

## In Confidence

Office of the Minister of Health

Cabinet Social Wellbeing Committee

## PAYING FAMILY MEMBERS FOR SUPPORT SERVICES

### Proposal

- 1 This paper seeks Cabinet agreement to override a Cabinet Social Policy Committee decision [5.1 of SOC Min (12) 28/2] which prevents people with disability, age-related, mental health and addiction, and long-term chronic health conditions with *low or moderate* needs from paying their family members to provide them with support services.
- 2 This change would continue the government's progress to align the current Ministry of Health and district health board (DHB) policies with human rights law, strengthen choice and control for people receiving care, better recognise and support the work of family, whānau and āiga carers, s 9(2)(h)

### Relation to government priorities

- 3 Changes to family care policies are closely related to several government priorities:
  - 3.1 The Government's commitments to:
    - 3.1.1 the *Disability Action Plan 2019-2023*; and
    - 3.1.2 *Mahi Aroha Carers' Strategy Action Plan 2019-2023* partnership with the Carers Alliance, with actions to improve health and disability sector family care policies and financial supports.
  - 3.2 The Government's welfare overhaul programme endorsed by Cabinet in 2019 to improve supports and services for disabled people, people with health conditions and their carers.
  - 3.3 The suite of reforms for disabled people and the disability sector announced on 29 October 2021 including the implementation of the Enabling Good Lives (EGL) approach (see Appendix 1) to Disability Support Services (DSS) on a national scale [SWC-21-MIN-0146].

### Executive Summary

- 4 In 2020, the government repealed Part 4A (family care policies) of the New Zealand Public Health and Disability Act 2000 (Part 4A) and agreed to eligibility changes for Ministry of Health (the Ministry) and district health boards (DHBs) family care policies.

- 5 The Ministry and DHB family care policies enable family members to be paid to provide some forms of care and support to other family members with *high or very high* disability, age-related, mental health and addiction, or long-term chronic health needs (abbreviated in this paper as ‘disability and/or health needs’), instead of a support worker.
- 6 s 9(2)(h)
- 7 I am seeking Cabinet agreement to override the original 2012 decision made by the Cabinet Social Policy Committee to target eligibility of the family care policy to those in *high or very high* need situations or in exceptional circumstances [decision 5.1 of SOC Min (12) 28/2]. This will allow family members involved in care to be paid to provide support, if the family member requiring support makes that choice, and if doing so would achieve the purpose of the support.
- 8 These changes will improve the opportunity for people to exercise greater choice about the supports they receive and better meet their needs; better recognise carer contributions; s 9(2)(h)
- 9 It is estimated that this will increase costs for the Ministry and DHBs by a combined total of \$15 to \$49 million per annum. Budget 2022 allocated \$111 million over four years for paid family care support in Vote Health (\$72 million, which will be delivered by Health New Zealand) and Vote Social Development (\$39 million, which will be delivered by the new Ministry for Disabled People).
- 10 Following Cabinet’s decision, the new family care policies will be implemented by the relevant new health and disability sector entities after 1 July 2022.

## Background

### *The Ministry of Health and district health boards fund support services*

- 11 The Ministry and DHBs fund services for people who need additional support, including people with disability, age-related, long-term chronic health, mental health and addiction, and palliative care needs (abbreviated in this paper to ‘disability and / or health needs’).
- 12 Support services have traditionally been provided by disability or health service providers and include facility-based supports, such as residential care. They also include funding for carers to have a break (respite) or for people to access support in their home, such as support with personal care and/or household management.
- 13 The Health and Disability System Reforms propose transformational change which will affect the nature and delivery of support services. This includes:

- 13.1 the creation of Health New Zealand which will assume the responsibilities of the DHBs, including support services for people with age-related, long-term chronic health and mental health and addiction needs; and
- 13.2 disability support services currently managed by the Ministry of Health, which will largely move to a Ministry for Disabled People, in addition to the implementation of the EGL approach on a national scale.
- 14 While choice and control about supports will be of interest for many people with support needs and their family, whānau and āiga, they are of particular interest to the disability community. A fundamental part of the Enabling Good Lives (EGL) approach for disabled people and their family, whānau and āiga is more choice and control about how they are supported. Supports are becoming more responsive to an individualised approach, allowing disabled people greater freedom to choose how they are supported, and by whom.

