Welcome to the DSS August newsletter. Over the past few months we have been finalising our work plan for 2016/17.

We are currently involved in a lot of development work, including supporting the Waikato Enabling Good Lives (EGL) demonstration, taking over as the lead agency for the Christchurch EGL demonstration, extending the New Model element ‘Choice in Community Living’ into the Hutt and Otago/Southland and continuing work on the DIAS (Disability Information and Advisory Services)/NASC (Needs Assessment Service Coordination) review.

While we continue to get a lot of positive feedback about this work, we are conscious that progress must seem slow to some parts of the sector, including those regions that have not been part of any of the New Model or Enabling Good Lives demonstrations to date.

We are working closely with our colleagues from the Ministry of Social Development and Ministry of Education to determine the next steps for EGL. Leadership groups made up of disabled people, providers, carers and schools are supporting our work.

We want to make sure that the development work we are doing, especially within the New Model and through the DIAS/NASC review, will be in line with the wider results of EGL. We will be able to tell you about our next steps later in the year.
The Enabling Good Lives demonstration team completed their work on the demonstration for EGL Christchurch at the end of June, and transferred leadership of the work to the Ministry of Health.

As the EGL Christchurch lead, I received a great handover and induction into this role from the demonstration team. I am privileged to be able to oversee the continuation of the EGL approach for Christchurch school students and their families as the students leave school and dream big. I have been working closely with the schools to understand how the important process of transition from school currently supports disabled school leavers and the ongoing role EGL has as part of this process.

In Christchurch, six independent EGL facilitators are available to provide six hours ‘free to user’ support to all 2016 and 2017 school leavers as they leave school and prepare to connect with their communities in new ways. Students can also choose to buy additional independent facilitation.

We have updated the EGL website to include fact sheets about independent facilitation, the EGL funding pathway and transition funding: www.enablinggoodlives.co.nz/current-demonstrations/enabling-good-lives-christchurch/christchurch-resources/key-information-june-2016/

Our focus this quarter is to contact all 2016 school leavers involved in the EGL programme, to make sure that they have the information they need to continue with their journey. I continue to visit schools to build relationships and answer the questions from teachers and special education needs coordinators. The response from schools has been extremely positive.

LifeLinks (our local needs assessment and service coordination agency) continues its solid work activating EGL budgets and working with students to complete a supported self-assessment.

The Ministry of Health contracts flexible disability support (FDS) providers to deliver a new kind of support to disabled people in the Christchurch region that enables people to choose how much or how little control they want over the process of determining supports. These providers will start to meet bi-monthly to share information, offer support and receive updates from the Ministry. Inclusive New Zealand continues to support providers, and local provider networks show great commitment to the EGL principles and adapting to changes within the sector.

Please visit the EGL website for more information: www.enablinggoodlives.co.nz
Waikato

Contact: Chris Potts, Director, EGL Waikato Demonstration

The Waikato EGL demonstration has completed its first year, and has one more year to run.

Numbers of participants in the demonstration have exceeded the target for year one. We aimed for between 70 and 105 people, but are now working with 127. Of these, 32 percent are Māori, and over half live in the wider Waikato region, rather than in the main centre of Hamilton. A particular aim of the demonstration team is to make sure families of young children with disabilities are able to participate; we are working with early intervention and early childhood services to achieve this.

The EGL leadership group has provided strong direction over the year, supporting our team and making sure we stick to the key principles of EGL. Regular forums we’ve held with families, disabled people and providers have helped too.

Many of our year one participants have made significant life changes, and have moved from challenging situations to more stable and life-affirming ones. We’re also glad about the fact that more people with high-support needs rather than those wanting a small amount of support have chosen to take part in the demonstration. Lack of accessible housing is a major issue for participants in the Waikato, as it is throughout the country. People struggle when they have plans or budgets approved but cannot find an accessible home to move into.

The first phase evaluation of the demonstration is now complete. It focused primarily on the design development phase and early implementation, and found a number of factors contributing to our early success:

- the way we have consistently applied the EGL approach and principles
- our highly skilled local leadership: people who model and mirror the EGL principles
- our commitment to co-design
- our transparency, trust and clear communication
- our willingness to learn, adapt and act, leading to responsiveness, high performance and the best outcomes for participants.

We’ve had some great feedback:

- ‘Best thing I ever joined him up to’ – Māori action area participant
- ‘The Tūhono/Connector told us about future possibilities, and that’s the direction we want to head in’ – individual choice action area participant
- ‘Sure [the previous system] works for some people, but it wasn’t for me . . . things were super stressful . . . I have a lot more support to do what I want when I want [now] . . . no more middleman – they really grind your gears’ – individual choice action area participant
- ‘I love it, my friends are blown away . . . I’m the one with the power and control’ – individual choice action area participant
- ‘The budget goes exactly where it should go, and that’s how it should be’ – children and young people action area participant.

