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## From Toni Atkinson Group Manager, Disability Support Services

It seems like once again the year has rushed past and we are starting to think about the summer! DSS is well down the path of its current work programme and has made significant progress with the streamlined contract work, New Model and Enabling Good Lives – updates on each are in this newsletter.

There is still a lot of work to do and a lot of sector meetings being held this month, including the Strategic Reference Group, Consumer Consortium and Māori Leadership and Advisory Group. These sector meetings are vital in providing DSS with feedback on our work and keeping us focused on the future direction of services. I would like to thank all those people in the sector who give up their time to support our work.

A key achievement for DSS this quarter is the establishment and delivery of the new national carer learning and wellbeing resource service and the innovative carer matching service. This is a result of years of consultation with carers, carer organisations, disabled people and government agencies, and signifies the Ministry’s commitment to supporting carers and family/whānau of disabled people in their caring role.

It has also been a month of celebration with Northable NASC’s 25-year anniversary, Lifelinks Christchurch NASC’s 20-year anniversary and the launch of the SIVA video, all of which we were proud to be part of. More information is provided later in this newsletter.

Please take the time to read this newsletter and we are happy for you to provide us with any feedback.

## We want your stories!

Disability Support Services is planning a special edition of the newsletter in the new year that showcases some of the innovative practices happening in our services.

We are seeking stories from providers and people with disabilities that identify and embrace these innovative practices that make a difference to the life of disabled people. The stories should focus on the new provider practice and:

* be no more than 300 words in length
* include a photo if possible
* include the positive impact on disabled people by providing quotes from people who benefit
* be something other providers might like to do to support disabled people to have ‘a good life’.

Please send your stories to Susan\_Fernandes@moh.govt.nz – no later than 23 December 2015.

# Enabling Good Lives

## Christchurch

#### Gordon Boxall, Director, EGL, Christchurch demonstration

We are currently working with 179 Enabling Good Lives participants. The vast majority are school leavers who have had ongoing resource scheme status at school.

While narrowing the focus in terms of ages and stages of life, concentrating on this key transition point in life has provided the opportunity to consider how an EGL approach can impact the whole of this population group, many of whom may not have traditionally been considered for an individualised arrangement.

Here are just a few examples of the success for Enabling Good Lives participants who were happy to share their stories.

* **Laura** is a young woman who has struggled to have the confidence to engage in anything outside of her home for the last two years and is now doing a course at Christchurch Polytechnic Institute of Technology. She applied for the course of her own accord and absolutely loves it. She is already talking about further courses. Laura has started going to the gym, is swimming and has joined ParaFed Canterbury to try out some of the sports that they offer. Laura appears to have more confidence, is happier and is excited about her future.
* **Benazir** is a young mum who wants to work with at-risk youth and needs to increase her English credits to help with tertiary education. She uses her funding to pay for an NZSL interpreter so she can attend an NCEA Level 3 English class and she’s passing (with merit!!) This is a great example of how a small investment now can lead to a career and major community contribution in the future.
* **Chantelle** left school last year. She is keen to work and needs to keep busy as this helps regulate her mood. She has had help from a supported employment organisation to help her get work experience. She also gets support from the behaviour support team to help her sustain work relationships and have strategies in place to manage situations that cause her stress. She has been doing some work experience at a café five days a week and she has now moved to working two days in the kitchen at a residential care home (and still three days in the café) which is likely to lead to paid work.

There are other great examples of people experiencing good lives and the following links will take you to some video clips featuring EGL participants and the EGL website. Please explore the overall site as well to stay connected to the Demonstration as well as past newsletters with participant stories. I am also trying out a monthly video blog which you can sign up to. We intend to publish one more EGL Christchurch newsletter this year so look out for that in the coming weeks.

