

**Guidelines for the Role
and Function of
Compulsory Care
Co-ordinators
Under the Intellectual Disability
(Compulsory Care and
Rehabilitation) Act 2003**

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It is important readers note that these guidelines are not intended as a substitute for informed legal advice.

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Introduction

These guidelines are intended to provide compulsory care co-ordinators (co-ordinators) and Regional Intellectual Disability Care Agencies (RIDCA) with information and guidance on the role of the co-ordinator under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (the IDCCR Act).

For general guidelines on the IDCCR Act, please refer to *A User Guide to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (Ministry of Health 2003)*. For other more specific information on the role of Care Managers or District Inspectors, the following Ministry of Health guidelines should be consulted:

- *Guidelines for District Inspectors*
- *Guidelines for the Role and Function of Care Managers.*

1 Assessment and Application for Compulsory Care Orders under the IDCCR Act

Needs assessment

Who requires assessment?

The co-ordinator is responsible for ensuring that needs assessments are carried out for every person:

- whose assessment is required by section 23(5) or section 35(4) of the Criminal Procedure (Mentally Impaired Persons) Act 2003 (the CP(MIP) Act)
- who is a care recipient because of an order made under the Criminal Justice Act 1985(CJA)¹
- who is an inmate or former special patient who has been assessed by a specialist assessor as having an intellectual disability²
- who, in accordance with section 47A³ of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the MHCAT Act), is removed to a facility.

Who facilitates the assessment?

The co-ordinator is obliged to ensure that needs assessments are carried out. Co-ordinators may facilitate a needs assessment themselves or arrange for another suitably qualified person to facilitate the assessment. Where a person other than the co-ordinator facilitates the assessment, that person must be acting under a written delegation given by a co-ordinator⁴; (it is also anticipated that this person will also be an employee of a RIDCA).

Timing

The entire process of assessing individuals' care needs and preparing an appropriate care and rehabilitation plan must be completed as quickly as practicable.

The absolute maximum time period for this assessment process is 30 days. This 30-day period starts on the day after the co-ordinator holds the initial meeting with the care recipient and his or her family and whānau.

What is the process for initiating a needs assessment?

The needs assessment process starts with a meeting held between the co-ordinator, the care recipient and any member of their family or whānau or some other person concerned with the care recipient's welfare.

¹ Sections 24(2)(b)(b), 25(1)(b) and 34(1)(a)(ii) and 34(1)(b)(ii) of the Criminal Procedure (Mentally Impaired Persons) Act.

² Section 38(4) of the IDCCR Act.

³ Where a Director of Area Mental Health Services, with the consent of the Director of Mental Health, arranges for a patient to be transferred to a facility under the IDCCR Act.

⁴ Section 142 of the IDCCR Act refers.

The purpose of the meeting is two-fold. The co-ordinator must explain the basis for the specialist assessor's view that the care recipient has an intellectual disability. In addition, the co-ordinator must explain the purpose of needs assessment:

- to assess the care recipient's care needs
- to identify one or more suitable services that can provide this care
- to provide information for the purpose of preparing a care and rehabilitation plan for the care recipient.

What is the process for completing a needs assessment?

The co-ordinator should follow the Ministry of Health guidelines for needs assessment. In addition, **Part 3** of the Act sets out the following requirements:

The co-ordinator must assess the needs of the care recipient in consultation with the assessor/s who assessed the care recipient's condition, and the care recipient's care manager.

During the needs assessment process, the co-ordinator should consult, wherever possible, with the care recipient and his/her (if any):

- welfare guardian
- parent/s or guardian/s (if the care recipient is a child or young person)
- principal caregiver
- family or whānau
- support person/s
- lawyer.

Consultation can be with each of the above people individually or in a case conference held with these persons and the care recipient's care manager. The case conference can be held by teleconference or videoconference.

The purpose of consultation is to enable the co-ordinator to better understand:

- the care recipient's history, cultural identity, personal characteristics, aptitudes and needs
- the level of support that the care recipient needs
- the views of those consulted on the proposed care package.

