

# **Disability Support Services**

## **Tier One Service Specification**

### **1. Introduction**

This Tier One Service Specification applies to Disability Support Services purchased by the Purchasing Agency under an Outcome Agreement, irrespective of delivery setting.

Tier Two Specifications (and Tier Three Specifications, if any) define the service specific requirements funded under this Outcome Agreement and must be read in conjunction with this Tier One Service Specification.

### **2. Disability Support Services**

Disability Support Services (DSS) is a group within the National Health Board Directorate of the Ministry of Health. Its aim is to build on the vision contained in the New Zealand Disability Strategy of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in ‘A society that highly values our lives and continually enhances our full participation.’

With this vision in mind, DSS aims to enhance disabled people’s quality of life and enable their community participation and maximum independence. This is achieved by creating linkages that allow disabled people’s needs to be addressed holistically, in an environment most appropriate to them. The vision of DSS is to ensure “Disabled people and their families are supported to live the lives they choose”.

DSS seeks to ensure that people with impairments experience autonomy on an equal basis to others. Support options are required to be flexible, responsive and needs based. They must focus on the person and, where relevant, their family, whānau and aiga, and enable people to make informed decisions about their lives.

### **3. DSS Principles**

The following Disability Support Service principles will be incorporated in the provision of services by the Provider under this Outcome Agreement. These principles reflect the Purchasing Agency’s commitment to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the objectives of the New Zealand Disability Strategy and the Code of Health and Disability Services Consumers’ Rights.

#### **3.1 People are individuals who have the inherent right to respect for their human worth and dignity**

- a) The individual needs and goals of the person receiving services are met

- b) The rights of the Person to privacy and confidentiality are respected.

### **3.2 People have the right to live in and be part of their community**

- a) Services have as their focus the achievement of positive outcomes for People, such as increased independence, self-determination and integration into their community
- b) Services contribute to ensuring that the conditions of the everyday life of People are the same as, or as close as possible to norms and patterns, which are valued in the general community (normalisation)
- c) Participation in the local community is maximised through physical and social integration
- d) An innovative, flexible approach to meet changing needs and challenges is adopted.

### **3.3 People have the right to realise their individual capacities for physical, social, emotional and intellectual development**

- a) Services promote recognition of the competence of People, and enhance the image of people with a disability
- b) A Person-led approach permeates all services with individualised services appropriately responding to the particular life skills, needs and goals of individual Persons.

### **3.4 People have the same rights as other members of society to services, which support their attaining a reasonable quality of life**

- a) Services form part of a co-ordinated service system with other services available to the general community
- b) There is extensive co-operation and integration with Providers of other support services for people with a disability.

### **3.5 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**

- a) The Person's involvement in decision-making regarding individualised services received is evident
- b) Service provision ensures that no single organisation providing services exercises control over all or most aspects of the life of the Person, unless the Person chooses otherwise
- c) Providers demonstrate that as an organisation they are accountable to people using their service

### **3.6 People have the same rights as other members of society to participate in decisions which affect their lives**

- a) Providers ensure that People are involved (or have advocacy support where necessary to participate) in decision-making about the services, which they receive
- b) People are provided with, and encouraged to make use of avenues for participation in the planning and operation of services, which they receive
- c) Opportunities are provided for consultation with People in relation to the development of the organisation's policy.

### **3.7 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**

- a) Opportunities are provided for People to reach goals and enjoy lifestyles which are valued by the individual.

### **3.8 People have the right to pursue any grievance in relation to services without fear of the services being discontinued or any form of recrimination**

- a) Providers ensure appropriate avenues exist for People to raise and have resolved grievances about services, and to ensure that a person raising any such grievance does not suffer any reprisal
- b) People have maximum protection from neglect, abuse and exploitation.

## **4. Population Outcomes**

Population Outcomes form part of the Results Based Accountability framework. The Population Outcomes relate to the wellbeing of an entire population rather than the clients of a single service or provider. Population Outcomes are not the responsibility of any one provider, agency, service or programme.