The evaluation report stressed the importance of really focusing to make sure we can sustain these positive achievements.
The second phase evaluation commenced in August; a final report is due in December. The evaluation team will gather feedback from every participant, and also from people who considered taking part and then decided not to.

Disability provider ‘community of practice’ forums for the EGL project continue to be well attended each month. At the last forum, attendees discussed the extent to which providers felt informed and engaged. Demonstration staff attend each forum to update the group about progress, share issues and answer queries. Providers have told us that they continue to focus on developing new and flexible ways of meeting participant requests – and that disabled people and their families are benefiting significantly as a result.

Disabled people, families and the wider community continue to show a lot of interest in learning more about the EGL approach. In June, we hosted a workshop for participants interested in going flatting. It was attended by 47 participants and family members. The workshop provided people with information on tenancy issues, Work and Income support, the rental market and disability supports for renters, and people shared their experiences of trying to find accommodation and of living independently for the first time.

We recently held a leadership seminar called Inspiring Greatness, which 75 people attended. At the seminar Michael Pulman, a young Waikato motivational speaker, shared his journey as a disabled person and a leader. His presentation was followed by renowned sports psychologist David Galbraith, who focused on how we can unleash greatness within us but also spoke about his experiences as a young man experiencing anxiety, and how he dealt with his own mental health struggles.

**DSS news**

**Are you doing great work? We want to hear from you!**

Later in the year, DSS will publish a newsletter showcasing providers’ innovative practices, to mark the International Day of Persons with Disabilities on 3 December. We will ask you for submissions in October.

**The DIAS/NASC Review – A summary so far**

**Review scope**

The scope of the review of DIAS/NASC is:

> . . . to **review the functions** of all Ministry of Health funded disability information and needs assessment, service coordination and budget management arrangements, (currently within DIAS/NASC contracted services) . . . to **recommend a framework** that is effective, cost efficient, disabled person/family/whānau focused and sustainable.
Activity

The first phase of the review involved targeted stakeholder engagement. It was led by the Sapere Research Group, and took place from December 2015 to April 2016. In the current phase, we are concentrating on developing a framework. A final report on this phase is due at the end of September 2016.

Sapere identified several particular ways in which the DSS framework needs to change. In planning future developments, we need to make sure we:

- make the system more client-focused, permissive and localised
- streamline and make better use of our resources, to move from an input to an outcome focus.

Sapere asked disabled people, their families and the disability sector what they thought could work better. Here is a summary of some of their responses.

The functions of NASC

- We need to change our approach to make sure disabled people’s experiences are more respectful and processes are simpler. Current experiences of complex processes are often a result of Ministry requirements (such as routine assessments) that do not add any value for individuals; these requirements have grown over the past 20 years NASC has been in place.
- We need to take an investment approach: investing early to increase independence and reduce future support needs. We need to be more flexible and permissive in allocating supports.
- We need to change the current prescriptive NASC process so that it’s based more accurately on a person’s or family’s requirements (eg, in terms of length of assessment and planning forms).
- We need NASC to be more in line with the EGL principles by being less prescriptive about what can and can’t be done, to make sure DSS funds are available for a wider variety of responses.
- We need to consider how services can be more connected and act like a suite or menu, so people who need them can mix and match and use them more flexibly, at their own discretion.

The functions of DIAS

- We don’t need a grand scale of change at this stage; rather, we need to build on what is working well now and increase quality where required.
- There is the potential to develop a national, high-profile, high-quality ‘branded’ disability information hub to prevent duplication of effort and promote higher quality resources. This hub could take a role in developing evidence-based resources.
- We could more closely link the functions of provision of information, Local Area Coordination (LAC) and NASC.
- People need a higher-profile ‘go to’ approach.
- We need to improve local-level access.
- We need to keep offering ‘high-touch’ local access, especially for those with certain specific disabilities, impairments or diseases.
Te Pou to deliver the new Disability Workforce Development Service

In December 2015, following an open tender process, the Ministry of Health contracted Te Pou o Te Whakaaro Nui to deliver the new disability workforce development service. Over the next five years, Te Pou will focus on the following five domain areas.

1. Grant administration
   Using an online platform, Te Pou will administer the Workforce Development Grant, the Consumer Development Grant and the Training Grant. These grants aim to support the upskilling of the workforce to help fulfill the aspirations of disabled people.