During this process the co-ordinator should be mindful of the care recipient's right to privacy.

The Act requires the co-ordinator to carry out consultation process and it is possible that in some circumstances the process will necessitate the disclosure of information about the care recipient.

The disclosure of any personal information should occur only where it is necessary for the purpose of the consultation process and in accordance with the requirements of the Health Information Privacy Code.

As part of the needs assessment, the co-ordinator must identify the care recipient's culture, ethnicity, language, and any religious or ethical beliefs.

If the co-ordinator considers that the care recipient is Māori, and the care recipient agrees with that assessment, the co-ordinator must try to obtain the views of a Māori person⁵ or organisation concerned with, or interested in the care of people with an intellectual disability.

Cultural assessments should be carried out in accordance with the *Guidelines for Cultural Assessment* issued by the Director-General of Health.

Care and rehabilitation plans

Once the needs assessment is completed the co-ordinator must instruct the care recipient's care manager to arrange for the preparation of a care and rehabilitation plan.

The care and rehabilitation plan must identify:

- the kind of supervision required (to avoid undue risk to the health or safety of the care recipient and of others)
- the following factors, including the extent and way in which these factors can be addressed through the plan:
 - the social, cultural, and spiritual needs of the care recipient taking into account any cultural assessment completed
 - any medical or psychological treatment that the care recipient requires
 - any requirements for medication needed to manage the care recipient's condition
 - the circumstances in which the care recipient is likely to behave in a manner that endangers the care recipients health or safety of the care recipient or of others
 - any aptitudes or skills of the care recipient that should, if practicable, be maintained and encouraged
 - any special concerns or aversions of the care recipient
 - any special dietary needs of the care recipient
 - any other special needs of the care recipient.

Any other matters that the care manager or the co-ordinator considers relevant should be included in the care and rehabilitation plan.

The care and rehabilitation plan must also set out a care programme providing for:

- the objectives of the care proposed and the approaches to be followed to achieve those objectives
- the general nature of the care proposed to be provided
- the degree of security required for the care of the care recipient and for the protection of others.

⁵ Wherever possible this person should be a member of the care recipients whānau, hapu or iwi.

Once completed, the co-ordinator is responsible for approving the care and rehabilitation plan.

The co-ordinator and responsible care manager may vary the care and rehabilitation plan as long as the variation is consistent with the court order that applies to the care recipient. Where the proposed variation is not consistent with the court order, advice should be sought as to whether the court's authority for the variation needs to be sought.

Approval from the Family Court is required to a variation where the care recipient is subject to a compulsory care order under section 45 of the IDCCR Act.

Assessment of inmates and former special patients

Applications for assessment

Under **Part 4** sub part 1 of the IDCCR Act the co-ordinator is responsible for receiving written applications for assessment from:

- prison superintendents in respect of inmates
- Directors of Area Mental Health Services in respect of former special patients.

Applications must provide:

- the reasons for believing that the inmate or former special patient has an intellectual disability
- a certificate from a medical practitioner or registered clinical psychologist stating that the person who has been examined has an intellectual disability and giving the reasons why the person may come within the definition of intellectual disability under the IDCCR Act
- confirmation that the certificate relates to an assessment undertaken within three days before the date of the application.

If the co-ordinator is satisfied that the application contains the required information then the co-ordinator must initiate the assessment process by designating a care manager and one or more specialist assessors.

Assessment process

The purpose of the assessment process is to determine:

1. whether the proposed care recipient has an intellectual disability and is in need of compulsory care and;
2. if the individual does have an intellectual disability to assess the level of care that is required to manage the risk that the care recipient's behaviour poses to the health and safety of themselves or others.

This assessment must be carried out by a specialist assessor/s who should, where possible, consult with the following people about the proposed care recipient's condition and background:

- any principal caregiver
- any welfare guardian
- each parent or guardian (if the proposed care recipient is a child or young person)

- the family or whānau.