The Outcome Statements for disabled people in New Zealand and their family/whānau and carers provide a "Line of Sight" from service level activity to wider population level outcomes. The Provider contributes to these outcomes but is not accountable for progress under the Population Outcome Statement.

For the purposes of this Population Outcome Statement the definition of disabled people is all *disabled people in New Zealand* (not just those People using Disability Support Services).

## 4.1 Experience Statements

The Experience Statements provide context for the Population Outcome Statement and illustrate what the population group might experience if the outcome statement was being met.

## 4.2 Population Indicators

Population indicators are the measures the Purchasing Agency uses to track progress towards the Outcomes described in the Population Outcome Statement. Providers are not measured directly against these indicators, but contribute to these as part of a suite of disability support services funded by the Purchasing Agency. Outcomes for People using specific services are measured via Performance Measures contained in Tier Two Specifications.

Population Indicators are likely to change over time as DSS improve collection and measurement tools to support the Outcome Statement.

## 4.3 Population Outcomes Table

The table below illustrates the DSS Population Outcome Statement, Experience Statements and Population Indicators.

<b>Disabled People in New Zealand are safe, healthy, have choice and control and are equal citizens</b>			
<i>Are SAFE</i>	<i>Are HEALTHY</i>	<i>Have CHOICE &amp; CONTROL</i>	<i>Are EQUAL CITIZENS</i>
<ul style="list-style-type: none"> <li>• Feel safe and are safe in multiple environments (that is, at home, in the wider community and at work)</li> <li>• Have a 'voice'; are empowered to communicate, are heard and decisions are acted upon</li> <li>• Are free from all forms of abuse</li> <li>• Are respected and valued by others in the community</li> <li>• Have trust-based relationships with others.</li> </ul>	<ul style="list-style-type: none"> <li>• Have a balanced sense of wellbeing/whāna u ora; which encompasses cultural, physical, mental and spiritual elements</li> <li>• Are active in their culture or faith of choice</li> <li>• Have role models and role model positive lifestyles and choices</li> <li>• Lead self-determined wellbeing and support others in their wellbeing journey.</li> </ul>	<ul style="list-style-type: none"> <li>• Have a home of their choice</li> <li>• Have the support, information and other resources needed to achieve effective communication and get on with life</li> <li>• Have nurturing and loving relationships with others</li> <li>• Have a job of choice</li> <li>• Have an education of choice</li> <li>• Have the information</li> </ul>	<ul style="list-style-type: none"> <li>• Are treated with dignity and respect</li> <li>• Are acknowledged and valued</li> <li>• Have a wide range of positive relationships with social and professional peers</li> <li>• Are welcomed in the community and are valued as equal and also diverse members</li> <li>• Are actively engaged as leaders and decision-makers</li> <li>• Are aware of and</li> </ul>

		<p>needed to make informed choices and lead lives to the fullest</p> <ul style="list-style-type: none"> <li>• Can fulfil self-determined aspirations</li> <li>• Are financially secure and free from poverty.</li> <li>• Have access to transport for participation in the community and recreational pursuits</li> </ul>	<p>exercise rights and duties</p> <ul style="list-style-type: none"> <li>• Support and benefit from the principles of Te Tiriti O Waitangi.</li> </ul>
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### Population Indicators

<ul style="list-style-type: none"> <li>• Rate of reported abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of Emergency Department admissions</li> <li>• Depression rate</li> <li>• Life expectancy</li> <li>• Enrolment rate with Primary Health organisations</li> <li>• Rate of annual health checks.</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of personal budget use</li> <li>• Rate of disabled people with qualifications</li> <li>• Employment rate.</li> </ul>	<ul style="list-style-type: none"> <li>• Access rate by Māori to DSS services</li> <li>• Access rate by Pacifica peoples to DSS Services</li> <li>• Access rate by Asian people to DSS Services.</li> </ul>
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### 4.4 Carer Outcomes Statement

DSS also has a responsibility to carers, family and whānau of disabled people. The table below details the Population Outcome Statement for this population group.

