

18 August 2009

Ministerial Committee on Disability Issues

LOCAL AREA COORDINATION

Introduction

- 1 This paper seeks the Ministerial Committee's agreement to continuing with the investigation into the possible introduction of Local Area Coordination-type (LAC) processes into New Zealand.

Executive Summary

- 2 Local Area Coordinators (Coordinators) develop working relationships with disabled people and their families, in order to help them plan their lives and select and receive supports and services. There is a strong focus on developing natural and community supports, but they also help disabled person to access government funded supports.
- 3 Key differences between the approach of Local Area Coordination and the Ministry of Health's Needs Assessment and Service Coordination (NASC) processes include:
 - a asking different basic questions (Coordinators ask "what constitutes a good life for you?" whereas needs assessment facilitators ask "what support do you need?"); and
 - b Coordinators tend to develop relationships with people and take a more holistic approach to working with disabled people and their family/ whānau, whereas interaction with NASCs tends to be more episodic and focuses at an early stage on government funded supports.
- 4 In Western Australia and Queensland, Local Area Coordination is credited with enabling disabled people to live more fulfilling everyday lives than would otherwise occur, and doing this at a lower cost in Government funded supports than elsewhere in Australia. Although these findings are consistent with much of the literature we have reviewed to date, some of the supporting evidence may be less robust than desirable.
- 5 Having Local Area Coordination-type processes play a more prominent role in the Ministry of Health's disability support system is clearly consistent with the Government's intention to increase choice and control for disabled people over the support they receive and the lives they lead. They are, however, likely to be neither a 'quick fix' nor a 'cure' for all the issues facing the disability support system. Furthermore simply importing Western Australian Local Area Coordination into New Zealand would duplicate the responsibilities of other people and result in additional costs.
- 6 The further investigation of Local Area Coordination-type processes should consider the development of a new model for supporting disabled people. It is envisaged that the new model would incorporate the key elements of Local Area Coordination-type processes, but also other changes that increase the choice and control of disabled people and their families/ whānau, such as making individualised funding and supported living widely available. The new model would also use existing funding for supports in different ways.

Background

- 7 There have been many initiatives in recent years to make people's lives easier through improving the coordination of government services for people. Initiatives to improve coordination - and reduce fragmentation - include the introduction of Heartland Service Centres and Community Link (which bring government services together in one location in some rural and urban areas) and the establishment of a High and Complex Needs unit within MSD (which provides cross-Government support for children with complex conditions and high needs). Within Vote: Health, Needs Assessment and Service Coordination organisations (NASCs), which were introduced in the mid 1990s, were originally intended to operate across agencies. In practice, however, that has never been implemented and they have only had a mandate to focus on Vote: Health funded services (but will make referrals to other government services).
- 8 Recently, there has been strong political support for introducing Local Area Coordination-type processes into New Zealand. For example: Local Area Coordination was recommended by the Social Services Select Committee in its report on its "Inquiry into the Quality of Care and Service Provision for People with Disabilities"; and the National Party's manifesto on Health Policy: Disability Issues signalled that Local Area Coordination would be piloted.
- 9 The Government most recently outlined its position on Local Area Coordination-type processes in its February 2009 Response to the Select Committee's report. The Government Response stated that the Government had directed officials to investigate how Local Area Coordination-type processes might be implemented in New Zealand and the desirability and feasibility of doing so (CBC Min (09) 2/3 refers). As part of that investigation, officials have:
 - a visited Western Australia and Queensland (which offers Local Area Coordination based on similar principles to those used in Western Australia) and held discussions with other New Zealanders who have visited Western Australia to look into Local Area Coordination;
 - b initiated a literature review of Local Area Coordination-type processes, including Local Area Coordination in Australia and Scotland, and similar processes in other jurisdictions;
 - c initiated a stocktake of Local Area Coordination-type processes that are already operating in New Zealand (e.g. supported living facilitators, the supported lifestyle service and Disability Information and Advisory Service [DIAS] field officers); and
 - d begun analysing how Local Area Coordination-type processes might be implemented in New Zealand and the implications of doing so for other parts of the disability support system.
- 10 At its June 2009 meeting, the Ministerial Committee directed the Ministry of Health to report back to the August 2009 Ministerial Committee meeting on Local Area Coordination and the wider Western Australian disability support system (including funding). The Ministerial Committee also requested that Angus Capie attend the August 2009 meeting as an independent advisor for its discussion of Local Area Coordination. Although Mr Capie is unable to attend the Ministerial Committee meeting, we have incorporated an independent comment from him into this paper.