*The Ministry and DHBs have family care policies*

- 15 The Ministry and DHBs currently have family care policies to enable people with disability and / or health needs to pay *some* family members to provide their support services instead of a support worker. Family members can be paid to provide Home and Community Support Services (HCSS)<sup>1</sup> if the person receiving care has been assessed as being in a *high or very high* needs situation, or exceptional circumstance that justifies payment.
- 16 The process for a disabled person to pay a family member to provide their supports is currently through an employment arrangement, either: the disabled person or their nominated agent can choose to employ the family carer (through several means); or the family member is employed through a disability support service provider. For populations served by DHBs (Health New Zealand in future), the arrangement is for the family carer to be employed through a health service provider.
- 17 Prior to 2012, the Ministry and DHBs had not allowed parents, spouses and resident family members to be paid to provide support services for a family member. The family care policies were developed in response to concerns, particularly in relation to disabled people, that paying family members for all the support that they provide would create significant cost to the government.
- 18 The change to the policy of not paying family members to provide support services was introduced in response to *Atkinson v Ministry of Health (Atkinson)*. The court in *Atkinson* had found that the Ministry's blanket rule of not allowing family members of disabled people to be paid was discriminatory under the Human Rights Act 1993 and in breach of section 19 of the New Zealand Bill of Rights Act 1990. A blanket rule discriminated against:
  - 18.1 those disabled adult children who had a more limited range of choice of carer than others in comparable situations

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<sup>1</sup> Home and Community Support Services provide support for personal care (e.g. showering and toileting) and household management (e.g. laundry and dishes).

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- 18.2 family members who would be eligible to be paid, but for their family relationship.
- 19 The government of the day was concerned that paying family members would create a significant fiscal risk, as family members would seek payment for support that they previously provided without payment.
- 20 In *Atkinson*, the main service in dispute was HCSS. To manage costs and prevent further litigation, in 2013 the government of the day introduced Part 4A (family care policies) of the New Zealand Public Health and Disability Act 2000, creating a limited family care policy for the Ministry and DHBs based on:
- 20.1 paying some family members to provide HCSS only; and
- 20.2 targeting the policy to those in *high and very high* needs situations or exceptional circumstances.
- 21 An overview of DSS and DHB family care policies and changes over the last few years is provided in Appendix 2.

s 9(2)(h)

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s 9(2)(h) [Redacted]  
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## I recommend that Cabinet agree to remove targeting of the family care policy to align it with human rights law

- 32 s 9(2)(h) I recommend that Cabinet override the decision targeting people in *high and very high* needs situations or exceptional circumstances to be able to pay family members [as set out in decision 5.1 of SOC Min (12) 28/2].
- 33 Overriding this decision will allow family members (including parents, spouses and resident family members) to be paid to provide support services as a general policy under certain conditions.
- 34 The policy will also document the circumstances where it would not be appropriate for a family member (or anyone else) to provide support services. These circumstances will include where:
- 34.1 it would be contrary to the purpose of the support or would not achieve the individual's goals/support plan;
  - 34.2 the carer is under 16 years of age;
  - 34.3 it would cause harm either to the person being cared for, or the carer
  - 34.4 it is necessary when prioritising resources.
- 35 NASC services will need to consider prioritising resources when allocating support. This may mean that paying a family member (or anyone) may not be fiscally prudent in some circumstances. For example, it is unlikely to be appropriate to pay a carer to provide facility-based services such as residential services or facility-based respite. These services are typically provided in a group setting to share the costs of supports across the group, and the purpose is to support the disabled person outside of the home and give family members a break.
- 36 A proportionate framework will be implemented to support care arrangements where family members are paid, monitor uptake, and ensure the safety and wellbeing of people receiving or providing care and support.
- 37 In conclusion, the proposal to enable people with *low to moderate* disability and/or health needs to pay a family member to provide their supports:
- 37.1 s 9(2)(h)
  - 37.2 is supported in principle by disability and carer community groups who were consulted on this proposal;
  - 37.3 better recognises the care contributions of family members, allowing them to access payment for more of the support that they provide for people with disability and/or health needs;

- 37.4 is consistent with the EGL vision, principles and approach to give disabled people, their families, whānau and āiga greater choice and control over their lives and supports.

