Disability Support Services
Tier Two Service Specification
DSSR255 COMMUNITY DAY SERVICES

1 Introduction

This Tier Two Service Specification provides the overarching service specification for all Community Day Services funded by Disability Support Services (DSS). It should be read in conjunction with the DSS Tier One Service Specification, which details requirements common to all services funded by DSS.

2 Service Definition

The Ministry of Health (the Ministry) wishes to purchase Community Day Services for people that have been assessed as being eligible, and referred by a Ministry contracted Needs Assessment and Coordination service.

Community Day Services help disabled people to take part in their community and improve their personal skills by providing access to regular meaningful social contact and stimulating activities.

Community Day Services includes a range of activities depending on the Provider and the interests of the Person. Activities may include:

- daily living skills
- education and learning activities
- socialisation activities
- recreation and leisure activities.

2.1 Key Terms

The following are definitions of key terms used in this service specification:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Assessment Service Co-ordination (NASC)</td>
<td>These organisations are funded by the Ministry. Their roles are to determine eligibility, assess the Person’s level of disability support needs, and to co-ordinate support services to meet those needs. NASCs co-ordinate such services, but do not themselves provide the services.</td>
</tr>
<tr>
<td>Person/People</td>
<td>The use of the term “People” or “Person” should be read as substitutive for Service User or Client. It refers to the people who are eligible, have been referred by NASC, and are receiving the services described in this specification.</td>
</tr>
<tr>
<td>Personal Plan/Plan</td>
<td>Used in this specification to describe the various planning exercises and their output that relate to the Person being supported.</td>
</tr>
</tbody>
</table>
3 Service Objectives

Community Day Services will assist the integration of People into the community, enable People to have regular meaningful social contact and improve their personal skills through provision of stimulating activities.

All Services must be:

- individualised
- group activities may be used for identified needs, ie socialisation skills
- community oriented
- normative routines
- include a blend of activity and be age, gender and culturally sensitive.

4 Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. The Performance Measures in the table below represent key service areas the Purchasing Agency and the Provider will monitor to help assess service delivery. Full Reporting Requirements regarding these measures are detailed in Appendix 3 of the Outcome Agreement. It is anticipated the Performance Measures will evolve over time to reflect Ministry and Provider priorities.

The “How much”, “How well” and “Better off” headings relate to different types of RBA performance measures.

Measures below are detailed in the Data Dictionary, which defines what the Ministry means by certain key phrases.

<table>
<thead>
<tr>
<th>How much</th>
<th>How well</th>
<th>Better off</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 # of people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. # of personal plans completed within four weeks of entry into the service</td>
<td>% of personal plans completed within four weeks of entry into the service</td>
<td></td>
</tr>
<tr>
<td>3. # of personal plans reviewed and signed off at least once every 12 months</td>
<td>% of personal plans reviewed and signed off at least once every 12 months</td>
<td></td>
</tr>
<tr>
<td>4 # of goals in personal plans being achieved</td>
<td>% of goals in personal plans being achieved</td>
<td>#/% of goals in personal plans achieved</td>
</tr>
<tr>
<td>5. % of frontline Staff who have obtained the Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much</td>
<td>How well</td>
<td>Better off</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>National Certificate in Health, Disability, and Aged Support as a minimum qualification</td>
<td></td>
</tr>
<tr>
<td>6. # of complaints</td>
<td>% of complaints resolved (i.e. a corrective action plan has been implemented)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>% of Māori who are active participants in their whānau, hapu, iwi and communities</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>% of people who are active participants in their community</td>
</tr>
</tbody>
</table>

5. Service Users

Community Day Services as described in this specification are for people with intellectual, physical and/or sensory disabilities who have been referred to the Provider for service by a NASC provider contracted by the Ministry.

The Ministry has responsibility and funding for Community Day Services for:

- people who exited an institution under a formal exit plan
- people with high and complex needs and an intellectual disability (whether or not they’re receiving care under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003).

5.1 Costs

Generally there are no costs to be paid by the Person. If there is an admission cost for a particular activity (e.g. swimming pools, zoo visits) the Provider may require the Person to pay this extra cost.

5.2 Exclusions

Excluded from services under this Specification will be any services provided to any individual whose primary need for support is not the result of an intellectual, physical and/or sensory disability, an individual who has a claim accepted by ACC, or is funded by the Ministry of Social Development for vocational services.
5.3. **Access/Entry Criteria**

Access to Community Day Services is by referral from the NASC Service following a formal individual needs assessment process. This specification relates particularly to the purchase of Community Day Services for people living in community settings.