Western Australian Disability Support System

- 11 The Western Australian “disability support system” that is usually referred to is the support system based in the Western Australian Disability Services Commission. This is a State government agency responsible for:
 - a advancing opportunities, community participation and quality of life for people with disabilities;
 - b providing a range of direct services and support to people with disabilities, their families and carers; and
 - c funding non-government agencies to provide services to people with disabilities, their families and carers.
- 12 These roles are similar to the combined roles in New Zealand of the:
 - a Office for Disability Issues, which is responsible for working across portfolios and with government agencies to support progress on disability issues; and
 - b Disability Support Services Group in the Ministry of Health, which is responsible for the planning and funding of support for eligible people to live an everyday life at home and in the community.
- 13 The Disability Services Commission and the Disability Support Services Group both have similar general eligibility criteria. That is, they support people with long-term intellectual, physical and sensory impairments (or a combination of these impairments) who have a reduced level of functioning and who require ongoing support services. In both jurisdictions, support for people with mental health and age-related disabilities are funded separately through the health system (the Department of Health in Western Australia and DHBs in New Zealand).

Local Area Coordination

- 14 Local Area Coordination was originally introduced in the town of Albany (current population 25,000) in Western Australia in the late 1980s as a response to difficulties that disabled people and their families were having in accessing appropriate support. Its popularity led to its rapid adoption throughout rural Western Australia and, subsequently, its introduction into Perth.
- 15 Local Area Coordination is based on the assumption that disabled people and their families are in the best position to make choices and decisions about their lives and to plan for the future. Coordinators are based in local communities and each one provides support and assistance to between 45 and 65 disabled people and their families in their local area. This enables support by Coordinators to be personalised, flexible and responsive.
- 16 Each Coordinator aims to develop effective working relationships with disabled people and their families, and to make a practical difference to the everyday lives of disabled people. They aim to help the disabled person and their families to plan, select and receive supports and services. A range of options will be considered for achieving that, including developing natural and community supports that are specific to the person’s situation, accessing mainstream government funded services, and supporting the disabled person to access government funded disability supports.

- 17 Coordinators also contribute to building inclusive communities through partnership and collaboration with individuals and families, local organisations and the broader community. They aim to support disabled people to live within welcoming and supportive communities.
- 18 More detailed information on Local Area Coordination and the wider Western Australian disability support system - and how they compare to their New Zealand equivalents - is contained in three tables that are set out in the Appendix:
 - a **Table One:** High level comparison of the Western Australian and New Zealand Disability Support Systems (with an emphasis on NASCs and Local Area Coordination).
 - b **Table Two:** Outline of Western Australian Local Area Coordination.
 - c **Table Three:** Outline of Needs Assessment and Service Coordination in New Zealand (which is often compared to Western Australian Local Area Coordination).

