Health and Personal Social Services for People with Disabilities  
in New Zealand

A Contemporary Developments in Disability Services Paper

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This paper is one of a series of background papers describing how disability services are organised and delivered in selected jurisdictions, to help inform howsuch services might be organised and delivered in Ireland.

January 2011



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# List of abbreviations

|  |  |
| --- | --- |
| ACC | Accident Compensation Corporation |
| ASENZ | Association of Supported Employment New Zealand |
| AT&R | Assessment Treatment and Rehabilitation |
| DHB | District Health Board |
| DSS | Disability Support Services |
| GSE | Group Special Education |
| HNZC | Housing New Zealand Corporation |
| IF | Individualized Funding |
| MoH | Ministry of Health |
| MoSD | Ministry of Social Development |
| NASC | Needs Assessment and Services Coordination |
| NZD | New Zealand Dollars |
| ORRS | Ongoing and Reviewable Resourcing Schemes |
| RHA | Regional Health Authority |
| SIL | Supported Independent Living |
|  |  |

# 1. Introduction

This paper is one of a series of background papers describing how disability services are organised and delivered in selected jurisdictions, to help inform how such services might be organised and delivered in Ireland. A composite report setting out key learning from across the six jurisdictions is also available www.nda.ie. This composite report also draws on additional literature from the US and the National Disability Authority's (NDA) broader programme of work in the area of independent living for people with disabilities.

The jurisdictions were chosen after canvassing expert opinion on where there were opportunities for learning due to innovations in service procurement, design or delivery or evidence of quality. Data was collected for each jurisdiction under a common framework, although information was not always readily available across all elements of the framework for each jurisdiction. The sources of information included published and web sources, as well as interviews with three key informants, with different roles, in each jurisdiction. The draft paper was checked for accuracy and completeness with a national expert in each of the countries studied. Readers are advised that a key finding from this project is that disability service systems in all of the selected jurisdictions are in transition, and in some areas systems are undergoing rapid development. We welcome any feedback on any of the jurisdictions investigated that can update or enhance these background papers. The jurisdictions investigated include those set out below and can be found at [www.nda.ie](http://www.nda.ie).

Table 1 - Population in selected jurisdictions

|  | Ireland [[1]](#footnote-1) | England [[2]](#footnote-2) | Scotland[[3]](#footnote-3) | Netherlands[[4]](#footnote-4) | Norway[[5]](#footnote-5) | Victoria[[6]](#footnote-6) | N. Zealand[[7]](#footnote-7) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total Population 2009 | 4.45m | 51.81m | 5.19m | 16.48m | 4.78m | 5.42m | 4.32m |
| Ratio to Ireland | 1 | 11.6 | 1.2 | 3.7 | 1.1 | 1.2 | 1.0 |

# 2. Population

## 2.1 Population with a disability

The 2001 Disability Survey recorded that there were then 716,500 adults and children with disabilities in New Zealand out of a population of 3,900,000[[8]](#footnote-8). The population in 2010 is 4,372,000 broadly similar to Ireland's. Table 2 below provides a breakdown by disability type for adults based on the 2001 Disability Survey[[9]](#footnote-9). Table 3 provides a breakdown of disability type in 2001 and 2006.

Table 2: Adults with disabilities by type 2001[[10]](#footnote-10)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Disability | Numbers | % of adult population with a disability | % of overall adult population |
| Hearing | 212,500 | 34 | 8 |
| Seeing | 69,300 | 11 | 2 |
| Speaking | 42,500 | 7 | 2 |
| Mobility | 346,300 | 55 | 12 |
| Agility | 270,900 | 43 | 10 |
| Intellectual | 28,900 | 5 | 1 |
| Psychiatric / psychological | 94,800 | 15 | 3 |
| Learning | 68,900 | 11 | 2 |
| Remembering | 88,400 | 14 | 3 |
| Other | 135,300 | 22 | 5 |
| Total | **626,500** | **100** | **22** |