<p><b>Family/ whānau and carers in New Zealand are healthy, supported, valued and enjoy life</b></p> <ul style="list-style-type: none"> <li>• Families/whānau and carers of disabled people: <ul style="list-style-type: none"> <li>• Feel valued and are appreciated for the skills, roles and contributions made</li> <li>• Have a balanced sense of wellbeing / whānau ora; which encompasses cultural, physical, mental and spiritual elements</li> <li>• Feel well and are supported to stay well</li> <li>• Are active and engaged learners and have access to training and education to meet people's needs</li> <li>• Have the information and resources needed to fulfil their roles of choice</li> <li>• Are respected for their diversity and choices</li> <li>• Are culturally safe and supported</li> <li>• Are financially stable</li> <li>• Enjoy life and live life to the fullest</li> <li>• Fulfil collective and individual goals and aspirations</li> <li>• Have trust-based and mutually respectful relationships with their loved ones</li> </ul> </li> </ul>
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- Are included in communities of choice
- Are identified as being part of hapu and iwi.

### **Population Indicators**

- Carer depression rate
- Carer injury rate
- Rate of carer uptake of the carer support subsidy
- Employment rate.

## **5. Eligibility**

People able to access Disability Support Services are those who are eligible for New Zealand Public Health Services, according to the Guide to Eligibility for Publicly Funded Health and Disability Services in New Zealand available on the Ministry of Health Website, and who have been assessed with a physical, intellectual or sensory disability, including ASD (or a combination of these) which:

- a) Is likely to continue for at least six months.
- b) Limits their ability to function independently, to the extent that ongoing support is required.

Generally, Services funded by the Purchasing Agency are available to those under the age of 65 years. The major exception to this is Equipment Support Services funded by the Purchasing Agency, which are available to eligible disabled people of all ages.

The Purchasing Agency will also fund Services for people with:

- a) Some neurological conditions that result in permanent disabilities.
- b) Some developmental disabilities in children and young people, such as autism.
- c) Physical, intellectual or sensory disability that co-exists with a health condition and/or injury.

Specific eligibility and access criteria to Services provided under this Agreement are defined as part of the attached Tier Two Service Specifications.

The Purchasing Agency generally does not fund Services for people whose primary diagnosis is for:

- a) Personal health conditions such as diabetes or asthma.
- b) Mental health and addiction conditions such as schizophrenia, severe depression or long-term addiction to alcohol and drugs.
- c) Conditions more commonly associated with ageing such as Alzheimer's disease.

Disability support services are also not funded for most people with impairments such as paraplegia and brain injury caused by accident or injury.

## **6. Cultural Acceptability**

### **6.1 Cultural Values**

The Provider will deliver services in a culturally appropriate and competent manner, ensuring that the integrity of each Person's culture is acknowledged and respected. The Provider will take account of the particular needs within the community served in order that there are no barriers to access or communication, and that services provided are effective.

### **6.2 Services to Māori**

All contracted providers, whose service users may include Māori, shall demonstrate in their Quality Plan how the policies and practices of their provider organisation and service delivery shall benefit Māori. This reflects objectives of the New Zealand Disability Strategy, to ensure that mainstream providers of disability services are accessible to, and culturally appropriate for, disabled Māori and their whānau.

This approach also reflects the priorities of the Disability Support Services Māori Disability Strategy – Whāia Te Ao Mārama, including:

- Improved outcomes for Māori disabled
- Better support for whānau
- Good partnerships with Māori
- Responsive disability services for Māori.

### **6.3 Services to Pasifika**

Services to Pasifika are to recognise differences especially as they relate to linguistic, cultural, social and religious practices. The Provider must develop and maintain linkages with key cultural groups in order to facilitate consultation and in planning, implementation, monitoring and review of services.

The Provider will deliver services to Pasifika and their aiga in accordance with the priorities set out in Faiva Ora – the Disability Support Services' Pacific Disability Plan. These are:

- Pasifika are aware of and understand disability issues and know how to access disability services
- Disability support services meet the needs of Pasifika People
- Pasifika family members and carers are supported to provide effective care.