Similarities and differences

- 19 There are many similarities between the two systems. For example, both systems have similar roles, such as allocating most funding for support on the basis of need, there is a significant proportion of expenditure on residential services for people with intellectual disability, there are significant boundary difficulties around the relative responsibilities of different agencies – such as with supports for people with mental health and chronic medical conditions, and differences between agencies in access and funding criteria. In addition, both systems are going through a process of moving towards systems that place a primary emphasis on disabled people’s choice and control (an approach which is strongly supported in the Government Response to the Select Committee Inquiry).
- 20 There are, however, some significant differences in the manner and extent to which this shift in philosophy has been implemented. For example:
 - a There are differences in the basic question asked at the ‘front end’ of each system. The basic question asked by a Coordinator is “what constitutes a good life for you?” whereas a needs assessment facilitator within a NASC will ask “what support do you need?” This leads to a tendency to dealing with disabled people in different ways, even though many of the issues covered (such as a person’s goals) are similar. For example, Coordinators seek to develop relationships with disabled people, whereas interaction with NASCs tends to be more episodic.
 - b Coordinators take a more holistic approach to working with people, and explore a wide range of options - including building up and developing natural and community supports - for achieving what a person wants (with funded supports as a last resort). In contrast, the original intention that Needs Assessors and Service Coordinators within NASCs take a holistic approach has, in many cases, been lost. As a result, Service Coordinators tend to develop a plan that has an earlier focus on relatively inflexible government funded supports.
 - c Individualised funding (where people directly receive the funding for supports) is available to most people who receive funding for disability supports in Western Australia, whereas in New Zealand it is currently only available for home and community support services for people with high support needs.

- d Supported living as an alternative to residential care is a separate programme with specific supported living facilitators in New Zealand, but is something which emerges in Western Australia from people working with a Coordinator and using individualised funding.
 - e Some funding in Western Australia is allocated using 'strengths-based' approaches that focus on achieving a good life for the person, but this does not occur in any formal way in New Zealand (although it may occur informally).
- 21 There are also some other differences in the way in which the two systems are organised. For example:
- a Roles are organised in quite different ways. For example, Coordinators carry out several roles that NASCs do not (e.g. being the primary source of personalised information and supported living facilitation), while NASCs also carry out some functions that Coordinators do not (e.g. support needs assessment and resource allocation for the Ministry of Health).
 - b Resource allocation decisions are made by panels of either independent people or Commission staff in Western Australia who meet several times a year in response to written applications for support. In New Zealand, decisions are normally made by service coordinators within NASCs in response to needs assessment reports prepared by needs assessors within NASCs.
 - c Anecdotal evidence suggests that there are significantly longer waiting lists for funded support in Western Australia than there are in New Zealand.

Potential benefits

- 22 Local Area Coordination is credited by many with enabling some disabled people in Western Australia and Queensland to live more fulfilling everyday lives than would otherwise occur, and doing this at a lower cost in Government funded supports than is the case in other parts of Australia where Local Area Coordination is not used. Furthermore, staff in the Western Australian Disability Services Commission credit Local Area Coordination with providing them with high quality information for policy and service development purposes. These findings are consistent with much of the literature we have reviewed to date on the benefits and costs of moving towards systems that emphasise disabled people's choice and control.
- 23 We have, however, identified some grounds for caution about the specific claims that are made regarding Local Area Coordination:
- a Some of the claims about improved outcomes for people may be based more on anecdotal evidence and personal experience, and strong support from many disabled people and their families for the underlying philosophy, rather than rigorous research (although it should be noted that the lack of clear evidence probably reflects the underlying difficulties involved in researching outcomes for disabled people).
 - b The positive views about Local Area Coordination are not shared by everyone. For example, very high satisfaction ratings in the early years of Local Area Coordination in Western Australia have declined in recent years. Some evaluations also show that while Local Area Coordination is highly valued by some indigenous Australians, others do not value it as highly.