Table 3: Children with disabilities by type 2001 and 2006**[[11]](#footnote-11)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disability type | 2001 | 2001 | 2006 | 2006 |
|  | '000 | % | '000 | % |
| Sensory | 29.9 | 33.2 | 23.5 | 26.1 |
| Use of Technical Equipment | 4.6 | 5.1 | 9.5 | 10.5 |
| Intellectual | 13.0 | 14.4 | 16.9 | 18.7 |
| Psychiatric / Psychological | 22.2 | 24.6 | 19.3 | 21.4 |
| Chronic Health Problem | 30.2 | 33.5 | 35 | 38.8 |
| Other | 52.0 | 57.7 | 54.8 | 60.8 |
| Total | **90.0** | **100** | **90** | **100** |

## 2.2 Disability service providers per person

To give a sense of how many service providers deliver major elements of DSS at a regional level, the table below sets out the number of providers in the Auckland and Northland region[[12]](#footnote-12), which has combined population of just under 570, 000.

Table 4: Number of service providers in sample region

|  |  |  |
| --- | --- | --- |
| Service providers in Auckland and Northland DHBs funded by Disability Services, a part of Health and Disability National Services of the Ministry of Health | Number of service providers | Head of population per service provider |
| Home Based Support Services | 21 | 27,000 |
| Community Residential Support Services - Intellectual Disability Providers | 20 | 28,500 |
| Needs Assessment & Service Coordination | 6 | 95,000 |
| Community Residential Support Services - Physical Disability | 5 | 114,000 |
| Supported Independent Living | 4 | 142,500 |
| Individualised Funding Services | 1 | 570,000\* |

\* Manawanui InCharge is in fact the only agency in the whole of New Zealand which delivers the Individualised Funding Services.

# 3. Description of Formal System for the Delivery of Health and Personal Social Services for People with Disabilities

In New Zealand formal responsibilities and disability support actions are dispersed through 10 different government agencies - transport, education, health, social development, child, youth, and family, housing, accident, economic development, veterans’ affairs, and state services. Many health and support services for people with disabilities are funded by Vote: Health[[13]](#footnote-13) .

## 3.1 Responsibilities for particular groups of disabled people

Responsibilities for particular groups of disabled people can be summarised as follows:

* Ministry of Health funds supports for people with long-term physical, sensory and/or intellectual disabilities who are primarily aged under 65
* District Health Boards (DHBs) fund support for people with psychiatric disabilities, people aged 65 and over disabled by ageing, people with support needs expected to last less than six months, or those aged 50-64 years whose needs are largely similar to older people
* Accident Compensation Corporation (ACC) funds support for people disabled by accident. (ACC is discussed further below)

## 3.2 Responsibilities for supporting particular aspects of people's lives

Responsibilities for supporting particular aspects of people's lives can be summarised as follows:

* Ministry of Social Development focuses on supporting disability-related income, vocational and employment need
* Ministry of Education focuses on supporting disability-related education need
* Ministry of Health and DHBs tend to focus on support for daily living

## 3.3 Ministry of Health (MoH), Disability Supports Services

In New Zealand most of the day-to-day business of the health and disability system, and around three quarters of funding, is administered by DHBs. DHBs plan, manage, provide and purchase services for their district populations, including primary care, public health services, and disability support services for older people, those with psychiatric-related disability and temporary needs not expected to last longer than six months.

The Ministry of Health has a range of roles, including provision of centralised funding for a number of national services which includes some disability support and public health services.

Responsibility for funding, planning and developing Disability Support Services (DSS) sits with the Disability Support Services Group in the Health and Disability National Services Directorate. Responsibility for policy functions sits with the Disability Services Policy Team in the Population Health Directorate.

DSS funding is for people with long-term physical, intellectual and sensory disabilities who are primarily under age 65, and their families. DSS funds a range of supports to help people live at home and access their community (via home & community support, supported independent living, respite and carer support) or to support alternative living arrangements (via residential care, living with other families). MOH also funds equipment, housing and vehicle modifications on a national basis for both disabled and older people.