Services to Pasifika peoples will be provided in accordance with the 'Organisational Guidelines for Disability Support Services: Working with Pasifika People with Disabilities and their Families' (Le Va September 2014).

## **7. Quality Management**

The Provider is required to develop, document, implement and evaluate a transparent system for managing and improving the quality of services, mitigating risks and ensuring quality management and governance to achieve the best outcomes for People.

### **7.1 Written Policy, Procedures, Programme, Protocol, Guideline, Information, System or Plan**

Where the Provider is required to develop a written policy, procedure, programme, protocol, guideline, information, system or plan in order to meet any specification under the Outcome Agreement, the Provider will develop such a document and demonstrate systems for reviewing and updating all such documents regularly.

### **7.2 Quality Plan**

The Provider will have a Quality Plan designed to improve outcomes for People. This plan may be integrated into regular business plans. The plan will outline a clear quality strategy and will identify the organisational arrangements to implement it. The plan will be of a size and scope appropriate to the size of the Provider's organisation and services, and will at least include:

- an explicit quality philosophy
- clear quality objectives
- quality improvement and risk management systems
- systems for monitoring and Quality Audit compliance
- designated organisational and staff responsibilities
- input from People into services and into development of the Quality Plan
- how the Purchasing Agency will address Māori issues including recognition of:
  - i. Māori participation with Strategic, Governance, Management and Service Delivery planning, implementation and review functions
  - ii. Māori as a Government Health Gain priority area
  - iii. Māori Health priority areas
  - iv. The Ministry Māori Health and Disability Policy and Strategies, and the Māori Health Clause Appendix 6 of the Outcome Agreement
  - v. Māori specific quality specifications, monitoring requirements and service specific requirements.



### **7.3 Employee's Registration, Education and Training**

- a) All employees will receive disability awareness training, including education on the rights of people with disabilities (with reference to the UNCRPD and the Code of Consumers Health and Disability Rights), disability values and appropriate attitudes towards people with disabilities.
- b) Employees will, where relevant, be registered with the appropriate New Zealand statutory body (including the relevant health professional organisations), and will hold a current New Zealand practising certificate.
- c) Employees will receive orientation and ongoing support and training to enhance service delivery, including access to continuing education to support maintenance of professional registration and enhancement of service delivery/clinical practice, and to ensure practice is safe and reflects knowledge of recent developments in service delivery.

The Ministry encourages providers to support their staff to attain Foundation Skills Level 2 of the National Certificate in Health, Disability, and Aged Support as a minimum qualification, or the New Zealand Certificate in Health and Wellbeing (Level 2).

Providers are encouraged to make use of the Let's Get Real: Disability Framework to assess and improve staff competencies: <http://www.tepou.co.nz/library/tepou/lets-get-real-disability>

### **7.4 Training and Supervision of Trainees and Volunteers**

Volunteers and other relevant support employees will receive training to enable them to provide services safely, and will work only under the line management supervision and direction of appropriately qualified staff.

Trainees will at all times be clearly identified as trainees, and will provide services only under the supervision and direction of appropriately qualified staff.

### **7.5 Internal Audit Process**

The Provider will have in place service audit/peer review processes that incorporate input from relevant peers from similar services.

### **7.6 Personnel Identification**

Staff, trainees or volunteers undertaking or observing service delivery will identify themselves to People and their family/whānau.

### **7.7 Risk Management**

- a) The Provider will have a risk management plan in place to:

- i. identify key risks including risks to health and safety, People, and financial sustainability
  - ii. evaluate and prioritising those risks based on their potential severity, the effectiveness of any controls and the probability of occurrence
  - iii. manage those risks and where possible mitigating them
  - iv. minimise the adverse impact of internal emergencies and external or environmental disasters on People, staff and visitors
  - v. work with the organisations who have responsibility for co-ordinating internal and external (environmental) disaster services
  - vi. manage accidents and hazards to safeguard People, staff and visitors from avoidable incidents, accidents and hazards.
- b) Risk management policies processes and procedures will include definitions of incidents and accidents that are compliant with the Ministry of Health Reportable Events Guidelines, and will clearly outline the responsibilities of all employees, including:
- i. taking immediate action to minimise further harm
  - ii. reporting, monitoring and corrective action to minimise incidents, accidents and hazards, and improve safety
  - iii. debriefing and staff support as necessary.