2. Research and sector intelligence
   This domain focuses on disability workforce research projects. Te Pou will gather insights and intelligence from sector stakeholders on workforce training needs and barriers. It will use this data to guide evidence-based decisions on disability workforce development.

3. Workforce innovations
   System transformation requires new thinking and innovation. Te Pou will administer workforce innovation grants, to promote sustainable innovations in the disability sector in relation to workforce development. One of the focuses of the innovation grants are information technology.

4. Career promotions and planning
   Te Pou will undertake a marketing campaign profiling careers in the disability sector, to encourage people to consider a career in disability support services. Workforce planning will also be a focus of this domain, including support for progression along disability career pathways.

5. Sector collaboration and integration
   To respond effectively to the aspirations of disabled people, the sector needs to be well connected and collaborative. Over the next five years, Te Pou will work with the Ministry of Health, disabled persons organisations, disability provider peak bodies and other stakeholder groups to foster collaboration.

To deliver the new five-year workforce service, Te Pou has established a team of five experienced staff. The team is managed by Manase Lua, and includes Frances Anderson (Programme Lead), Jade Farrar (Disability Advisor), John Vogenthaler (Project Manager ASD) and Synthia Dash (Administration Manager).

For further updates on Te Pou’s other significant work, please see the Te Pou Disability Workforce Development e-newsletter, and check out their website: [www.tepou.co.nz/disability-workforce](http://www.tepou.co.nz/disability-workforce)
Local Area Coordination

Local Area Coordination (LAC) has a combined operational history in New Zealand of nine years – five years in the Bay of Plenty, two years in the Hutt Valley and two years in Southland and Central Otago.

As an approach to supporting disabled people, their whānau and communities, the LAC walks alongside disabled people to assist them to make links into their community that help meet their goals and aspirations. The Ministry of Health has built on international experience to develop LAC for the local context. One area of specific focus within LAC has been to help people and their whānau to identify and develop natural networks.

The work of LAC is not only supporting disabled persons; it is changing community perceptions. One of our coordinators says:

‘...Jeremy has given me so much more than I could ever have given to the work. He has helped me to grow as a more patient, understanding and practical person, but most of all he has given me a friend. I am so appreciative of the time that I have shared with Jeremy. The fact that I have been blessed enough to be a part of this journey is something that I will always be grateful for.’

Our experience is that this feeling is typical of the coordinators our communities.

Recent disability events

May meeting of the Disability Sector Strategic Reference Group

Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384, Ministry of Health

The Disability Sector Strategic Reference Group provides a forum for key stakeholders to express their views on strategic issues. Its membership includes people with disabilities, disability support providers, carers and the Ministry. It meets for one day every six months.

Megan McCoy, Director of the Office of Disability Issues, attended the May meeting, and led a discussion about the update of the New Zealand Disability Strategy.

At the same meeting, the group received and discussed demographic information about Māori clients of disability support services, alongside the latest draft of the updated DSS Purchasing Guidelines, which set parameters for what people can purchase with Enhanced Individualised Funding.

The group will meet again in November.
DSS provider forums

Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384, Ministry of Health

Earlier in the year, DSS surveyed providers to gain input into its plans for the 2016 provider forums.

There was a range of views provided as feedback, from providers stating that they enjoyed the current format of the forums to providers saying the forums focused on information they already had from other sources.

DSS will host five forums in November 2016 as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>City</th>
<th>Venue</th>
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<tbody>
<tr>
<td>Wednesday 2 November</td>
<td>Dunedin</td>
<td>Dunedin Centre – 1 Harrop Street, Dunedin</td>
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<tr>
<td>Thursday 3 November</td>
<td>Christchurch</td>
<td>Rydges Hotel – 30 Latimer Square, Christchurch</td>
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<tr>
<td>Monday 7 November</td>
<td>Wellington</td>
<td>Te Papa – 55 Cable Street, Wellington</td>
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<tr>
<td>Thursday 10 November</td>
<td>Auckland</td>
<td>Holiday Inn, Airport – 2 Ascot Road, Mangere, Auckland</td>
</tr>
<tr>
<td>Friday 11 November</td>
<td>Hamilton</td>
<td>Hamilton Airport Conference Centre – Airport Road, RD2, Hamilton</td>
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In order to address some of the feedback received, this year’s forums will provide some updated DSS information and incorporate some workshop sessions to help DSS plan for the future.