The Health and Disability Services Act 1993 attempted to introduce market mechanisms by establishing a purchaser-provider split within New Zealand health and disability service provision. This development was largely rolled back by the New Zealand Public Health and Disability Act 2000 which established 21 District Health Boards to provide and purchase health services. Nevertheless contracting (by DHBs and the Ministry of Health) of community based services remains the norm. Disability Support Services (for those under 65) are contracted directly by the Ministry for Health. To deliver a Disability Support Service an agency must sign a contract and deliver the service in accordance with national standards and service specification set by the Ministry of Health. Service specifications detail, inter alia; philosophy, definitions, objectives, quality requirements, monitoring and reporting arrangements.

Contracts between MoH and DSS providers are framed by national standards and national service specifications frameworks, which contributes to a transparent and standardised model of service delivery. Key informants[[14]](#footnote-14) stated that this was in some respects a very positive aspect of the New Zealand disability services system but it also resulted in stifling service innovations.

DSS funding under the Vote: Health is capped so services can only be provided to the extent that funding is available. However, the DSS proportion of Vote: Health is ringfenced.

Table 5: Capped and ringfenced disability budget element of Vote: Health[[15]](#footnote-15)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Disability support[[16]](#footnote-16) | Estimated DHB[[17]](#footnote-17) | Total disability support from Vote: Health | Total disability support from Vote: Health | % of Vote Health’s nondepartmental expenditure |
|  | NZ$ (million) | NZ$ (million) | NZ$  (million) | € euros  (million) |  |
| 1996/97 | 852 |  | 852 | 451 | 17.6 |
| 1997/98 | 945 |  | 945 | 500 | 18.3 |
| 1998/99 | 1,047 |  | 1,047 | 555 | 18.7 |
| 1999/2000 | 1,125 |  | 1,125 | 596 | 19 |
| 2000/01 | 1,168 |  | 1,168 | 619 | 18.8 |
| 2001/02 | 1,185 |  | 1,185 | 628 | 18.7 |
| 2002/03 | 1,277 |  | 1,277 | 677 | 18.8 |
| 2003/04 | 807 | 610 | 1,416 | 750 | 18.9 |
| 2004/05 | 638 | 856 | 1,493 | 791 | 18.3 |
| 2005/06 | 699 | 1,018 | 1,717 | 910 | 19.3 |
| 2006/07 | 755 | 1,074 | 1,829 | 969 | 18.7 |
| 2007/08 | 839 | 1,162 | 2,000 | 1,060 | 18.4 |

(1.00 NZD = 0.53 EUR on 25th of March 2010)

DSSs are predominantly community-based and delivered by private and not-for-profit providers. Providers vary in size from large national providers to small owner-operated local enterprises[[18]](#footnote-18). In 2009, the Disability Support Services Group in the Ministry of Health directly funded ongoing supports for about 31,000 people, of whom approximately 7,000 were in residential services[[19]](#footnote-19). The Disability Support Services Group in the Ministry of Health directly manages 1200 contracts with disability service providers[[20]](#footnote-20).

## 3.4 Is there a cross-Governmental strategy on disability in New Zealand?

The New Zealand Disability Strategy 2001 presents a "long-term plan for changing New Zealand from a disabling to an inclusive society". There are 15 Objectives, and over 100 action points spread across all Government Departments. Under the strategy government agencies are required to report each year on their progress in implementing the New Zealand Disability Strategy. The Minister for Disability Issues is required to report annually to Parliament on progress in implementing the New Zealand Disability Strategy.

The Office of Disability Issues monitors progress on the New Zealand Disability Strategy. In 2008 the Government directed the Office for Disability Issues to develop a framework for longer-term planning and reporting against the disability strategy to make targets for achievement in priority areas, including disability supports.

In 2009 a new ministerial oversight committee, the Ministerial Committee on Disability Issues, (Chaired by the Minister for Disability Issues) was established to ensure that the Government's multi-billion dollar annual disability spend is meeting the needs of disabled people fairly and effectively.