## **7.8 Prevention of Abuse and/or Neglect**

- a) The Ministry has zero tolerance of any form of abuse or neglect of People using its funded services.
- b) The Provider will safeguard People and their family/whānau , advocates, staff and visitors from abuse, including physical, mental, emotional, financial and sexual maltreatment or neglect when interacting with the Service. The Provider will have policies and procedures on preventing, detecting and eliminating abuse and/or neglect. These will clearly outline the responsibilities of all staff who suspect actual or potential abuse, including immediate action, reporting, monitoring and corrective action. These procedures will also include reference to the Complaints Procedure.
- c) The Provider will ensure that relevant employees are able to participate in family, inter-agency or court proceedings to address specific cases of abuse and neglect.

## **7.9 Where Services are declined**

The Provider will have policies and procedures in place to manage the immediate safety of People for whom entry has been declined and where necessary, the safety of their immediate family/whānau and the wider community. These include:

- Applying agreed criteria for providing services
- Advising the Person and/or their family/whānau of appropriate alternative services
- Recording that entry to the service has been declined, giving reasons and other relevant information.

### **7.10 Exit from Service**

The Provider will collaborate with other services to ensure People access all necessary Services. When a Person is transferred or exits from services and accesses other appropriate services they will do so without avoidable delay or interruption.

The Provider will have policies and procedures for planning discharge/exit/transfer from services. These will facilitate appropriate outcomes as defined with the Person. The policies and procedures will include:

- defined employees' responsibilities for discharge planning
- incorporating discharge planning into the Person's plan of care/service plan, where appropriate from or before admission
- full involvement of the Person in planning service exit
- involvement of family/whānau, including advising them of service exit, as appropriate
- assessment and management of any risks associated with the service exit
- informing the Person on their condition, possible future course of this, any risks, emergency contacts, and how to access future treatment, care or support services
- where appropriate involving the Needs Assessment Service Coordination service, original referrer and the health professional having ongoing responsibility for the Person in planning discharge and informing them of confirmed service exit arrangements
- a process for monitoring that service exit planning does take place, which includes assessment of the effectiveness of the service exit planning programme.

### **7.11 Death/Tangihanga**

The Provider will have policies and procedures to follow in the event of a death including:

- appropriate and culturally sensitive procedures for notification of next of kin
- any necessary certification and documentation
- appropriate cultural arrangements, particularly to meet the needs of Māori, are taken into account in the care of the deceased, until responsibility is accepted by the family/whānau or a duly authorised person.

## **8. Service Acceptability**

### **8.1 Service Information**

Potential and current People, and referrers, will have access to appropriately presented information in order for eligible people to access the Provider's services. Service information will include at least the following:

- the services and supports to be provided
- the location of those services
- the hours the service is available
- when the service may be available to the person
- how to access the service (e.g. whether a referral is required)
- consumer rights and responsibilities including a copy of Health & Disability Commissioner's Code of Rights
- availability of cultural support
- after hours or emergency contact if necessary or appropriate
- the complaints procedure
- any other important information in order for people to access services.

### **8.2 Advocates**

- a) The Provider will inform People, in a manner appropriate to their communication needs, of their right to have access to an advocate at any time, including supporting them to make a complaint.
- b) The Provider will allow advocates reasonable access to facilities, People, employees and information to enable them to carry out their role as an advocate.
- c) An advocate may be a Health and Disability advocate or an informal advocate of the Person's choice.

### **8.3 Person/Family/Whānau and Referrer Input**

- a) The Provider will regularly offer People/families/whānau and referrers the opportunity to provide feedback and use the feedback to improve service delivery.
- b) Feedback methodologies used will be appropriate to the communication needs of the People.
- c) The Provider will make the feedback methodologies and results available to People and the Purchasing Agency.
- d) People/Family/whānau and referrer input will be reflected in the maintenance and improvement of quality of service, both for the individual People, and across the Service as a whole.