The NASC will make a referral of a person requiring Day Services to the Provider. The referral will:

- be for a specific number of half days of Community Day Services per week
- be in the format to be agreed between the NASC provider and the Ministry
- provide information such as specialist reports that will assist the Provider to commence delivery of the Community Day Service.

It is expected that the Provider will be able to exercise a degree of flexibility within the scope of the approved level of half days as Peoples’ needs fluctuate week by week. However any permanent revision to the half days of Community Day Services delivered by the Provider must be authorised by the NASC.

5.4 **Prioritisation criteria**

In order to equitably manage available resources the Ministry may from time to time advise the NASC and Providers of Community Day Services, of guidelines for maximum hours per week of Community Day Services available for people with intellectual, physical and/or sensory disability, and protocols for prioritisation and organisation of any “waiting list” which may be required.

6. **Service Components**

6.1 **Hours the Service is available**

Providers will ensure that Community Day Services will be open 49 weeks each year Monday to Friday (except where there is a public holiday during the week) for an eight hour day between 0730 and 1700 hours. Activities are generally to be conducted through two sessions a day between 9-12 AM and 1-4 PM, though some flexibility will be required for outings and other activities.

6.2 **Personal Plan**

Providers of Community Day Services are responsible for maintaining and implementing a Personal Plan (the Plan) for each person. An initial plan must be developed within four weeks of acceptance of referral information from the referring NASC Service. The Plan will be developed with the full involvement of the person and with support people/family/whanau of the Person’s choice. The Plan will describe the range of Community Day Service components required by the person, and the outcomes sought by the person through these activities. The Personal Plan must be reviewed and updated by the Provider at least annually.
The Plan will integrate with any Personal Plan prepared by the Residential Service provider for each Person. The Plan will specify what activities will benefit the Person and how this will be accessed. The Plan must be kept up to date as changes and developments occur for the person, and should reflect progress made towards achieving the outcomes sought by the person.

6.3 Activities

Activities are to provide assistance to the Person and may be in one or a combination of the following areas:

6.3.1 Recreation and Leisure

a) Where possible Persons should be encouraged and supported to participate in recreation and leisure activities based in the community such as community groups, clubs and activities.

b) Other individual or group pursuit of recreational or leisure activities will be provided in a structured environment. These will provide stimulation and interest to the Person outside of their residential environment. This may include but is not limited to:
   - games
   - group or individual craft activities
   - hobbies
   - outings to movies
   - recreational horse riding.

6.3.2 Socialisation

a) Interaction with other participants in the Day Services which provides both meaningful and satisfying social interaction, as well as opportunity for development of social skills.

b) Interaction with others in the community in the course of activities such as organised outings and visits to groups and places of interest to the Person.

c) Motivation and help with socialising, getting into and participating in groups and community activities, and increasing personal networks.

d) Fostering and encouraging the Person’s initiatives to maintain or re-establish supportive links with their family and friends.

6.3.3 Daily Living Skills

a) Empowering the Person to live as independently as possible.

b) Improving the quality of life for the Person, or maintaining an appropriate level of functioning.
6.3.4 Education and Learning

a) Provide opportunities for both individuals and groups to pursue educational opportunities and experiences of interest to the Person.

b) Motivation and help to the Persons to get started with chosen training or educational opportunities.

6.3.5 Exercise and Fitness

Provision of opportunities for a basic level of exercise, and to pursue individual goals for achieving and maintaining healthy levels of fitness. Activities such as individual gym programmes, swimming, aerobic groups or walking should be referred to in the Personal Plan.

6.3.6 Vocational and Work Experience

Vocational and Work Experience for People who would clearly benefit from such opportunities provided that:

a) All avenues for accessing vocational and work related services through the Ministry of Social Development funding have been thoroughly researched and have proved to be unavailable.

b) The Provider does not receive funding from both Ministry of Social Development and the Ministry for the same Service components.

7 Key Inputs

7.1 Staff

The Provider must ensure that staff are adequately and appropriately qualified or experienced to meet the needs of the Person and demonstrate a clear understanding of the need for meaningful occupation for people with intellectual, physical and/or sensory disability.

7.2 Staff Training

The Provider is required to provide for its staff:

- an appropriate orientation programme
- appropriate ongoing training and development
- supervision
- first aid and CPR training
- regular earthquake and fire drills to be undertaken.