*Other options were considered but did not fully comply with a human rights approach*

- 38 As described, the status quo is untenable, and change is required.
- 39 The Ministry considered a staged approach to changing the policies by first extending the ‘exceptions policy’ beyond Home and Community Support Services. This would mean allowing people with *high or very high* needs or in exceptional circumstances to pay family members for services such as Carer Support or Individualised Funding (both of which can be used to buy respite). The Ministry would then monitor the fiscal impact of this extension before extending the policy to those with *low to moderate* needs.
- 40 This approach could help to manage the fiscal impact of the change, but as only 28 percent of people that the Ministry supports have *low or moderate needs*, it is unlikely that the impact would be significant. § 9(2)(h)
- [REDACTED]
- [REDACTED]

**Other legal issues with the family care policies will be resolved with the proposed change**

- 41 With the exception of HCSS, the Ministry and DHBs do not currently allow payment to parents or to spouses/partners of a person with disability and/or health needs for support services, regardless of the level of assessed need. § 9(2)(h)
- [REDACTED]
- 42 § 9(2)(h)
- [REDACTED]
- [REDACTED]
- 43 As these two policies were not made through a Cabinet decision, these changes can be approved at a ministerial level. I propose that, subject to Cabinet agreement to the recommendations in this paper, these changes are made at the same time. The fiscal impacts of both changes are included in the estimates in this paper.

*Legal action on the employment relationship and decision-making capacity of disabled people does not have a direct impact on the decisions being sought*

- 44 On 8 December 2021, the Employment Court released the *Humphreys*<sup>2</sup> judgement, which considered whether the Ministry of Health may be deemed the employer of a family carer in a home setting. That decision is currently the subject of an appeal to the Court of Appeal. This follows the *Fleming*<sup>3</sup> decision on 26 May 2021, which

<sup>2</sup> *Humphreys v Humphreys* [2021] NZEmpC 217

<sup>3</sup> *Fleming v The Attorney-General* [2021] NZEmpC 77

raised similar considerations, and is currently before the Court of Appeal. The matters are to be heard jointly, with November 2022 the earliest possible hearing date.

- 45 The decisions sought in this paper are not directly impacted by the issues of employment relationship and decision-making capacity of disabled people currently the subject of legal action. Any changes resulting from the outcome of decisions arising from legal action will be managed separately by the Ministry for Disabled People.

## Implementation

- 46 The uptake and associated increased costs from this proposal will be monitored by Health New Zealand and the Ministry for Disabled People. It should be noted that providers can only collect information at a point in time which may not accurately reflect whether people continue to pay a family carer as their lives and supports change.
- 47 Ministry of Health DSS will transfer to the Ministry for Disabled People from 1 July 2022. Some of the system components needed to implement this policy for disabled people will be delivered through the broader work to progress the transformation of the disability support system based on the EGL approach as announced on 29 October 2021 and funded through contingency in Budget 2022. This includes implementing safeguarding options to ensure that people receiving support and carers are safe, and their wellbeing is promoted. A prevention and safeguarding framework is a key part of Mana Whaikaha, the transformed disability support system in MidCentral.
- 48 Current DHB paid family care policies will transition to Health New Zealand in the reformed system. This work will happen in parallel to the paid family care policy changes but is likely to take more time to fully implement. Safeguarding provisions are also important for people with age-related, mental health and addiction and long-term chronic health needs. DHBs have several safeguarding oversight mechanisms to support peoples' safety and the quality of paid family care including planning, monitoring and audit of delivery, safety and quality, and notification of any issues arising.
- 49 The proposed changes may have a small effect on care and support workforce and services. Although some disability support service and DHB service providers (particularly HCSS providers) may be affected by people choosing to pay a family member rather than use their service, uptake of this option is unlikely to be large or rapid, and the risk of significant impacts on service providers is considered low.
- 50 Until 30 June 2022, the Ministry of Health and interim Health New Zealand will work with other government departments as part of implementation. This will include the Ministry of Social Development, Oranga Tamariki – Ministry for Children and the Inland Revenue Department to ensure eligible people are informed about impacts of paid family care on benefits they receive, and the Ministry of Education to explore how many tamariki and rangatahi are choosing to become paid carers and how to avoid their education being negatively affected. From 1 July 2022, coordination of implementation work will continue with Health New Zealand and the Ministry for Disabled People.