## 3.5 Is there an explicit policy on independence and community living in New Zealand?

The New Zealand Government policy states that the goal of disability policy is to support people to live in the community, as was outlined in 1992 in A New Deal: Support for independence for people with disabilities:

The basic prerequisites of living independently include access to information, equipment and environmental support services, income, appropriate housing and personal support services. The Government remains committed to assisting with the provision of independent living settings in the community and in people’s own homes, rather than institutions, wherever possible[[21]](#footnote-21)

People with a disability as a result of an accident have their service provision funded by the Accident Compensation Corporation (ACC) rather than by the Ministry of Health and other relevant ministries[[22]](#footnote-22). Key informants all agreed that those with ACC funding had higher levels of funding which gave them greater choice of providers and access to certain services which other people with disabilities would have to make out of pocket payments for. This two-tier level of access to disability services is currently a point of controversy in New Zealand.

The Health and Disability Commissioner Act 1994 established the Office of the Health and Disability Commissioner with the role of:

[P]romoting and protecting the rights of health and disability consumers, and facilitating the fair, simple, speedy, and efficient resolution of complaints - together with a national network of independent advocates, under the Director of Advocacy, and an independent prosecutor, the Director of Proceedings[[23]](#footnote-23).

Peoples' rights as consumers of health and disability services are enshrined in the Code of Health and Disability Services Consumers' Rights (1996)[[24]](#footnote-24).

# 4. Focus on Selected Services for People with Disabilities

## 4.1 Residential services

At the height of institutionalisation, in 1964, over 10,000 people with intellectual disabilities and/or mental health issues were housed in 13 institutions across New Zealand. Deinstitutionalisation, which began in the 1980s, was completed in October 2006 with the closure of Levin’s Kimberley Centre. New Zealand is seen as one of the first countries to have initiated deinstitutionalisation programme[[25]](#footnote-25).

Deinstitutionalisation originally focused on moving people into group homes in the community but has increasingly focused on supporting people in their own homes. Tables 6 and 7 provide some detail on residential and non-residential service users. More than twice as many service users receive services in their own home.

Table 6: Residential Service users analysed by age[[26]](#footnote-26)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age | Type of residence | | | | | | Total numbers |
| Rest Home | | Community Residential (group home) | | Hospital | |
| Number | % of Age Cohort | Number | % of Age Cohort | Number | % of Age Cohort |
| 14 and under | 7 | 5.6 | 112 | 89.6% | 6 | 4.8% | 125 |
| 15 to 44 | 50 | 1.3% | 3,463 | 92.5% | 229 | 6.1% | 3,742 |
| 45 to 64 | 478 | 15.2% | 2,025 | 64.3% | 648 | 20.6% | 3,151 |
| 65 to 74 | 1,415 | 52.9% | 263 | 9.8% | 995 | 37.2% | 2,673 |
| 75 and older | 10,211 | 56.6% | 101 | 0.6% | 7,714 | 42.8% | 18,026 |
| Total | 12,161 | 43.9% | 5,964 | 21.5% | 9,592 | 34.6% | 27,717 |

Table 7: Non-Residential service users analysed by age[[27]](#footnote-27)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Age Group | | | | | Total |
| 14 and under | 15 to 44 | 45 to 64 | 65 to 74 | 75 and older |
| Home Support | 30.2% | 42.9% | 64.1% | 85.0% | 92.5% | 79.9% |
| Carer Support | 66.0% | 41.9% | 27.3% | 12.0% | 5.7% | 16.1% |
| SIL | 0.1% | 7.6% | 3.7% | 0.4% | 0.2% | 1.2% |
| Ageing in Place | 0.0% | 0.0% | 0.0% | 0.1% | 0.1% | 0.1% |
| High and complex | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% |
| Respite | 3.7% | 2.6% | 0.8% | 0.3% | 0.4 % | 0.9% |
| Day Programme | 0.0% | 4.9% | 4.2% | 2.2% | 1.2% | 1.8% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| N | 4,524 | 5,324 | 6,281 | 9,056 | 37,946 | 63,131 |

The stated government policy of supporting people to live in the community has been reflected in increases for community based supports. Home-based support services have almost doubled from 1998 / 1999 to 2003 to 2004, rising from $93.5 m. NZD to $170 m. NZD (€49.5 m. to €90.5 m.). Caregiver support increased by about 50 percent from 1999/00 to 2003/04, rising from $41.5 m. NZD to $62.2 m. NZD (€22 m. to €33m.)[[28]](#footnote-28).