[www.youtube.com/user/enablinggoodlives](https://www.youtube.com/user/enablinggoodlives)

[www.enablinggoodlives.co.nz/current-programmes/enabling-good-lives-christchurch/](http://www.enablinggoodlives.co.nz/current-programmes/enabling-good-lives-christchurch/enabling-good-lives-christchurch-stories/) [enabling-good-lives-christchurch-stories/](http://www.enablinggoodlives.co.nz/current-programmes/enabling-good-lives-christchurch/enabling-good-lives-christchurch-stories/)

We have much to do before the end of June 2016 to ensure we can maximise the opportunities that an EGL approach can bring, continue to remove barriers for people and provide evidence of the impact. This can only be done with willing partners and I would like to extend my appreciation to all local and national officials, host, NASC, providers, peak bodies and other representatives who have committed so much to ensure EGL has the best chance to be successful and, with other such initiatives, help inform the next phase of system transformation within the disability sector.

## Waikato

#### Chris Potts and Kate Cosgriff, Co-Directors, EGL Waikato demonstration

At the end of the first quarter the Waikato demonstration has engaged with participants in each of the four action areas.

The majority of participants want to increase individual choice in all aspects of life including where they live, who they live with and what they do during the day.

There are 68 people currently participating in the Waikato demonstration and 18 more are expected to join during November/December.

A number of the participants have gone through the supported self-assessment process and some of these now have a joint agency budget. Some people are also achieving outcomes without requiring funding, as they are using resources available in the community.

Direct funding is being trialled within the Waikato demonstration and a comprehensive and easy-to-use budgeting tool has been developed to help participants manage and keep track of their budget. The Enabling Good Lives purchasing guidelines have also been put into an easy-to-read form.

The EGL Waikato evaluation process is currently being developed and is close to being finalised. The evaluation plans to use the Christchurch quality of life domains and map these to the Enabling Good Lives principles. Most indicators and questions will be specific to the Waikato, as the participant groupings are different and indicators need to be developed for each action area.

In February 2016, an initial evaluation report will cover community building work, co-design, early implementation, who’s engaging, and emerging themes from individual outcomes. An August 2016 evaluation report will include quality of life results as per the Christchurch domains and the co-designed Waikato indicators.

# DSS news

## Residential pricing model

As you are aware, the Ministry of Health has been working on making changes to the current residential pricing models as a result of the KPMG pricing work last year. It is our intention that Disability Support Services can move to a single residential pricing model that is nationally consistent, fairly recognising the cost of providing residential services to our high needs clients.

We had previously communicated that as a first stage in moving to this new pricing model, when the residential contracts are renewed on 1 December 2015, we would be translating residential client funding to one of 30 new ‘price points’. These price points would incorporate sleepover funding at client level.

At the same time, we have continued to work on the new pricing model and have recently re‑engaged KPMG to do some further work on this proposed new model. It is important that the transition to a new residential pricing model has minimal impact on our clients, providers and the Ministry so it is important we get it right.

This work remains ongoing, however we are now not in a position to get this first step of moving to the new price points by 1 December 2015 when the new residential contracts come into effect. We have therefore decided to delay this process to give ourselves more time to understand the impact.

The sleepover funding that would have been reallocated at client level through the translation process will continue to be paid under current arrangements at this time. We hope to have a clearer position on the new pricing model by the end of December 2015 so that we can advise you further on the new model and the proposed transition in the new year.

The timeframes for the new streamlined contracts remain unchanged and so contracts will include the new streamlined format and results based accountability measures from 1 December 2015.

Contacts: Lee Henley, Manager, Community Living Team, Tel: (04) 816 2119

Viv Ruth, Contract Relationship Manager, Community Living Team, Tel: (03) 974 2304

## Updated process for equipment and modification services for people with challenging behaviour

The Ministry of Health has reviewed the process when assessing for and recommending Ministry-funded equipment and modification services (EMS) to support people with challenging behaviour.

The review was in response to feedback received from occupational therapists and physiotherapists (EMS assessors), needs assessment and service coordination (NASC) organisations, behavioural support services and EMS providers. Thanks to all of you who have been involved in the development of the revised process and provided valuable feedback during its design.