The co-ordinator has the responsibility of ensuring that the assessment is carried out within **seven days** of the receipt of the application from the Director of Area Mental Health Services or the prison superintendent.

Place of assessment

The co-ordinator has the power to notify the superintendent or Director of Area Mental Health Services who applied for an assessment that the inmate or former special patient must stay in a specified facility while they are being assessed by a specialist assessor; while they are undergoing a needs assessment; or while an application for compulsory care is pending before the Family Court.

During this period an inmate to whom the notice relates ceases to be in the legal custody of the superintendent concerned and becomes the legal responsibility of the care manager designated for the inmate.

An inmate or special patient may also be assessed in a facility without formal notice from the care co-ordinator to a Director of Area Mental Health Services or a prison superintendent. In these circumstances the inmate or former special patient may not stay in the facility overnight, and in the case of an inmate, he or she will continue to be in the legal custody of the superintendent concerned.

Inmates and former special patients who are required to travel to and from facilities for assessment should be taken under the direction of the relevant superintendent or Director of Area Mental Health Services.

Result of specialist assessment

Once the assessment is completed the specialist assessor/s must set out a report to the co-ordinator stating whether or not the proposed care recipient has an intellectual disability.

If the report states that the proposed care recipient does not have an intellectual disability then the co-ordinator must immediately advise that person of the result and ensure that the person is returned to the custody of the appropriate superintendent or Director of Area Mental Health Services.

If the report indicates that the proposed care recipient does have an intellectual disability then the co-ordinator must initiate the needs assessment process under **Part 3** of the Act.

Applications for compulsory care orders for inmates and former special patients

When a care recipient's needs assessment and care and rehabilitation plan have been completed the co-ordinator must decide whether or not to apply to the Family Court for a compulsory care order.

If the co-ordinator decides not to apply for a compulsory care order, and the proposed care recipient is at that time in a facility, the co-ordinator must return the person to the custody of the appropriate superintendent or Director of Area Mental Health Services.

If the co-ordinator decides to apply for a compulsory care order they must send a written and signed notice to the following people:

- the proposed care recipient
- the relevant superintendent or Director of Area Mental Health Services
- any welfare guardian of the proposed care recipient
- each parent or guardian if the proposed care recipient is a child or young person
- the principal caregiver of the proposed care recipient
- any support person of the proposed care recipient
- any lawyer of the proposed care recipient
- the care manager of the proposed care recipient
- the responsible district inspector.

An application to the Family Court for a compulsory care order for an inmate or former special patient must include the following:

- an affidavit from the co-ordinator setting out the reasons for considering the proposed care recipient has an intellectual disability
- a care and rehabilitation plan
- a care programme
- every relevant report prepared by a specialist assessor during the period of specialist assessment and needs assessment.

Visit by a Judge

Following application for a compulsory care order, a Family Court judge must examine the proposed care recipient within 14 days of the application being filed in court. The co-ordinator should assist with facilitating this visit.

The judge must also consult with the co-ordinator concerning the proposed care recipient's condition.

Withdrawal of application

If after examining a proposed care recipient the judge decides that a compulsory care order is not required, the judge may direct that the co-ordinator to withdraw the application.

If the proposed care recipient is staying in a facility the co-ordinator should immediately arrange for his/her return to the custody of the relevant superintendent or Director of Area Mental Health Services.

Making a compulsory care order for an inmate or former special patient

If after examining a proposed care recipient the Judge decides that a compulsory care order may be required, then the application is heard before the Family Court.

2 Reviews of Condition and Status of Care Recipients

Initial review of care and rehabilitation plan or compulsory care order

Six months⁶ after the care co-ordinator has approved a care recipient's initial care and rehabilitation plan, the co-ordinator must present a report to the Family Court on the continued appropriateness of the plan and, if the care recipient is subject to a compulsory care order, the continued appropriateness of the order. No later than 14 days before the report is due, the co-ordinator must arrange for a clinical review of the care recipient's condition to be carried out by a specialist assessor.