The lack of choice in ordinary, everyday issues such as when to go to bed, what to eat, what clothes to wear etc, has been highlighted for group home residents in a number of reports, in particular for people with intellectual disabilities in group homes[[29]](#footnote-29). In 2009 the Government announced a scoping project to deal with these issues. The scoping project will consider such things as:

[A]llowing residential providers to offer supported living services, and using the flexibility that is now included in the home and community support services[[30]](#footnote-30).

## 4.2 Medical and allied health services

Under the Health and Disability Services Act 1993 responsibility for disability services transferred from the Department of Social Welfare to the Department of Health. The Health and Disability Services Act 1993 attempted to establish an open market for health and disability services. This led to the separation between the purchasing of disability supports and the provision of disability supports, leading to the establishment of four regional health authorities (RHAs) taking on responsibility for purchasing services and supports.

The Public Health and Disability Act 2000 reversed the market orientated reforms of the 1990s and established 21 District Health Boards (DHBs) which provide and purchase health services within geographic boundaries. However, despite the reversal of much of the market orientated reforms, contracting remains the norm in health and social care provision.

Contracting for health services between purchasers and providers was a key component of the 1990s reforms. Moreover, in spite of the subsequent restructurings, contracting has remained a central part of the management of the health system in New Zealand[[31]](#footnote-31)

The reforms of the 1990s also resulted in the separation of needs assessment from service provision, more choice between providers as a result of more providers entering the market and health and disability services consumer protection legislation.

District Health Boards and primary care networks provide medical care which DHBs fund. Disability service providers are rarely involved in providing para-medical supports to disability service users. Disability service providers tend not to have in-house medical, paramedical or therapy supports. A small number of service providers, who are mainly operating ID residential services, do have in-house psychologists.

A distinction between health needs and disability support needs exists in the assessment of needs for disability support services as operated by Needs Assessment and Service Coordination (NASC). A NASC assessment is "facilitated assessment" generally conducted by someone with a social worker-type qualification and is focused on social and personal needs. People with complex conditions may be referred by get further medical or diagnostic assessments or referred to the MoH's Assessment Treatment and Rehabilitation (AT&R) service where appropriate. Some commentators stressed the need for improved co-ordination of these separate assessments processes.

## 4.3 Housing

As mentioned above the vast majority of people with disabilities live in private households. Just under 28,000 people (out of 716,000 with a disability) are in receipt of residential support services[[32]](#footnote-32). Of this 28,000 people, 7,000 are aged under 64. The Ministry of Health funds housing modifications for those assessed as requiring such modifications ranging from minor adaptations to structural changes depending on assessed need. Housing New Zealand Corporation (HNZC), the mainstream housing agency, provides housing supports to people on low incomes including people with disabilities. The HNZC also operates the Suitable Homes Serviceto help people with physical disabilities into a modified home suitable for their requirements. A subsidiary unit of HNZC Community Group Housing (CGH) provides rental homes for organisations offering housing accommodation within the community. Groups renting these properties provide services for people with special health or welfare needs, 74% of their housing stock are used for people with disabilities[[33]](#footnote-33). Some local authorities also have accessible houses in their housing stock. Low income people with disabilities are entitled to apply for housing from mainstream housing providers (HNZC and local authorities) though key informants noted that waiting lists for accessible housing were generally longer than waiting lists for those not requiring accessible housing.

## 4.4 Assessment and resource allocation

Access to disability services requires that a person is assessed by a Needs Assessment Service Coordination (NASC) service. The 15 NASCs are separate from service providers and each has a "defined indicative budget based upon an annual allocation" from which it allocates packages of care for people with disabilities[[34]](#footnote-34). In 2002 the Ministry of Health published guidelines on assessment and service co-ordination[[35]](#footnote-35) which included directions on regarding resource allocation and prioritisation as a function of service coordination. The guidelines include a “Support Package Allocation Tool” to assist NASCs to standardise their allocations. This tool is a relatively simple framework for linking levels of assessed need to five support package bands.