The revised process is detailed in the amended – *Practice Guideline: Interface between Needs Assessment and Service Coordination and Equipment and Modification Service Assessors and Providers September 2015*. The guideline has been made available to assessors through the EMS providers.

This revised process should be implemented immediately and replaces the September 2010 version.

The main difference with the process is that where the EMS assessor identifies a solution that will reduce any potential harm and minimise long term risk, and where that solution is not used as a restraint, there is now an abbreviated pathway where the EMS assessor can make an advice request for that EMS solution.

Please note that any EMS assessor submitting service requests for people with challenging behaviour must have read and understood the Health and Disability Services (Restraint Minimisation and Safe Practice) Standards NZS8134.2:2008.

Thank you to all parties who have contributed to the development of the new document.

Contact: Kathryn Hall, Development Manager, Service Access Team, Tel: (04) 816 2243

## Equipment and modification services client satisfaction survey results – September 2015

In July 2015, the Ministry of Health together with equipment modification service (EMS) providers (Accessable and Enable New Zealand) sent out a customer satisfaction survey to people who had received Ministry funding for an EMS solution (equipment, housing modification or vehicle modification) in the previous six months.

The purpose of the survey was to gain feedback on the service they had received so that we could gain a better understanding of what works well, what could be done better and how useful our services are.

Surveys were sent by post as a paper-based questionnaire, with an enclosed self-addressed envelope to return the survey to the Ministry. There was a 42 percent return rate. An option for completing the survey on-line was provided with a low rate of return of 1.5 percent nationwide.

The following is a nationwide summary of the survey responses.

Of the people who responded, 86 percent had received an equipment solution, 10 percent had received a housing modification and 4 percent had received a vehicle modification. Overall:

* 89 percent of people were satisfied with the time it took from their assessment with the therapist (EMS assessor) to receiving their equipment or housing/vehicle modification
* 89 percent of people were satisfied with the instructions (either verbal or written) that they received on how to use and look after their equipment or housing/vehicle modification
* 96.7 percent of people found the equipment or housing/vehicle modification helpful in assisting them to manage their day to day tasks
* 94 percent of people were using their equipment or housing/vehicle modification at least half of the time to assist them in their day to day tasks
* Overall 94 percent of people were satisfied with the quality of the equipment or housing/ vehicle modification that they had received.

Some positive comments were:

‘I have no words to express my gratitude to EMS through my EMS provider, but to say thank you so much for everything you have done for me.’

‘Made life a lot better for both carer and me. Really pleased to have the equipment – thanks!’

The key opportunity for improvement is communication. People commented that where there were delays in receiving their equipment or housing/vehicle modification they would appreciate being kept up to date through better communication from their therapist or the EMS provider.

Thank you to everyone who took the time to complete the survey and especially to the therapists and EMS providers who through your work have contributed to the high satisfaction of disabled people who have received our services.

We were very pleased with the high response and high level of overall satisfaction. It’s a great result!

Contact: Kathryn Hall, Development Manager, Service Access Team, Tel: (04) 816 2243

## DSS intern –work experience success

Robert worked as the Disability Support Services intern from November 2014 to March 2015 and was reluctant to leave the team at Freyberg where he got on so well.

Robert kept his CV updated and applied for roles that interested him, including one at Emerge Supported Employment Trust.

As it turned out, Robert’s application wasn’t successful but he had impressed Linda Fisher, Emerge’s Operations Manager.

As Linda described, ‘Robert came well prepared and certainly at his interviews he showed confidence in himself and a good deal of recent employment experience. He’d done his research well. If he can pass on the benefit of job seekers doing this it’s a great gift’.

Robert described himself as ‘having lived experience with two disabilities so I naturally have an understanding, commitment and the passion to advocate for and support those with disabilities’.

Linda and Robert worked with the Ministry of Social Development Mainstream Employment Programme to create a new role which would use Robert’s documentation and communication skills.

The programme provides a package of subsidies, training and other support to help people with significant disabilities get work and to enable them to gain sustainable employment.