The exception to the requirement to report to the court is where a care co-ordinator has applied, or is about to apply, to the court for cancellation of a care recipient's compulsory care order.

A certificate from a specialist assessor regarding the status of the care recipient, along with any relevant reports from the specialist assessor/s concerned with the case, must accompany the co-ordinator's report.

The co-ordinator must give a copy of the report, along with written advice of the right to make a written submission on the report to the Family Court, to the following people:

- the care recipient
- the care recipient's care manager
- any welfare guardian of the proposed care recipient
- each parent or guardian if the proposed care recipient is a child or young person
- the principal caregiver of the proposed care recipient
- any lawyer of the proposed care recipient
- the responsible district inspector
- the specialist assessor who gave the certificate included in the report
- in the case of a special care recipient, the Director-General of Health.

In carrying out their review, the Family Court may call for additional reports from the co-ordinator and may require the co-ordinator to give evidence or produce documents.

On concluding the review, the Family Court may make any recommendations that it considers appropriate to the co-ordinator. It is expected that the co-ordinator will act on these recommendations as soon as practicable following the completion of the review.

Regular clinical review of care recipients

The first review is due no later than 14 days before the co-ordinator sends their report to the Family Court about the continued appropriateness of the care recipient's care and rehabilitation plan.

⁶ If the care recipient's court order lasts less than six months then the report must be presented no later than two months after the order has been made.

After that reviews must take place at six month intervals while an order remains in force and no less than 14 days before a compulsory care order is to expire.

It is the care manager's responsibility to ensure that these reviews take place.

The co-ordinator is responsible for designating one or more specialist assessors to carry out regular clinical reviews. If more than one assessor is appointed, the co-ordinator must nominate one of those assessors as the assessor who is principally responsible for the conduct of the review.

On completion of the review the co-ordinator receives the certificate from the specialist assessor and must send a copy of this certificate to the following people:

- the care recipient
- the care recipient's care manager
- any welfare guardian of the proposed care recipient
- each parent or guardian if the proposed care recipient is a child or young person
- the principal caregiver of the proposed care recipient
- any lawyer of the proposed care recipient
- the responsible district inspector.

Cancellation of compulsory care orders

A co-ordinator may, at any time, apply to the Family Court for the cancellation of a compulsory care order for a care recipient who is:

1. no longer subject to the criminal justice system or
2. a special care recipient who is still liable to detention under sentence but no longer needs to be cared for as a care recipient.

Where a certificate issued by a specialist assessor after a clinical review states that the care recipient no longer needs to be cared for as a care recipient, the co-ordinator must make an application to the Family Court as soon as is practicable following receipt of the certificate.

In all cases, the co-ordinator must, in deciding to apply for cancellation of a care recipient's care order, have regard to the most recent certificate issued by a specialist assessor.

Continuation of compulsory care orders

The co-ordinator may apply to the Family Court to extend the term of a care recipient's care order.

In deciding to apply to extend the term of such an order, the co-ordinator must have regard to the most recent certificate issued by a specialist assessor.

Variation of compulsory care orders

If the co-ordinator, after consultation with the care manager, decides that a variation to a care recipient's compulsory care order is desirable, the co-ordinator may apply to the Family Court for a variation of the order. An example of a possible variation would be where the original order required a care recipient to accept secure care however since that time the care recipient's condition had improved to the extent that supervised care was appropriate.

Deferring expiry of compulsory care order

If a care recipient's order is due to expire at any time when an application to extend the order is pending before the Family Court, the co-ordinator should apply to the Family Court to defer the expiry of that order.

If a court defers the expiry of a care recipient's order then the co-ordinator must serve a copy of the deferral order to the following people:

Special care recipient found fit to stand trial

Where a specialist assessor issues a certificate stating that a special care recipient is now fit to stand trial but it is no longer necessary that the person be cared for as a special care recipient, the co-ordinator must forward this certificate, and any comments or recommendations, to the Attorney-General.