## **8.4 Rights of People**

The Provider will comply with all aspects of the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 and the UNCRPD.

## **8.5 Complaints Procedure**

The Provider will enable People/families/whānau and other people to make complaints through a process for the identification and management of complaints. This process will meet the requirements of the Health and Disability Commissioner's Code of Rights, and will ensure that:

- the complaints procedure itself is made known to and is easily understandable by People/families/whānau, and staff
- all parties have the right to be heard
- the person handling the complaint is impartial and acts fairly
- complaints are handled at the level appropriate to the complexity or gravity of the complaint
- corrective actions to address the complaint are undertaken in a timely manner and the complainant is kept informed about these actions, and positively engaged in the process as much as possible
- it sets out the various complaints bodies to whom complaints may be made, and the process for doing so. People/families/whānau will further be advised of their right to direct their complaint to the H&D Commissioner and to the Ministry of Health, particularly in the event of non-resolution of a complaint
- complaints are handled sensitively with due consideration of cultural or other values
- Māori and their whānau will have access to a Māori advocate if, desired, to support them during the complaints process
- People who complain, or on whose behalf families/whānau complain, shall continue to receive Services which meet all contractual requirements
- complaints are regularly monitored by the management of the Service and trends identified in order to improve service delivery
- records are maintained of all complaints, including the outcomes and improvements that arise.

## **9. Safety**

### **9.1 General Safety Obligation**

The Provider will protect People, visitors and staff from exposure to avoidable/preventable risk and harm. The Provider will comply with the New Zealand Health and Disability Sector Standards 2008 (and any related standards) and the Health and Safety in Employment Act 1992 as appropriate to the Service being delivered.

## **9.2 Equipment Maintained**

The Provider will ensure that equipment the Provider is responsible for is safe and maintained to comply with safety and use standards, and manufacturer's guidelines.

## **9.3 Infection Control/Environmental and Hygiene Management**

The Provider will safeguard People, staff and visitors from infection. The Provider will have environmental and hygiene management/infection control policies and procedures which minimise the likelihood of adverse health outcomes arising from infection for Peoples, staff and visitors. These will meet any relevant profession-specific requirements and the relevant requirements of New Zealand Health and Disability Services Sector Standards.

## **9.4 Security**

The Provider will safeguard People, employees and visitors from intrusion and associated risks. The Provider will have written, implemented, and reviewed policies and practices relating to security to ensure that buildings, equipment and drugs are secure. The provider will have written safety and emergency plans for the evacuation of its premises. The Provider will have written safety and emergency plans for the evacuations of any other premises it uses for service delivery, where is practicable to do so.

# **10. Information Management Requirements**

## **10.1 Information Action Plans**

The Provider will develop an agreed information action plan for its services. The information action plan will include the Provider's plans for achieving any information requirements as set out in the Service Specifications. The information action plan may be included as part of the Provider's quality plan, as required in clause 7.2.

The information action plan will include the key targets outlined below, and will also establish its own targets. The key targets to be included in the information action plan are:

- a) recording of Services/treatment by National Health Index (NHI) number
- b) information required as a result of ACC legislation.

The Provider will assess its own performance against the key targets and against its information action plan, and report its progress to the Purchasing Agency at appropriate intervals.

## **10.2 Record keeping**

The Provider must keep and preserve Records and protect the security of them in accordance with statutory obligations and make them available to the Purchasing Agency in accordance with their reasonable instructions and their rights to access such Records.

For the purposes of this Specification, Records are all written and electronically stored material held by the Provider, or on behalf of the provider by staff or sub-contractors, which are relevant to the provision of services.

## **10.3 Continuity**

In the event of the Provider ceasing to provide the Services, the Provider must:

- a) transfer Records relating to People to the new provider of Services.
- b) preserve Records not transferred to another Provider.

## **10.4 Retention of Health Information**

In relation to health information that relates to an identifiable individual, the Provider must keep records for a minimum of ten years beginning on the day after the date shown in the health information as the most recent date on which the Provider provided Services to that individual, where this information is not held elsewhere.