If you wish to attend a forum, please register using the online registration form available on our website: www.health.govt.nz/our-work/disability-services/sector-and-consumer-partnerships/provider-forums

DSS project updates

Te Ao Marama

Contact: Bernadine MacKenzie, Strategic Advisor, (04) 819 6852, Ministry of Health

Te Ao Marama is DSS’ external Māori Leadership and Advisory Group. It provides leadership, advice and oversight of Whāia Te Ao Mārama (Māori Disability Action Plan): in particular, regarding the plan’s effectiveness in improving the lives of Māori with disabilities.

Te Ao Marama meets several times a year. Our membership includes David Tamatea (chair), Matt Matamua, Andrea Lamont and Trish Davis. Two new members will join our group over the next few months – Lee Rutene and Tristram Ingham.
Te Ao Marama’s recent work has included:

- identifying key Māori community linkages to support initiatives to improve outcomes for Māori disabled (eg, helping Māori move from community residential care into their own homes)
- developing cultural responsiveness questions for surveys of Māori disabled on the quality of disability support service provision
- helping to further develop results-based accountability measures now included in all DSS residential contract service specifications
- developing demographic data collection and reporting for Māori disabled
- working on the annual Whāia Te Ao Marama plan of action, including insertion of performance indicators
- providing an independent review of DSS’s work on implementation of Whaia Te Ao Marama
- linking relevant Māori research to the DSS work programme.

From this point, we will be focused on the Whaia Te Ao Marama (2012–2017) ‘refresh’ process, which will last until March 2017. We will be providing more information about that process in the next few months.

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**Development of a National Low Vision Rehabilitation Service Strategy**

**Contact: Marianne Linton, Development Manager, (04) 496 2201, Ministry of Health**

Many New Zealanders’ day-to-day lives are 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). Low vision is more prevalent in older age groups.

The Low Vision Rehabilitation Services Reference Group has led the development of a Low Vision Rehabilitation Services strategic direction. The group includes representatives from the New Zealand Association of Optometrists, the Royal Australian and New Zealand College of Ophthalmologists, the Visual Impairment Charitable Trust Aotearoa (NZ), Occupational Therapy New Zealand, Sight Loss Services, Macular Degeneration New Zealand, Retina New Zealand, Albinism Trust, the Blind Foundation, Blind and Low Vision Education Network New Zealand, district health boards and the Ministry of Health.

The strategic direction looks at the future provision of low vision rehabilitation services in New Zealand. It provides a definition of low vision, a set of goals, a proposal for a model of support and core functions for the delivery of low vision rehabilitation services.

The strategic direction makes use of the five strategic themes of the refreshed New Zealand Health Strategy. It also aligns with the New Zealand Disability Strategy’s vision for a fully inclusive society.

The Group’s next step will be advising the Minister of Health about the strategic direction and the future work programme, which will consider what can be done within the existing system and where further resources need to be found.
Survey of people living in residential disability services

Contact: Feala Afoa, Development Manager, (09) 580 9053, Ministry of Health

Malatest International recently began a survey of disabled people living in Ministry of Health-funded residential services in Wellington, Palmerston North and Auckland in order to provide some good information on the quality of services being delivered.

This survey was undertaken in response to the Disability Action Plan item 6a. Item 6a is to:

‘Develop and implement effective ways for disabled people and DPOs to provide feedback (both qualitative and quantitative) safely about the quality of services and support and to monitor, evaluate, and scrutinise and make providers accountable to funders for achieving outcomes.’

The survey’s face-to-face interviewers are themselves disabled people.

The survey is ongoing; an online survey is available for those unable to attend face-to-face interviews. This project is due to be completed in September, and Malatest International will make a final report to the Ministry.

For more information on this project, please contact Malatest International on 0800 002 577, or email tim.rowland@malatest-intl.com

Refresh of the Faiva Ora National Pasifika Disability Plan

Contact: Feala Afoa, Development Manager, (09) 580 9053, Ministry of Health

The Ministry of Health has developed the draft Faiva Ora Plan for 2016–2021 as a result of fono with Pasifika disabled people, their families and stakeholder groups.

The new plan will undergo a final round of consultation with stakeholders before the Ministry finalises it for implementation later in 2016.

Le Va’s work plan for the coming year

Contact: Feala Afoa, Development Manager, (09) 580 9053, Ministry of Health

Le Va is a non-governmental organisation that helps Pasifika people achieve the best possible health, wellbeing and social outcomes.

In July, the Ministry approved Le Va’s annual work plan for July 2016 to June 2017.