Care for a special care recipient found unfit to stand trial no longer necessary

Where a specialist assessor issues a certificate stating that a special care recipient is still unfit to stand trial, but that it is no longer necessary that the person be cared for as a special care recipient, the co-ordinator must forward this certificate, and any comments or recommendations, to the Minister of Health and the Attorney-General.

Care for a special care recipient acquitted on account of insanity no longer necessary

Where a specialist assessor issues a certificate stating that a special care recipient who is detained because of being acquitted on account of insanity no longer needs to be cared for as a special care recipient, the co-ordinator must forward this certificate, and any comments or recommendations, to the Minister of Health.

3 Inspections, Investigations and Inquiries by District Inspectors

Visits by district inspectors

District inspectors must make at least two visits to facilities a year or more often if directed by the Director-General of Health for a particular facility or class of facility. A suitably qualified health or disability professional may accompany a district inspector on a visit to a facility.

Complaints about breaches of IDCCR Act

A co-ordinator who receives a complaint about a breach of a care recipient's rights under the IDCCR Act must refer the complaint to the responsible district inspector. District inspectors do not, however, inquire into an alleged breach of a right under the Code of Rights, which are notified by the district inspector to the Health and Disability Commissioner.

Investigation by district inspectors

When a complaint is made to the district inspector,⁷ the district inspector must investigate the complaint. The district inspector must attempt to talk with the care recipient, the care manager and others involved. If satisfied that the complaint has substance, the district inspector must report the matter together with any recommendations to the care manager and to the Director-General of Health.

On concluding an investigation, the district inspector must report the outcome to the care recipient and any person who complained on behalf of the care recipient.

If the care recipient or person making the complaint is not satisfied with the outcome of the complaint, they may request the Director-General of Health to examine the complaint and consider if further investigation is warranted.

Inquiries by district inspectors

A district inspector may inquire into an alleged breach of the IDCCR Act or Regulations; whether a care recipient's condition is reviewed in accordance with section 77 of the Act; and any alleged breach of duty by a person acting on behalf of a service or issues concerning the management of a service.

As soon as practicable after concluding an inquiry into an alleged breach of a care recipient's rights under the IDCCR Act, a district inspector must send a full report of the inquiry to the co-ordinator and to the Director-General of Health.

⁷ Under section 97, and it is not a complaint under the Code of Rights, Health and Disability Commissioner Act 1994.

4 Authority to Take and Detain Care Recipients

Co-ordinators have the power to retake care recipients who have either escaped from a facility; or have not returned from authorised leave; or after authorised leave being cancelled. A care recipient who is retaken is to be either returned to the same facility or to another facility specified by the co-ordinator.

Where retaking of a care recipient involves entering someone else's property, the co-ordinator may apply to a District Court judge, or, if no judge is available, a registrar, for a warrant authorising police to search a specified place and retake a care recipient. The application for a warrant must be made in writing and on oath.

In certain circumstances police may enter a place without a warrant. Police may ask the co-ordinator to accompany them for this purpose and it is expected that the co-ordinator will provide assistance as requested.

When accompanying a member of the police who is entering a place without warrant for the purpose of retaking an escaped care recipient, the co-ordinator may use any reasonable force that may be required to enter and search the place and retake the care recipient.

5 Other Powers, Duties and Functions

Delegation of powers

A co-ordinator may delegate any of their powers, duties, and functions to a person who is suitable qualified to exercise them.

Any delegation must be made in writing and signed by the co-ordinator. If the co-ordinator ceases to hold office the delegation will continue to run as if made by the co-ordinators successor.

A delegation continues until it is revoked in writing by the co-ordinator or their successor.

The co-ordinator remains accountable for actions taken by their delegate and should ensure that they exercise an appropriate degree of supervision and oversight over this person.

In determining whether a person is suitable qualified, the co-ordinator must refer to the requisite knowledge, skills, and attitudes that co-ordinators are required to demonstrate as part of their appointment process as outlined in these guidelines.