- c Reviews of the effectiveness of Local Area Coordination processes in different jurisdictions have been mixed. Our initial review suggests that better outcomes have been achieved when other jurisdictions have followed the Western Australian model more closely, have integrated Local Area Coordination into their disability support system more effectively, and have more flexible support options. There may also be more positive perceptions of Local Area Coordination in rural areas than in urban areas.
- 24 The Ministry of Health is currently completing a literature review of Local Area Coordination-type processes, and a stocktake of Local Area Coordination-type processes that already exist in New Zealand. These should help clarify the extent of benefits that can be expected from giving Local Area Coordination-type processes a prominent role in the New Zealand disability support system, and the extent to which this approach is already operating in New Zealand. Although there is no direct comparison in New Zealand, Local Area Coordination-type processes appear to be provided in part through, for example, NASC intensive service coordination, supported living and supported lifestyle facilitators and some Disability Information and Advisory Service field officers.

Comment

- 25 The investigation to date suggests that there are good grounds for Local Area Coordination-type processes playing a more prominent role than at present in the Ministry of Health's disability support system:
- a Local Area Coordination-type processes, as they have been implemented in Western Australia and Queensland, are consistent with the Government's intention to increase choice and control for disabled people over the support they receive and the lives they lead.
 - b Local Area Coordination-type processes offer people someone to walk alongside them, to work out what sort of life they would like to lead and to help them navigate their way through the disability support system. Many disabled people and their families/ whānau in New Zealand have long sought this type of support.
 - c Local Area Coordination-type processes are consistent with Whānau Ora, with Coordinators taking a holistic approach to working with the disabled person and their family/ whānau, supporting disabled people and their family/ whānau to make decisions for themselves, and working across sectors to achieve a good life for the disabled person and their family/ whānau.
- 26 The investigation also suggests, however, that giving Local Area Coordination-type processes a prominent role within the New Zealand disability support system will neither be a 'quick fix', nor a 'cure' for all the issues facing the disability support system:
- a It would take some time to implement Local Area Coordination-type processes across New Zealand as a workforce with the necessary skills and aptitudes is not readily available, and cannot be quickly recruited. Experience in Australia is that it can take up to 12 to 18 months to recruit and develop a fully effective Coordinator. Furthermore, the ability to train new Coordinators will be constrained in the early stages by the limited availability of suitably skilled managers, and a lack of appropriate support structures and processes.

- b It would take time to achieve the full benefits of Local Area Coordination-type processes. That is because: it takes time for Coordinators to build trust with disabled people and their families, which is necessary to develop enduring relationships and outcomes; and it takes time for Coordinators and families to jointly build up the natural and community support networks that are one of the core strengths of Local Area Coordination.
 - c The effectiveness of Local Area Coordination-type processes in improving disabled people's lives depends, in large part, on how it relates to other parts of the disability support system. For example, the greater the degree of flexibility in the way that support can be used, the more likely it is that a Coordinator can help a disabled person and their family/ whānau to develop options that are most appropriate to them. Expanding supported living and individualised funding are examples of the sorts of changes that would support this greater flexibility.
- 27 The investigation to date also confirms that it is not desirable to simply import Western Australian Local Area Coordination into New Zealand. Coordinators' responsibilities would duplicate the responsibilities of other people within the current disability support system, leading to confusion for disabled people and additional costs that cannot be funded given the significant fiscal constraints that currently exist.

Next steps

- 28 Rather than importing Western Australian Local Area Coordination into New Zealand, further investigation of Local Area Coordination-type processes should include the investigation of a new model for supporting disabled people. It is envisaged that the new model would incorporate the following general features:
- a The key elements of Local Area Coordination-type processes playing a more prominent role than at present in the Ministry of Health's disability support system through an emphasis on disabled people's choice and control, providing someone to walk alongside the disabled person, and taking a holistic approach to working with disabled people and their families/ whānau.
 - b A range of other changes that increase the choice and control of disabled people and their families/ whānau, such as making individualised funding and supported living widely available.
 - c Using existing funding for supports in different ways.
- 29 Any new model for supporting disabled people should be trialled in one or two locations prior to its full implementation. Such a trial would allow the opportunity to test and refine the new approach before any decision is taken to implement it nationally. If the new model is successfully implemented by the Ministry of Health, consideration could then be given to implementing it for other groups of disabled people (such as people with injury-related disabilities, chronic illness or long-term mental health conditions), and strengthening its cross-agency role.
- 30 The Ministry of Health is due to report again on Local Area Coordination-type processes to the Ministerial Committee on Disability Issues' meeting scheduled for November/ December 2009. That report will incorporate further consideration of a new model for supporting disabled people that incorporates Local Area Coordination-type processes.