- 51 The table below provides a high-level implementation plan.

Milestone	Timeframe
Operational policy and practice changes to the current Ministry and DHB-funded support services, and work with the relevant new health and disability sector entities and other government departments prior to implementation	May – June 2022
Communications to the health (aged care, mental health and addiction and long-term chronic conditions), disability and carer sectors including family, whānau and āiga (with translations into alternate formats and languages for disabled people)	June / July 2022
First six-monthly progress monitoring reports provided to Minister of Health and Minister for Disability Issues	December 2022

## Financial Implications

### *Estimated cost increases of \$15-49 million per annum*

- 52 Based on uptake of the previously implemented exceptions policy, the Ministry predicts that widening the criteria to allow for more family members to be paid will cost \$7-17 million per annum for Ministry-funded supports, and \$8-32 million per annum to DHB-funded supports.
- 53 These figures account for a one to four percent increase on supports currently provided by the Ministry and DHBs. It is expected that more people will take up the option of paying family members as they become aware of it and that costs are likely to grow over the years.

### *Budget implications*

- 54 Budget 2022 allocated \$111 million over four years for paid family care support in Vote Health (\$72 million, which will be delivered by Health New Zealand) and Vote Social Development (\$39 million, which will be delivered by the new Ministry for Disabled People). I consider this funding sufficient to meet the anticipated costs of these policy changes, given the estimated cost range, which will be subject to ongoing monitoring of uptake and actual cost.

## Te Tiriti o Waitangi Implications

- 55 The proposed changes in this paper improve alignment with Te Tiriti o Waitangi and are important for tāngata whaikaha Māori (Māori disabled people) and whānau whaikaha, and for kaumātua, kuia and their whānau, as a valuable way to reflect the importance of family relationships. It will allow tāngata whaikaha Māori and kaumātua and kuia to more effectively express mana motuhake – expressing authority over one's life and allowing the choice to live according to tikanga Māori.

## Legislative Implications

56 There are no legislative implications arising from this paper.

## Impact Analysis

### Regulatory Impact Statement

57 There is no regulatory impact statement arising from this paper.

### Climate Implications of Policy Assessment

58 There are no climate implications arising from this paper.

## Population Implications

59 The table below provides the impact of this proposal on population groups.

Population group	How the proposal may affect this group
Māori	<p>In September 2021, 20 percent of disability support service clients identified as Māori. Information on the proportion of Māori, including kaumatua and kuia taking up the paid family care supports funded by DHBs is not currently available.</p> <p>During targeted consultation, Te Ao Mārama (the Ministry of Health's Māori disability advisory group) noted that allowing payment of whānau of tāngata whaikaha Māori is a valuable way to reflect the importance of family relationships.</p> <p>Removing arbitrary rules about how people can be supported allows tāngata whaikaha Māori to more effectively express mana motuhake – expressing authority over their own lives. This policy aims to remove barriers so that Māori have the choice to live according to tikanga Māori.</p>
Disabled people	<p>The rights of disabled people are a core part of the change to paying family carers. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the New Zealand Disability Strategy and action plans underpin these rights and priorities. Human rights of particular importance in this setting in the UNCRPD are a right to freedom from exploitation (article 16) and a right to live independently (article 19).</p> <p>This proposal will allow disabled people the opportunity to be supported by their family member, providing them with greater choice and control over their supports and lives.</p> <p>During targeted consultation, disability community organisations commented that they would prefer to pay a family member to provide their supports for safety, convenience, privacy and dignity, greater independence,</p>