7.3 Behavioural Management

The Provider will:
a) Ensure that behavioural management is addressed in a Person’s Personal Plan when behavioural support needs are identified for that individual.

b) Work cooperatively with the Ministry contracted Behaviour Support Service or Dual Diagnosis/ Assessment Treatment & Rehabilitation Services to develop and implement any Behavioural Support Plan for a Person.

c) Ensure staff participates in training provided by the Behaviour Support team and Dual Diagnosis team.

d) Incorporate strategies into the behavioural management plans for other People utilising the knowledge gained through individual training, so as to contribute to the upskilling of all staff.

e) Ensure appropriate staffing to Person ratio dependent upon the activity and location.

f) Operates a policy of using positive behaviour support for managing challenging behaviour which adopts the principle that a person’s freedom should be restricted only to ensure the safety of the Person or others.

7.4 Settings

Community Day Services can be delivered in a variety of settings in the larger community. Examples include: community facilities and environments, including shared community buildings, specially designated recreational facilities or industrial type units.

7.5 Facilities

Providers will be expected to provide appropriate facilities and equipment to cater for the number of people taken on, and for the range of activities provided. In the interests of increasing community integration providers are encouraged to arrange to use community facilities as much as possible. Accessing a variety of facilities to meet the specific needs of individuals is expected rather than relying on a central base to meet all Service needs.

The following matters are to be addressed by Providers:

7.5.1 Accessibility and movement

- premises provide barrier free access to the building, toilets and areas to be used for People accessing the service
- a safe physical environment for People given the range and type of activities offered
- a warm, inviting/welcoming and aesthetically pleasing environment.
7.5.2 Appropriateness

- sufficient rooms, sizes of rooms and arrangements to allow for a variety of activities to be carried out at the same time
- rooms for People to undertake individual activities or activities one to one with staff.

7.5.3 Security and Privacy

- appropriate staff offices with provision for secure storage of Peoples records, privacy in interviews between staff and People, and in business phone calls.

8 Exit Criteria

People may be discharged from the service if the service no longer meets their needs, or they reach retirement age and wish to retire, or move into other forms of Day Services. Any possible discharge will be managed by the NASC provider. It is expected that subject to the Health Information Privacy Code, appropriate information will be made available to the alternative service provider to enable a smooth transition to the alternative services.

9 Linkages

Effective working relationships between Providers of Community Day Services and Providers of Residential Services/ people’s homes are essential to ensure co-ordination and integration of services to meet each Person’s particular needs and interests in accordance with the Person’s Personal Plan.

In addition service providers must maintain and demonstrate appropriate linkages and relationships with:

- NASCs
- Providers of support services for Peoples e.g. Behavioural Support, Therapy Services, Dual Diagnosis Service, Equipment Management Service and Assessment Treatment & Rehabilitation Service
- General Practitioners and other community health services
- family/whanau
- residential, educational, vocational and income support services
- Iwi/Māori and other culturally appropriate social and community support services
- Department of Corrections and Police.

10 Quality Requirements

10.1 Risk Management

In addition to the Risk Management requirements in the Tier One Service Specification, the Provider’s risk management plan will address:
a) The safety and security of People and staff while at Day Services and in the community (People may attend other activities in the community eg swimming or go on trips).

b) Dealing with challenging behaviours – when and how to access support services.

c) People are supported to be safe, particularly when People have independence.

d) Documentation should differentiate between situations where the Behaviour Support Team/Dual Diagnosis service has been involved, and where they have not. This includes review and implementation of corrective actions.

e) Development and maintenance of positive relationships with the immediate neighbouring community.

10.2 Acceptability

In addition to the Acceptability requirements in the Tier One Service Specification and in the Outcome Agreement, the Provider will develop and review the Person’s Personal Plan to monitor:

- impact of service provided on quality of life
- effectiveness (is the service provided achieving what was intended?)
- personal development outcomes
- unmet need.

10.3 Safety

In addition to safety requirements in the Tier One Service Specification and the Outcome Agreement, the Provider will have a set of documented policies/protocols for the following aspects of service delivery:

- managing disruptive behaviour in the least restrictive way possible
- medication administration and review
- aspects of personal care support delivery.

11 Purchase Units

Purchase Units are defined in the Ministry of Health’s Nationwide Service Framework Purchase Unit Data Dictionary. The following table is a summary list of the Tier Two Community Day Services Purchase Unit Codes associated with this Service.

<table>
<thead>
<tr>
<th>Purchase Unit Code</th>
<th>Purchase Unit Description</th>
<th>Measure</th>
<th>Purchase Measure definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSSR255</td>
<td>Day Care/Programmes</td>
<td>Day Attendance</td>
<td>Community day activity service for people with a disability.</td>
</tr>
</tbody>
</table>
12 Reporting Requirements

Full Reporting Requirements (including any Provider specific reporting requirements) are included in Appendix 3 of the Outcome Agreement.