Independent Advisor Comment

- 31 Local Area Co-ordination when implemented properly has much to commend it and, with appropriate modification to fit New Zealand, could assist families and people with disabilities. However it must be recognised that alone it will not make a major difference. What is needed is courageous leadership that will ensure that people with Disabilities and their families are given control of their lives, instead of their lives being controlled by “systems”, programmes and service providers.
- 32 This requires a complete shift in focus through a system that gives people a way of determining what they want. This can be done via personal plans incorporated in the Local Area Coordination process. We also need a method of monitoring services that is developmental and is focussed on people, not paper procedures.
- 33 The Committee should avoid being seduced by the “a little fine tuning approach is all we need” approach as minor tinkering will not work. Tinkering with NASCs and the current certification regime under the Health and Disability Services (Safety) Act 2001 will not achieve these things as the values bases are so far apart. We need change and we should trial it in one or two areas to ensure the best for all New Zealanders with disabilities and their families.

Recommendations

- 34 We recommend that the Ministerial Committee:
- a **note** that the investigation to date of Local Area Coordination-type processes suggests that:
 - i) there are good grounds for Local Area Coordination-type processes playing a more prominent role than at present in the Ministry of Health’s disability support system as they emphasise disabled people’s choice and control, provide someone to walk alongside the disabled person, and take a holistic approach to working with disabled people and their families/ whānau;but that:
 - ii) they are likely to be neither a ‘quick fix’ nor a ‘cure’ for all the issues facing the disability support system;
 - iii) directly importing Western Australian Local Area Coordination into New Zealand without making changes to many parts of New Zealand’s disability support system would duplicate some existing processes, cause confusion for people with disabilities and result in additional fiscal costs;
 - b **agree** that the Ministry of Health investigate a new model for supporting disabled people that incorporates the key elements of Local Area Coordination, but also includes other features such as an emphasis on supported living and individualised funding; and
 - c **note** that any new model for supporting disabled people should be trialled prior to its full implementation;

- d **note** that the report that the Ministry of Health is due to make to the meeting of the Ministerial Committee on Disability Issues that is scheduled for November/December 2009 on Local Area Coordination-type processes will incorporate further consideration of a new model for supporting disabled people.

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APPENDIX: SUMMARY INFORMATION

Table One: Comparison of Western Australia's & New Zealand's Disability Support Systems

