



Disability Support Services

Scope: Community Residential Strategy 2017-2022

Prepared for Disability Support Services Senior Leadership Team

24 November 2016

Purpose of proposed strategy development

The purpose of the Community Residential Strategy is to increase the options for disabled people and their families, whānau, aiga to have:

- greater choice, control and flexibility over where and how they live
- opportunities to access the least restrictive supports possible to meet day to day disability needs
- access to information and support to enable well considered choices to be made about where and how disabled live and receive supports
- increasing independence and choice fostered by all service providers
- services that are responsive to Māori and Pasifika disabled as specified in Whāia te Ao Mārama - The Māori Disability Action Plan and Faiva Ora - National Pasifika Disability Plan.

Background

It was in the 1970s that Western governments began to review the role of the state in institutionalised care for disabled people. A discourse of normalisation emerged, arguing that people would have a better quality of life within community based settings.

During the early 1990s the deinstitutionalisation of disabled people from large residential facilities began. The rights of disabled people to live a normal life within their own communities was advocated based on the principle that people should be able to live in the least restrictive environment. A variety of both private for-profit and not-for-profit residential options emerged over this period, ranging from people moving into small residential homes with 24-hour staffing through to hospital and larger facilities, albeit on a smaller scale than the previous state-run institutions.

In 2009 Disability Services implemented a work programme in response to the Social Services Committee's inquiry into the Quality of Care and Service Provision for People with Disabilities published in 2008. Disability Services has since undertaken a range of actions focused on providing disabled people with increased choice, control and flexibility, developing new models of individualised funding, and initiatives such as Local Area Coordination, Choices in Community Living, and Enabling Good Lives, which provide alternatives to residential care.

While today, in many cases, disabled people requiring 24-hour support have some choice in regards to where they live and from whom they receive supports, this is limited by a significant range of barriers including:

- limited appropriate services in some parts of the country
- the need for highly specialised care such as high and complex medical, physical and behavioural needs limiting options
- a funding model which means in most cases accommodation, staffing, personal care and activity support are combined into one package and unable to be apportioned separately

- funding generally being paid to providers rather than disabled people, reducing the choices they have regarding living arrangements
- providers being contracted to offer only one service option, rather than a continuum of independent support options
- limited public understanding of a full range of possible choices with many families opting for the current residential model as a matter of course due to safety concerns.

Current State of Community Residential Care sector

Based on the September 2014, *Demographic Information on Clients Using the Ministry of Health's Disability Support Services*¹, people with intellectual disabilities account for 82% of the people living in residential care. In 2014 approximately 6,600 people were living in DSS Community Residential services. This excludes a further group of less than 1000 disabled people quality teliving in hospitals or aged care services. Seventy-seven percent of the people in residential care were Pakeha/other, 15% were Māori, and both Pasifika and Asian populations were significantly under represented compared to the general population.

A range of more flexible contracting options are currently being trialed in some locations including Flexible Delivery Services in Christchurch and Choice in Community Living in Auckland and Waikato. These may contribute to a way forward for future procurement possibilities offering more flexible and independent choices for people using services.

Rationale

Ensuring disabled people have greater choice, control and improved outcomes underpins Disability Support Services (DSS) strategic direction². Trends in New Zealand / Aotearoa and overseas indicate the need to move to more person centred, flexible support options³.

The rationale for developing this Community Residential service strategy is to ensure that as DSS moves to transform the disability system, detailed consideration is given to the future components of that system.

Development of the strategy is a requirement of the DSS Annual Business Plan 2016-17 and supports achievement of the NZ Health Strategy, NZ Disability Strategy, DSS Strategic Plan, Whāia Te Ao Mārama, Faiva Ora, the NZ Carers' Strategy, New Model initiatives and the Enabling Good Lives programme.

The DSS principles as articulated in the DSS Tier One Service Specifications pertinent to this strategy are as follows:

- people have the right to live in and be part of their community

¹ *Demographic Information on Clients Using the Ministry of Health's Disability Support Services as at September 2014*, Ministry of Health , Wellington,2016.

² Refer *DSS Strategic Plan 2014-2018*

³ Refer *New Zealand Health Strategy*, 2016

- people have the right to realise their individual capacities for physical, social, emotional and intellectual development
- people have the same rights as other members of society to services which supports them attaining a reasonable quality of life
- people have the right to make choices affecting their lives and to have access to information and services in a manner appropriate to their ability and culture
- people have the same rights as other members of society to participate in decisions which affect their lives
- people have the same rights as other members of society to receive services in a manner which results in the least restriction of their rights and opportunities.

Management of the Strategy Development

1. In scope:

- community residential services for people (both adults and children) who meet the criteria / thresholds for DSS funded supports.

2. Out of scope:

- changes to Disability Support Services eligibility criteria
- respite services
- people living in Aged Residential Care / Hospital Level care
- services funded under the High and Complex Framework
- rehabilitation services
- Equipment Modification (EMS) and the wider Environmental Support Services (ESS) and any changes to the way they are administered
- Behaviour Support Services.

3. Coordinated Strategy development:

This Strategy is being developed alongside and in tandem with:

- the DSS Respite Strategy
- the DSS strategy for people whose behaviour presents challenges to residential services
- the DSS Rehabilitation Strategy
- the DSS Supported Living Strategy.

4. Key stakeholders

STAKEHOLDERS	Initial Workshop forums	Ongoing email and website, newsletter communications	Consultation on draft strategy
<i>Service Providers</i>			
NASCs /NASCA		Yes	Yes
Residential Providers	Yes –Workshops to include all sizes, geographical regions, Maori and Pasifika reps	Yes	Yes
<i>DPOs/Consumers</i>			
Disabled Persons Assembly	Representative	Yes	Yes
People First	Representative	Yes	Yes
Autism NZ	Representative	Yes	Yes
<i>Family/ Whānau Members</i>			
Family /whānau	Representative	Website	Yes
<i>Ministry of Health</i>			
Staff – DSS, Procurement, Policy, Quality	Representatives	Internal comms	Yes
Healthcert	Representative	Internal comms	Yes
ACC			
	Representative	Website and newsletters	Yes

5. Potential for collaboration

Internal collaboration involves a range of other teams including:

- Family and Community
- Service Access team
- DSS Quality team
- DHBs.

Links with other government departments include:

- ACC
- MSD / CYFs
- Department of Corrections.

6. Strategy development sponsor, leader and team

- Strategy development sponsor - Lee Henley, manager Community Living Team
- Strategy project management - Barbara Crawford, Manager Strategy and Contracts Team

- Strategy development leader - Viv Ruth, Contract Relationship Manager, Community Living Team
- Strategy development team members - Raewyn Winiata, Contract Relationship Manager and Hayden Taylor, Development Manager, Strategy and Contracts Team.

7. Strategy development governance

The DSS Group Manager and Senior Leadership Team will adopt governance responsibility for the development of the Community Residential Strategy.

8. Key milestones and completion dates

Key Milestones	Completion Date
Stakeholder workshop hosted	8 December 2016
Draft Strategy developed	April 2017
Sector consultation via online survey	May 2017
Final Strategy approved	June 2017