This plan outlines three specific services to be delivered by Le Va following the completion of the Faiva Ora 2014–2016 plan.
Over the next 12 months, Le Va will deliver ‘Engaging Pasifika’ workshops to frontline disability support staff, aiming to help engage these staff in working with Pasifika people with disabilities. Le Va will also work with Pasifika church communities to promote the use of church resources to help people with disabilities, and provide secretariat support to the Faiva Ora leadership group.

### Streamlined contracting update

**Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384, Ministry of Health**

As DSS contracts come up for renewal, the Ministry is working to move them into the new government-wide streamlined contracting framework.

In March, the Ministry of Health and providers signed new outcome agreements for facility-based respite. The Ministry also developed new outcome agreements for regional intellectual disability secure services, younger people in aged care, choice in community living and flexible disability support.

DSS has continued to work closely with providers and disabled people using services to update service specifications and develop results-based accountability outcome measures to assess quality and effectiveness.

DSS would like to extend a big thank you to everyone who has contributed to this important process. We appreciate the time, knowledge and expertise you have given us.

### DSS Publications

#### A Guide to Community Engagement with People with Disabilities

**Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384, Ministry of Health**

DSS developed *A Guide to Community Engagement with People with Disabilities* in close consultation with the Disabled Persons Assembly, the Association of Blind Citizens of New Zealand Inc, Deaf Aotearoa New Zealand, Kāpō Māori Aotearoa/New Zealand (Ngāti Kāpō), Deafblind (NZ) Incorporated and Balance NZ.

The guide was launched at the April meeting of the Disability Consumer Consortium, and published on the Ministry’s website in April 2016.

It provides practical tips, information and advice to anyone wishing to engage with people with disabilities, with the aim of removing barriers to their participation. Please feel free to bring it to the attention of organisations or individuals you think may find it useful, including local councils, schools, universities, district health boards, government departments, retailers and health and disability service providers.

The guide is a living document: because it is published in electronic form only, it can be updated at any time. If you have any suggestions for improvements or updates to the guide, please contact Barbara Crawford.
Demographic Report on Clients Allocated the Ministry of Health’s Disability Support Services as at September 2014

Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384, Ministry of Health

Demographic Information on Clients Using the Ministry of Health’s Disability Support Services is the second DSS report of this nature. This report is based on 2014 data (work on the 2016 report is about to start).


In an aggregated anonymised form, the report describes clients’ age, sex, ethnicity, marital status, primary disability type, location and accommodation situation, and the size of the support package they receive. It presents information by service type (home and community support, carer support, community residential support, facility-based respite support, supported living and day activities) and disability type (intellectual/learning, physical, autism spectrum disorder and sensory).

The information contained in the report will help both the Ministry and disability support providers to inform their decision-making about service development.

Our people

Joanna Martino, EGL Lead, Christchurch

Having previously worked within the disability sector, I am thrilled to be involved with EGL in Christchurch.

Before I came to EGL, I worked at Careerforce for six and a half years, supporting industry training within the health, disability, aged care and social services sectors.

I enjoyed three weeks’ induction with the EGL team in Christchurch throughout June, meeting local stakeholders, participants and families, navigators, providers and schools.

I see the EGL principles as fundamental to a system that truly enables choice and control for disabled people and their families. The role of the independent facilitator is also integral to the EGL approach.

I am humbled by the work of the EGL demonstration team to date, and looking forward to the challenge of maintaining the momentum from July 2016 until June 2018. In keeping with the EGL principles, my first focus is on building relationships.
Lee Brooks, Contract Relationship Manager

I have worked as a contract relationship manager in DSS’ Service Access Team since May this year.

I am responsible for the four upper North Island NASC contracts and have been establishing my relationship with NorthAble, Taikura Trust, Disability Support Link and Support Net.

I’m new to the disability sector, and have never worked within government before. I have had a lot to get my head around, and the learning will continue for a while yet. I am finding it incredibly interesting to apply my provider experience in the ambulance sector to my work at the Ministry.

After a 17-year break, I recently returned to the ballroom competition floor; my body questions it every day, something dragged me back. I recognise it as the same thing that pulls me toward public service, so many of you will relate to what I am referring to!

Sarah Hamlin, Contract Relationship Manager

I am leaving the Ministry of Health after more than 10 years as the Contract Relationship Manager for Environmental Support Services.

This is a role I have enjoyed over the years – there are so many talented, dedicated and enthusiastic people, both within the Ministry of Health and the sector. I will miss you all! I have decided it is time to focus on other aspects of my life, and will leave at the beginning of September.

Contact Disability Support Services

Email: disability@moh.govt.nz     Phone: 0800 DSD MOH (0800 373 664)
Web: www.health.govt.nz/disability

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