	Western Australia	Closest New Zealand equivalents
Information	Coordinators.	Disability Information and Advice Services (DIAS).
Personal assistance	Coordinators.	No direct comparison. Provided in part by NASC intensive service coordination, supported living facilitators, supported lifestyle service & some DIAS field officers.
Process for seeking funded supports	People submit written applications for support to the Commission. People may be assisted to complete applications by a Coordinator or contracted service provider.	Face to face assessment by a Needs Assessment Facilitator. [Note: equipment and modifications are accessed through a separate process].
Service coordination	Coordinators or other Commission staff (if people are not using Coordinators)	Service Coordinators within NASCs.
Approach to resource allocation	Most funding is allocated on the basis of need relative to other eligible people. A small amount of support is allocated on the basis of 'strengths' and outcomes.	Funding is allocated on the basis of assessed need relative to other eligible people.
Funding decisions	Decisions made by panels of Commission staff for lower cost packages and independent panels for higher cost packages.	Decisions normally made by Service Coordinators within NASCs. Some high cost packages are referred to the Ministry of Health.
Budget management	Pre-determined amounts of funding are allocated by panels during 3 – 4 funding rounds each year. There are normally waiting lists for support – some people may wait several years for high cost support.	NASCs manage an indicative budget, with ongoing decisions being made. Support funded through NASCs does not normally have waiting lists, although they are emerging e.g. for residential services.
Types of support funded	Funding is allocated in 3 broad categories: <ul style="list-style-type: none"> Accommodation Support, which includes community residential services and supported living arrangements. Individual and Family Support, which includes therapy services, day options, respite and family support. Local Area Coordination. Home and community services are funded by the Department of Health.	Funding is allocated through referring people to the following categories of support: <ul style="list-style-type: none"> residential care; home and community support; supported living; behavioural support; respite; carer support; and day services (for some people).
Individualised funding/ supported living	<ul style="list-style-type: none"> Wide availability of individualised funding enables supported living to develop. In most cases, coordinators facilitate individualised funding and supported living. 	<ul style="list-style-type: none"> Limited availability of individualised funding, supported by separate coaches. Supported living is a programme, with separate supported living facilitators (a similar role to Coordinators in WA).
Support providers	<ul style="list-style-type: none"> NGOs - 58% of support by value. Commission - 42% of support by value. 	NGOs and private organisations - almost 100% of support by value. DHBs - small %.
Some key differences in approach between LAC and NASC	<ul style="list-style-type: none"> A Coordinator's basic question is "what's a good life for you?" Strong focus on government funded support as a last option Emphasise both individual/ family and community development. Actively help people to access other agencies and natural support networks People can choose to use coordinators. Work across all areas of a person's life. 	<ul style="list-style-type: none"> A NASC's basic question is "what support do you need?" Earlier focus on Ministry funded support. Focus is primarily on the individual/ family. Refer to other agencies and take account of natural support networks that are already available. Access to funded support through NASCs Original intention of a cross-agency mandate not implemented.

Table Two: Outline of Western Australian Local Area Coordination (LAC)

Overall aim	To support people with disabilities to live within welcoming and supportive communities.
Eligibility	It is voluntary for people to work with Coordinators. People who meet the general eligibility criteria for access to Commission funded support can elect to work with a Coordinator on a one-off or ongoing basis. People who do not meet the eligibility criteria are only able to access time-limited support from a Coordinator.
Fundamental assumption	Local Area Coordination is based on the presumption that disabled people and their family are in the best position to make choices and decisions about their lives and to plan for the future. It involves Coordinators working with individuals, families and communities who wish to work with them to make a practical difference to the everyday lives of disabled people.
Scope of Local Area Coordinators' roles	<p>Coordinators begin conversations by asking people who contact them <i>"What's a good life for you?"</i> They help disabled people and their families to make a practical difference to their everyday lives through the following types of activities:</p> <ul style="list-style-type: none"> • Establishing effective working relationships with them. This builds trust and enables deeper, more effective communication to take place about what is important to a disabled person and how to address the issues they face. • Assisting them to clarify their strengths and goals and to plan for the future, and empowering them to make informed choices through providing them with accurate and timely information and assisting them to access information through a variety of means. • Assisting them to engage with or develop natural networks and community connections, and working with local communities and organisations to build inclusive and welcoming communities. That is because families, friends and personal networks are the foundations of a rich and valued life in the community. • Assisting them to access the supports and services - which may be funded by any government agency - that will enable them to achieve a good life. Funded supports should, however, complement the primary supporting role of families, carers and communities and not exclude the natural networks that already exist or could be developed. • Providing accurate and timely information that is tailored to them, and assisting them to access relevant information from other sources. • Supporting them to advocate for themselves, and/or facilitate access to alternative advocacy sources.
Funding-related responsibilities	<ul style="list-style-type: none"> • Coordinators provide people with access to small sums to address immediate issues. Currently coordinators are able to allocate A\$4,000 in total per annum across all the disabled people they work with through this mechanism (although this is normally under-spent). • Assist people to fill out the written application forms that are required to apply for support funded by the Disability Services Commission. [If people do not work with Coordinators, they can get assistance from NGOs and service providers].
Relationship with other agencies	Coordinators will assist disabled people to access support that is funded through other agencies (such as education, health or housing), but they do not have a formal role with them. For example, they will help a school understand what is required for a disabled person to participate effectively in mainstream schooling.
Annual cost	In 2007/08, A\$20.5 million was spent on Local Area Coordination to support 8,285 people (of the 20,507 people who accessed Commission funded support). Coordinators assisted 1,470 (of the 8,285) people to manage A\$9.6 million of direct funding
Number of Coordinators	There are currently about 115 Coordinators and managers in Western Australia. Each coordinator works with between 40 and 65 disabled people and their families at any time.
Cost per person	The average cost per service user accessing Local Area Coordination in 2007/08 was A\$2,469. The average amount of direct funding administered was A\$6,530 per person.