	<p>better quality support at the time that they need it, and that they felt more comfortable with providing feedback to a family member rather than a stranger. Safeguarding, however, needs to be available to provide support to disabled people when their supports do not function appropriately.</p> <p>There are some risks that disabled people may become a source of income for the family, that support is not provided, and it is more difficult to monitor quality and quantity of supports. Safeguarding aims to address these issues.</p>
Older adults	<p>This proposal will allow for older people to be supported by/support their family member, providing them with greater choice and control over their supports and lives.</p> <p>It will support improvements to current inequities for groups of older people, including Māori, Pacific peoples and people with dementia and, in particular, inequities created through geographic location and availability of carers who reflect the values and culture of the person needing care and support.</p>
Pacific peoples	<p>At September 2021, 6.5 percent of disability support service clients identified as Pacific peoples. Information on the proportion of Pacific peoples taking up supports funded by DHBs is not currently available.</p> <p>During targeted consultation, the Faiva Ora Leadership Group (a forum of Pacific stakeholders representing Pacific people with disabilities and their āiga) noted that allowing for the payment of āiga of Pacific disabled people is a valuable way to reflect the importance of family relationships and would allow family members to maintain an independent life.</p>
Children and young people	<p>Allowing young people 16 years of age and above to provide support services may avoid them having to balance a job on top of their caring role. However, young carers may also feel obligated to provide this support and/or feel guilty when leaving it to pursue their own life. The possibility of young people being pressured to leave school early can harm their future. Leaving school at a young age can have negative effects on employment prospects and a person's income.</p> <p>The potential involvement of children and young people as carers may arise in the assessment of needs and supports for people and families, whānau and āiga conducted by the Needs Assessment and Service Coordination organisations. Whether it is appropriate for a young person to be a carer and the extent to which it might affect education opportunities should be addressed and alternatives considered.</p> <p>Extra recognition, support and protections are needed for young carers, along with more information to understand how caring impacts young people's participation in education and employment. This is currently being addressed through Mahi</p>

	<p>Aroha Carer's Strategy Action Plan 2019-2023 where young carers are one of the four priority population groups. In addition to actions supporting all carers there are actions to: develop a tool to help identify young carers; include young carers in policy development; and identify and support young carers, their families, whānau and āiga to access the support they need.</p> <p>For children and young people who are supported, family members providing their support may provide all the benefits listed under the 'disabled people' section.</p> <p>Tamariki and rangatahi with <i>low to very high</i> needs who attend school may find this experience more positive if they are also feeling more comfortable at home with a family member providing their care and support.</p> <p>Safeguarding will help to address any risks of capture by people with inappropriate fiscal incentives, and empowering and supporting both young carers and young people receiving care and support to participate in education and reach normal milestones like increasing independence and moving out of home.</p>
Carers	<p>According to the 2013 Census, there are approximately 430,000 carers in Aotearoa (although numbers are likely to be much higher, possibly in the region of a million). Carers are of significant social and economic value to New Zealand society, enabling those who require care to live and participate in their communities. In 2014, Infometrics estimated that the labour replacement value of work done by family, whānau and āiga carers of \$10.8 billion per annum.</p> <p>This proposal has the potential to better recognise and support carers where they can be paid to provide support services. Carers also need to be properly supported to avoid burn-out, ensure safety and wellbeing and that they are properly valued for their caring role. A supportive, rather than punitive approach, should be taken where carers are struggling to meet the support they are contracted to provide.</p> <p>Mahi Aroha Carers Strategy Action Plan 2019-2023, the partnership between the government and Carers Alliance to recognise and support carers has several relevant actions including changes to paid family care and policy settings for financial supports for carers.</p>
Women	<p>Women are more likely to be carers. This potentially leads to lost opportunities for income and employment (with long-term poor labour market outcomes) and social inclusion. This policy change would allow more women to access payment for providing support to family members.</p>

People who are gender diverse	People who are gender diverse may be more comfortable with having someone familiar to them to provide their supports (particularly personal cares). The proposed changes will provide this choice.
Veterans	Allowing payment of family members for support services will provide veterans and their families with greater choice and flexibility in terms of who can provide them with support.
Rural communities	Allowing payment of family members for support services is likely to fill some of the support workforce gap in rural communities making it easier for individuals to get support.
Ethnic communities	Allowing payment of family members may allow communities to access more culturally responsive supports.