At the end of August, Robert took up the Team Assistant role at Emerge. The work involves appointments with clients to discuss strategies for finding work, learning and updating the database system, keeping client files up to date and writing for the web.

Robert and Linda agree that Robert’s DSS intern experience helped him prepare for working at Emerge. As Robert said, ‘The skills I learned during the internship are transferrable and I’m grateful for the experience. I’d like other Ministries to follow suit. Work makes such a difference in people’s lives’.

Contact: Cheryll Graham, Senior Advisor Tel: (04) 816 2358

# Sector news

## SIVA music video

Pati Umaga and his band Kabasa, along with dozens of invited guests, celebrated the launch of their music video SIVA at Te Papa on 16 October.

SIVA, which means dance in Samoan, is a Pasifika music video which celebrates people and encourages inclusion. The video shows disabled people as musicians, dancers and technicians behind and in front of the camera.

SIVA gives a positive and ‘can do’ view of how disabled people can work, dance and enjoy themselves. SIVA’s formal release is planned for November 2015.

DSS supported the development of SIVA, along with the Ministry of Social Development (Think Differently Campaign), The Accident Compensation Corporation (Voice of the Customer) and the Disabled Persons Assembly.

Contact: Cheryll Graham, Senior Advisor Tel: (04) 816 2358

# DSS project updates

## Development of a national low vision rehabilitation service strategy

The quality of life and day-to-day living of many New Zealanders is affected by low vision (a person’s reduced ability to carry out activities due to an eye impairment that cannot be corrected by glasses, contact lens or surgery), particularly in the older age groups.

The recent *Stocktake and Needs Analysis of Low Vision Services in New Zealand* report by Litmus Limited identified that there is no standard or comprehensive package of services for New Zealanders with low vision and that services vary depending on the person’s age and where they live. The report also identified that the current shortage of adult low vision services will need to be addressed to meet the expected increase in demand due to New Zealand’s aging population. This report is available on the Ministry of Health’s website: [www.health.govt.nz/publication/](http://www.health.govt.nz/publication/stocktake-and-needs-analysis-low-vision-services-new-zealand) [stocktake-and-needs-analysis-low-vision-services-new-zealand](http://www.health.govt.nz/publication/stocktake-and-needs-analysis-low-vision-services-new-zealand)

As recommended in this report, the Ministry has established a Low Vision Rehabilitation Services Reference Group. We have sought representation from people who experience low vision, current providers of low vision services, the New Zealand Association of Optometrists, the Royal Australian and the New Zealand College of Ophthalmologists.

The key tasks for the group will be to:

* inform the strategic direction for low vision rehabilitation services
* provide advice on the development of a national model of support (aligning with international best practice) and an appropriate and equitable service delivery pathway for low vision rehabilitation services.

Over the next year, the reference group will develop a national plan for low vision rehabilitation services.

Contact: Marianne Linton, Development Manager Tel: (04) 496 2201

## Quality review – Putting People First

Further progress has been made with the implementation of the Putting People First recommendations over the last few months.

A draft policy guideline for the prevention and management of abuse in Ministry-funded residential services has been produced and is going through the process for publication.

This policy guideline includes the following:

* key principles and information regarding abusive practice
* definitions of key terminology used in the guideline
* legislative and statutory coverage that providers are required to meet
* clear statements about the responsibilities of providers regarding the duty of care they have to ensure the safety of the people they support
* information on providers’ responsibilities through policy and convention such as the New Zealand Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities
* indicators of best practice regarding the prevention of abuse and the minimising of restrictive practices
* clear expectations of providers regarding how they will provide an organisational culture that both safeguards the people they support and prohibits abuse
* information regarding how the Ministry will respond where an incident of abuse occurs, and
* information about how the Ministry will support and monitor the development and implementation of service level operational policies relating to the prevention and management of incidents of abuse.

Although the Ministry had responsibility for the completion of the guideline, a partnership approach was taken with disabled people and relevant agencies in all phases of its development. A number of considerations from the Putting People First quality review have informed the development of the policy guideline and these will in turn have a direct impact on future operational policies developed by providers.