Where possible a person to whom a co-ordinator delegates their powers, duties, or functions will have completed, or be enrolled in, the Diploma in Care Management and Co-ordination (High and Complex Needs).

Withholding written communications

A care manager may only check or withhold a written communication or other item from a care recipient, after receiving the approval of the co-ordinator.

In ascertaining whether approval should be given, the co-ordinator must determine whether or not they believe that the receipt or dispatch of the written communication or other item would be detrimental to the interests or care of the care recipient or of other persons.

There is no ability to check or withhold communications between the care recipient and their lawyer of the persons described in section 58(b) of the IDCCR Act.

Placement of care recipients

The co-ordinator may direct a special care recipient, or care recipient who is required to receive secure care, to stay in a designated secure facility.

A co-ordinator may direct that a care recipient required to receive supervised care is to stay in a designated facility or place.

A care recipient who is required to receive supervised care by the co-ordinator can be directed to stay in a designated facility or place for the purpose of receiving care that:

1. is required to deal with an emergency
2. is of a kind provided for in the care recipient's care and rehabilitation plan.

Any direction given by the co-ordinator must be made in writing to the care recipient and their care manager.

Authorisation of short-term leave

With the authority of the Director-General, and subject to any conditions that the Director-General may impose, the co-ordinator may exercise the powers of the Director-General to authorise short-term leave for special care recipients.

These powers are as follows:

- to grant short-term leave to a special care recipient for a period of no more than seven days, on any specified terms and conditions
- to cancel that leave.

Note: short-term leave may in no circumstances be granted if the special care recipient:

1. is charged with, or convicted, of an offence, and –
 - i. a trial of that offence is to take place or
 - ii. sentencing for that offence is to take place or
 - iii. an appeal in respect of that offence is pending or
2. is subject to a sentence of imprisonment for life or to a sentence of preventative detention.

In the case of a prison inmate who has been transferred from prison to a facility for assessment under section 29, the co-ordinator must first consult with the superintendent of that prison before granting leave.

Former care recipients subject to sentence

The co-ordinator must notify the Chief Executive of the Department of Corrections if a person ceases to be a care recipient but does not cease to be liable to detention under sentence. The Chief Executive then must arrange for that person to be taken to a prison.

6 Appointment of Compulsory Care Co-ordinators

A co-ordinator is a person who is appointed by the Director-General of Health by a notice published in the *New Zealand Gazette* (section 140).

Co-ordinators are nominated by Regional Intellectual Disability Care Agencies (RIDCAs) and appointed by the Director-General of Health. Co-ordinators should be health and disability professionals with no less than two years' experience working with people with disabilities.

Flexibility of appointments

The Director-General of Health can appoint as many co-ordinators as the Director-General of Health considers necessary for the effective administration of the IDCCR Act.

Definition of area

The Director-General of Health has the power to determine the terms and conditions on which each co-ordinator is appointed, including the geographic areas for which each co-ordinator is responsible. The *Gazette* notice will include the geographical area for which each appointee is responsible.

Suspension and removal from office

The Director-General of Health may suspend or remove a co-ordinator from office if any of the following are proven to the satisfaction of the Director-General of Health:

- neglect of duty
- misconduct
- bankruptcy
- disability affecting his or her duties.

7 The Director-General of Health's Protocol for Appointment

Prerequisite qualifications

Nominees for appointment as co-ordinators must be health and disability professionals who have undergone training in, and are competent in, the assessment, care and rehabilitation of persons with intellectual disability. All co-ordinators must have completed (or be enrolled in) the Diploma in Care Management and Co-ordination (High and Complex Needs).

All nominees must be employed by a RIDCA. Nomination by a RIDCA does not mean automatic appointment by the Director-General of Health as, if nominees do not meet the expectations for the co-ordinator role, they will not be appointed.

Co-ordinator appointment criteria

The co-ordinator appointment criteria can be viewed as comprising three broad categories of requirements:

- knowledge
- skills
- attitude.