## Human Rights

- 60 This proposal is consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. This paper seeks to address current inconsistencies with human rights law.

## Consultation

- 61 The following agencies have been consulted on this paper: the Treasury, Crown Law, ACC, Department of the Prime Minister and Cabinet, Ministry for Ethnic Communities, Inland Revenue, Ministry of Education, Te Puni Kōkiri, Ministry for Women, Ministry for Pacific Peoples, Ministry of Social Development, Office for Disability Issues, Ministry of Justice, Veterans' Affairs, and Oranga Tamariki – Ministry for Children.
- 62 Targeted consultation on the proposed policy was carried out with the following key external stakeholders: district health boards, National EGL Leadership Group, Disabled People's Organisation Coalition, iLead, Te Ao Mārama, Faiva Ora Leadership Group, Carers Alliance, Human Rights Commission and the tripartite group of disability providers, unions and Ministry of Health. None of them signalled a lack of support for the policy proposals.

## Communications

- 63 Subject to Cabinet decisions, the Minister for Disability Issues and I may make a media statement introducing these changes.

## Proactive Release

- 64 I propose to proactively release this Cabinet paper, subject to any appropriate withholding of information that would be justified under the Official Information Act 1982.

## Recommendations

The Minister of Health recommends that the Committee:

- 1 **note** that the Ministry of Health and district health boards current family care policies (family care policy) do not allow parents, spouses and resident family members to be paid to provide support services, except where those family members can provide *Home and Community Support Services* if that family is in a high or very high needs situation, or exceptional circumstances;
- 2 **note** that from 1 July 2022, the family care policies will become the responsibility of the new Ministry for Disabled People and Health New Zealand respectively;
- 3 **note** that the 2012 Cabinet decision which targets eligibility of the family care policy to those in high or very high needs situations, or exceptional circumstances only [as set out in decision 5.1 of SOC Min (12) 28/2] does not align with human rights law;
- 4 **agree** to override the 2012 decision with a new family care policy where family members providing care (including parents, spouses and resident family members) for people with low, medium, high, and very high needs, can be paid for support services.
- 5 **note** that the policy referred to in recommendation 4 will also document the circumstances where it would not be appropriate for a family member (or anyone else) to provide support services, including where:
  - 5.1 it would be contrary to the purpose of the support or would not achieve the individual's goals/support plan;
  - 5.2 the carer is under 16 years of age;
  - 5.3 it would cause harm, either to the person being cared for or the carer;
  - 5.4 it is necessary when prioritising resources;
- 6 **note** that allowing payment to family members of those with low to moderate needs for support services is likely to:
  - 6.1 s 9(2)(h)
  - 6.2 increase costs for Ministry and district health board-funded support services by a combined total of \$15-49 million per year, recognising that family members may seek to be paid for care they have previously provided without payment;
  - 6.3 more appropriately recognise and value family, whānau and āiga carers who have been a large, unpaid workforce;
  - 6.4 provide disabled people, families, whānau and āiga with greater choice and control, consistent with Enabling Good Lives principles;
- 7 **note** that Budget 2022 allocated \$111 million over four years for paid family care support in Vote Health (\$72 million, which will be delivered by Health New Zealand) and Vote Social Development (\$39 million, which will be delivered by the new Ministry for Disabled People) to meet the costs of this change;

- 8 **note** that the Ministry of Health undertook targeted consultation with disability and carer community groups who supported the idea of allowing payment to family members of those with low to moderate needs for support services;
- 9 **note** that the Ministry of Health and District Health Boards' family care policy [REDACTED] s 9(2)(h) [REDACTED] which can be resolved operationally. These include allowing for:
- 9.1 parents or spouses to provide support services;
  - 9.2 family members to be paid for support services beyond *Home and Community Support Services*;
- 10 **note** that the new family care policy will be implemented after 1 July 2022 by Health New Zealand and the Ministry for Disabled People.