The guideline document is expected to be available to providers in the New Year.

Other Putting People First highlights include:

* an interagency workshop – Safeguarding Disabled People, jointly hosted by Keeping Safe Feeling Safe and the Ministry
* an update on Putting People First at the Disability Support Services provider forum
* a survey of needs assessment and service coordination agencies. The purpose of the survey was to gain an accurate picture of current information provision and delivery by these agencies to the people they support to enable improvement. The data from the survey is to be reviewed and collated by region, highlighting gaps. From this, a range of tools may be developed for needs assessment and service coordination agencies
* engagement is under way with the disability sector about a range of ways to recognise and promote ‘good performance’ in residential support services.

Contact: Pam MacNeill, Quality Improvement Lead, Tel: (04) 816 2178

## DIAS/NASC Review 2015/16

The Ministry of Health intends to undertake a review of the existing disability information (including the Disability Information Advisory Service) and needs assessment service coordination (NASC) functions.

The review will support consideration of a new framework which will improve the effectiveness of support for disabled people, reduce any existing duplication and ensure value for money. The review is expected to be completed by 30 September 2016.

A Request for Proposal (RFP) was posted on the Governments Electronic Tendering Service in August seeking to identify and engage a contractor with experience of the functions of the disability sector to undertake this review. Sapere Research Group Limited was awarded the contract that began on 9 November 2015 to 30 September 2016.

Contact: Christine Petch, Contract Relationship Manager, Tel: (07) 929 3611 or 027 247 8765

# New Model – Enhanced Individualised Funding

There are now about 350 people using Enhanced Individualised Funding (EIF) in the Bay of Plenty Region.

Some people say it works well for them and provides them with the flexibility to make decisions about what is important to them in terms of disability support. Other people struggle to know how best to use their allocated budget and need more help in working out how best to meet their needs.

The final evaluation on the New Model Demonstration (including EIF) is now available on the Ministry of Health website: [www.health.govt.nz/our-work/disability-services/new-model-](http://www.health.govt.nz/our-work/disability-services/new-model-supporting-disabled-people/updates-new-model-supporting-disabled-people) [supporting-disabled-people/updates-new-model-supporting-disabled-people](http://www.health.govt.nz/our-work/disability-services/new-model-supporting-disabled-people/updates-new-model-supporting-disabled-people)

The current EIF host services contract with Manawanui InCharge has been extended to enable the Ministry of Health to complete work in a number of areas. These include:

* reviewing the purchasing guidelines
* clarifying roles, responsibilities and processes between NASC, Local Area Coordination and the host to ensure that planning is done effectively, there is no duplication in role and people understand what they can use their EIF budget for
* ensuring that support allocations are sustainable
* reviewing the host funding framework to ensure that hosts are funded appropriately and that hosts are providing the right level of support to people.

This work will help to identify what works well with EIF and what doesn’t, so decisions can be made about the next steps with EIF.

A synthesis report that summarises the key findings from the multiple New Model evaluations will also be put on the Ministry of Health website shortly.

Contact: Murray Penman, Development Manager, Tel: (09) 580 9084

## New Model – Local Area Coordination (LAC)

Local area coordinators continue to work with an increasing number of people across the three very different locations of Bay of Plenty and Lakes, Hutt, and Southland/Central Otago.

There are similar reports from their working with individuals and their family or whanau, including people connecting with their communities, many developing new interests, generating a small income from their micro businesses, and in a number of instances starting new employment. Another common theme is increasing support for young people transitioning from school.

Each LAC initiative is actively engaging with their community to strengthen the option of community assistance as peoples’ ‘first resort’ in supporting them to live the life they want. Some people have recently stopped their funded services because they have found other ways for this support to be provided through their new networks. This community-building side of the LAC work is being supported by experts in community development such as inclusive communities.

Planning is under way for the evaluation of the two-year trial of LAC through NASC. This should be completed early/mid 2016.

