approved cost allocation?

Yes

Go through resolving differences process

No

Return to Figure A:1

Could the person be eligible for additional assistance funded by other government agencies?

Yes

Other agencies determine what additional supports could be provided

Agencies advised of draft cost allocation

Are there any challenges to the approved cost allocation?

Yes

Go through resolving differences process

No

Return to Figure A:1