Authorised for lodgement

Hon Andrew Little

Minister of Health

## Appendix 1 – Enabling Good Lives vision and principles

### Vision

In the future, disabled children and adults and their families will have greater choice and control over their supports and lives, and make more use of natural and universally available supports.

### Principles

#### *Self-determination*

Disabled people are in control of their lives.

#### *Beginning early*

Invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available.

#### *Person-centred*

Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.

#### *Ordinary life outcomes*

Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.

#### *Mainstream first*

Disabled people are supported to access mainstream services before specialist disability services.

#### *Mana enhancing*

The abilities and contributions of disabled people and their families are recognised and respected.

#### *Easy to use*

Disabled people have supports that are simple to use and flexible.

#### *Relationship building*

Supports build and strengthen relationships between disabled people, their whānau and community.



## Appendix 2 – overview of family care policy changes from 2013 – 30 June 2022

Time	Key milestones	Ministry family carer policy (changes highlighted in bold)				DHB family care policy
		Age of disabled person	Severity of disabled person's need	Which family members could be paid...	...for what service?	
Pre-2014	Ministry did not allow for family carers to be paid.	-	-	-	-	Pre-2014, DHBs funded family carers, via HCSS providers, on an exception basis independent of level need. DHBs funded any type of family member.
2013-2014	<i>Atkinson v Ministry of Health</i> Part 4A (family care policies) introduced. Ministry/DHBs introduced Funded Family Care (FFC) policy.	Over 18s	High or very high needs	Parent	<ul style="list-style-type: none"> <li>Home and Community Support Services</li> </ul>	Ministry and DHB policy aligned.
2020	Government announced intention to repeal Part 4A. Ministry widened FFC rules.	Over 18s	High or very high needs	Parent <b>Spouse/partner</b>	As above	DHB rules were the same.
		<b>Under 18s</b>	<b>High or very high needs</b>	<b>Parent</b> <b>Close family member</b>	As above	
2020-2022	During the COVID-19 response the Ministry introduced flexibility to ensure that disabled people could access supports during lockdown.	Over 18s	<b>Any need</b>	Parent Spouse/partner	<ul style="list-style-type: none"> <li>Home and Community Support Services</li> <li><b>Individualised Funding</b></li> <li><b>Enhanced Individualised Funding</b></li> <li><b>Enabling Good Lives Personal Budgets</b></li> <li><b>Carer Support (respite)</b></li> </ul>	DHBs widened the paid family care rules temporarily as well but on a case-by-case basis.
		<b>Under 18s</b>	<b>Any need</b>	Parent Close family member	As above	
2021	Part 4A repealed 30 September 2020). Litigation imminent. Monitoring of those paying family carers allows for more accurate cost estimates.  <b>Policy proposal in this paper</b>	Over 18s	<b>Any need</b>	Parent Spouse/partner	<b>For a family member/anyone to be paid they must meet the purpose of the disabled person's plan or the purpose of the service. This is likely to mean that these services are in scope:</b> <ul style="list-style-type: none"> <li>Home and Community Support Services</li> <li><b>Individualised Funding</b></li> <li><b>Enhanced Individualised Funding</b></li> <li><b>Enabling Good Lives Personal Budgets</b></li> <li><b>Carer Support</b></li> <li><b>Choice in Community Living</b></li> <li><b>Supported Living</b></li> </ul>	<b>Draft DHB policy:</b> For a family member/anyone to be paid they must meet the purpose of the person's plan or the purpose of the service. This is likely to mean that these services are in scope: <ul style="list-style-type: none"> <li>Home and Community Support Services</li> <li>Individualised Funding</li> <li>Carer Support</li> <li>Supported Living</li> </ul> DHBs have a different range of services/programmes from the Ministry.
		<b>Under 18s</b>	<b>Any need</b>	Parent Close family member	As above	