Those seeking health and disability professionals to be appointed as co-ordinators must be able to demonstrate their suitability against these requirements.

Knowledge

The co-ordinator must have a sound understanding and knowledge of the following:

- the development, implementation and practice of effective approaches to the assessment, care and rehabilitation of people with intellectual disabilities
- issues of cultural difference, an in-depth awareness of the principles of the Treaty of Waitangi and the implications of partnership, as well as a sensitivity to cultural identity and personal beliefs
- Māori concepts of health and disability
- the role of family/whānau in the assessment, care and rehabilitation of people with an intellectual disability
- the concept of intellectual disability in terms of the IDCCR Act
- the general provisions for compulsory care recipients
- all relevant sections of the IDCCR Act:
 - the intent and meaning of sections and the specific paperwork and records required by each part of the IDCCR Act
 - limitations to powers
 - access to supports

- interactions with other roles designated in the IDCCR Act (especially care managers, specialist assessors, and district inspectors)
- interfaces with the legislation listed below.

Co-ordinators must have an understanding of the relevant sections of the following legislation that impact on the role:

- Health Information Privacy Code 1994
- Protection of Personal and Property Rights Act 1988
- New Zealand Bill of Rights Act 1990
- Criminal Justice Act 1985
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- Children, Young Persons and their Families Act 1989
- Crimes Act 1961
- Guardianship Act 1968
- Health and Disability Act 1994
- Code of Health and Disability Services Consumers' Rights 1996
- Police Act 1958
- Sentencing Act 2002
- Parole Act 2002
- Victims Rights Act 2002
- Mental Health (Compulsory Assessment and Treatment) Act 1992.

This list is not intended to be exhaustive, but to provide an indication for those designing training and development programmes. Legal opinions should always be sought when interpretations are required.

Skills

Co-ordinators must have the following skills:

- an ability to undertake a comprehensive needs assessment
- an ability to engage clients and stakeholders in the planning process
- an ability to assess the suitability of care and rehabilitation plans
- interpersonal and relationship skills
- facilitation skills
- conflict resolution skills
- problem solving skills
- demonstrated familiarity with skills required to review processes when examining failure of service provision
- an ability to negotiate and discuss management plans with care managers
- written and oral communication skills

- an ability to use appropriate technology to document and record required information
- the ability to liaise with community agencies and work with them in a co-operative manner, including iwi, marae committees, and Pacific communities
- the ability to deal appropriately with members of the public
- an ability to investigate complaints
- the ability to educate other agencies and the public on the IDCCR Act and related Acts
- the ability to use supervision, peer review and de-briefing procedures for both assessments and the use of the IDCCR Act
- the initiative to seek specific and specialist advice when appropriate.

Attitude

Co-ordinators should possess the following attitudes:

- a strong client focus
- sensitivity and respect to other people
- a focus on empowering people
- cultural awareness and cultural safety
- sensitivity to working with advocates and interpreters, as well as enabling people to gain access to such supports
- respect for privacy and confidentiality processes
- respect for the intent of the IDCCR Act
- a commitment to least restrictive intervention
- a commitment to rehabilitation.

Additional factors

The following additional factors may also be taken into account by the Director-General of Health:

- potential conflicts of interest
- a minimum of two years' experience in a disability support service in New Zealand
- demonstrated leadership within the disability sector in New Zealand
- demonstrated confidence from seniors and peers to carry out the role of co-ordinator
- demonstrated ability to develop key relationships
- references from at least two health and disability professionals.

Performance review of appointees

All newly appointed co-ordinators will be subject to a review of their performance after 12 months in the role. This review will involve the Director-General of Health seeking feedback on the performance of the co-ordinator from:

- other co-ordinators

- **disability support services clients**
- **RIDCA management**
- **NASC agencies**
- **other office holders under the IDCCR Act (eg, district inspectors, Family Court judges)**
- **any other relevant person.**