Contact: Jenny Moor, Development Manager, Tel: (09) 580 9070

## Pacific development

### Research on Pasifika disabled children, youth and their families

Dr Teuila Percival from The University of Auckland presented the final findings of the research study to the Ministry of Health in September 2015. The university is currently finalising the report based on the feedback received from this meeting and the final report is due in December 2015.

Contact: Feala Afoa, Development Manager, Tel: (09) 580 9053

## Carers Strategy

### New national carer learning and wellbeing resource service

On 7 September 2015, the Ministry contracted Standards and Monitoring Services (SAMS), sub-contracting with Parent to Parent, to develop and deliver the new national carer learning and wellbeing resource service. Known as Care Matters, this exciting service aims to enhance the health and wellbeing of carers, family/whānau, and disabled people by providing current, relevant, consistent and accessible information.

This information is now available on [www.carematters.org.nz](http://www.carematters.org.nz/).

Information can also be accessed through the face-to-face learning for eligible people. For more information on Care Matters call its toll free number 0508 236 236.

### New national carer matching service

On 22 September 2015, the Ministry contracted Carers New Zealand to develop and deliver the new national carer matching service. Working with its subcontractor MyCare, Carers New Zealand has developed an online platform to enable eligible family carers to search and select the most suitable relief carer to support the disabled person they care for when the family carer needs a break. This innovative service is supported by an 0800 number for those who may not have online access.

For more information on this new service call 0800 777 797.

Contact: Feala Afoa, Development Manager, Tel: (09) 580 9053

Contact Disability Support Services

Email: **disability@moh.govt.nz** Phone: **0800 DSD MOH (0800 373 664)**

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

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**disability@moh.govt.nz** with ‘unsubscribe to newsletter’ in the subject line.

# New streamlined contracting framework and DSS service specifications update

In the last three months there has been significant work to incorporate feedback received from the sector on the draft updated service specifications for the following services: community residential; children’s residential; supported living; facility-based respite; home and community support; foster care; contract board; day programmes; younger persons in aged care; and regional intellectual disability supported accommodation services.

Thank you to all of you who took the time to review the documents and respond. Your feedback was very helpful.

The service specifications will come into effect alongside the new Outcome Agreements as follows:

* 1 October 2015 for day activities
* 1 November 2015 for home and community support services
* 1 December 2015 for community residential, children’s residential, foster care, contract board, regional intellectual disability supported accommodation services
* March 2016 for facility-based respite, children’s respite, younger persons in aged care.

Between January to June 2016, DSS will trial development of an outcome agreement management plan with each of 10 providers who represent large, medium and small organisations. The plan’s template is available on the Ministry of Business, Innovation and Employment website. It provides a structured approach to managing the outcome agreement between the provider and the Ministry and aims to streamline reporting requirements. After June 2016, plans will be developed with other providers where this approach is likely to add value.

Also in 2016, DSS will continue to transfer current contracts to the new streamlined outcome agreement template and work with providers to update service specifications and develop results- based accountability performance measures. This will involve 28 service lines with a small number of providers in each service line.

A big part of streamlined contracting is the move to standardise activities like quality standards, auditing programmes, and remedy plans. Crown agencies responsible for social sector purchasing have agreed 10 social sector accreditation standards that are allowing a common understanding of provider capability and capacity. Standardising accreditation requirements will reduce the amount of auditing a provider will see and, importantly, free up resources to focus on the quality of outputs and outcomes.

Providers will increasingly see funders working jointly on audit and evaluation programmes. Funders will also increasingly coordinate their efforts around those organisations that do not meet accreditation requirements, especially where vulnerable people are involved.

The Ministry sincerely thanks all of the disabled people, disabled people’s organisations, service providers, carers and family members who took the time to attend workshops and provide feedback to inform its work during 2015. This input has helped to ensure the outcome agreements and service specifications are fit for purpose and that services are centred on disabled people, supporting them to live a good life.

Contact: Barbara Crawford, Manager Strategy and Contracting, Tel: (04) 816 4384