Table Three: Outline of Needs Assessment and Service Coordination (NASC)

Objective	Facilitating a process for people to: identify their strengths, resources and needs; explore their support options; and access support services.
Eligibility screening	NASCs are required to have processes to determine whether people who are referred to them are eligible for services funded by the Ministry of Health (the Ministry). People must use NASCs if they wish to access supports funded by the Ministry.
Facilitated needs assessment	The outcome of the needs assessment process is a comprehensive needs assessment report. The objectives of the process are to: <ul style="list-style-type: none"> • confirm whether a person is eligible for Ministry funded support • work with the person to identify their current abilities and resources • work with the person to identify prioritised goals and support needs arising from their impairment • refer for specialised assessments where appropriate.
Service co-ordination	Service planning and service co-ordination involves: <ul style="list-style-type: none"> • providing information to people on all their options, including available service providers, and support available through natural networks; • developing an individualised support plan with the person, focusing on support for prioritised needs and goals; • prioritising access to publicly funded services, and ensuring that their service package is cost effective, affordable and equitable and can be provided within the NASC budget; and • co-ordinating packages of service (including, for some people, those provided by other agencies) and making services funded from the NASC budget accessible. Intensive Service Coordination involves developing an ongoing relationship with a person who has high and complex needs, who requires ongoing problem solving and input from multiple providers.
Budget management	Each NASC manages, on behalf of the Ministry, a defined indicative budget. The NASC needs to ensure that people with the highest priority needs receive access to services first, and that the commitments made do not exceed the indicative budgets. NASCs allocated NZ\$617 million of support in 2008/09 for the following services: residential care, home and community support, supported living, behavioural support, respite and carer support, day services and individualised funding.
Limits on NASCs	<ul style="list-style-type: none"> • There must be a clear, auditable, separation between needs assessment facilitation and service coordination. • High cost packages are referred to the Ministry in some instances. • NASCs are not involved in allocating environmental supports. • Some services, e.g. Child Development, may be accessed by disabled people and their families/ whānau without going through the NASC process.
Number of NASCs	The Ministry contracts with 15 organisations to provide Needs Assessment and Service Coordination services. These organisations are mainly owned by DHBs and NGOs, although one is a private company.
Annual cost	The cost of NASC was NZ\$17.1 million in 2008/09 (NZ\$16.4 million in 2007/08).
Number of people	In 2008/09, 30,169 people received Government funded support that was allocated through the NASC process. Each person receiving support: <ul style="list-style-type: none"> • Has initial assessment and service coordination. • Has their support reviewed at least once every 12 months. • Has a reassessment at least once every 3 years.
Cost per person	The average cost of the NASC process was NZ\$567 per person who received government funding for services in 2008/09. While most people have a relatively low level of input from NASCs, people requiring initial assessments and people requiring intensive service coordination can require considerable input.