The NASCs' assessment and service coordination role will be discussed in more detail below. However, it is important to note is that NASCs perform a budget management or gatekeeping role rather than a budget holding service. As Bray put it:

While the MOH decides on the available budget for services, NASC services (through service coordination) are responsible for resource allocation for each disabled person[[36]](#footnote-36)

While providers have a contract with the Ministry of Health detailing their commitments regarding their requirements to deliver according to service specifications and standards, they receive funding on the basis of the number service users allocated to their services by NASCs. NASCs' capacity to direct disability service users to certain providers rather than others gives them the de facto power to direct where funding goes. Funding therefore follows the service user. Some commentators have noted that the limited number of providers in a given area that have a contract with the Ministry of Health sets limits on the amount of choice available to people with disabilities.

## 4.5 Care Support for people with disabilities

According to the 2001 Disability Survey 8% of adults with disability, an estimated 50,600 people, received home support services or the money to pay for such services from a government agency in the previous 12 months. Older adults with disabilities were most likely to receive government funded home support. Adults with disability aged 75-84 and 85 and over were more likely than younger adults with disability to receive government funded home support - 18% and 26% respectively. 20% of adults with severe disability received government-funded home support, compared with 12% of adults with moderate disability and 1% of adults with mild disability[[37]](#footnote-37).

The 2004 Service Users Survey showed that over two thirds of people with disabilities receiving a service funded by the Ministry of Health were receiving a non-residential service. By far the biggest component of this service is domestic assistance and personal care which was delivered to over 50,400 people with disabilities in 2004. On average people received 7.2 domestic assistance and personal care hours a week (5.1 hours was the average allocation of domestic assistance oand13 hours was the average allocation of personal care)[[38]](#footnote-38).

A new service specification for these services now called Home and Community Support Services (HCSS) was published in 2008[[39]](#footnote-39). HCSS is delivered primarily by not-for-profit and some for-profit agencies, some of which are disability specific and others cater for a range of people requiring assistance in their home. This 2008 service specification allows for a set number of hours of ‘core services’ (i.e. essential for maintaining health and safety), and additional ‘flexible’ hours that a person can choose to use to support activities that are important to them, such as leisure or cultural pursuits[[40]](#footnote-40).

## 4.6 Respite and Carer Supports

According to the 2001 Disability Survey, of the estimated 108,000 adults with disability who had someone helping or looking after them because of disability, just over 9,000 or 8% had received financial help from a government agency in the previous 12 months to pay for respite care. This included an estimated 5,900 adults with severe disability. In terms of disability type, adults with intellectual disability (14%) were the most likely to have received financial help from a government agency for respite care[[41]](#footnote-41). An estimated 10,300 or 10% (of the 108,000 adults) reported an unmet need for respite care in the previous 12 months. This is the equivalent of 2% of all adults with disability. An estimated 8,000 adults with severe disability, 11% of all adults with severe disability, reported an unmet need for respite care in the previous 12 months[[42]](#footnote-42).

Respite services are available via NASC assessment. The amount of respite support given depends on need and availability[[43]](#footnote-43). There is a national Service Specification for disability respite supports[[44]](#footnote-44).

Carer support payments are available to people who provide full time (defined as more than four hours a day) non-paid care. Access to carer support payment is via NASC assessment. Friends, neighbours and some family members can receive carer support payments[[45]](#footnote-45). Table 8 below contains details of family, whänau, friends, flatmates, neighbours or other informal carers providing help for adults with disability living in households who received payment from the person with disability or their family or from a government agency.

Table 8: Informal carers receiving payment by activity[[46]](#footnote-46)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | All adults receiving help from family / friends / neighbours, etc | Number of family / friends / neighbours, etc helpers receiving payment | % of family / friends/ neighbours etc helpers receiving payment from government agency | % of family / friends/ neighbours etc, helpers receiving payment from person with disability or family |
| Personal Care | 20,500 | 2,800 | 89 | - |
| Meals | 53,400 | 3,700 | - | 95 |
| Shopping | 85,800 | 4,300 | 55 | 40 |
| Everyday Housework | 67,500 | 8,700 | 50 | 48 |
| Heavy Household Work | 103,900 | 15,600 | 26 | 64 |
| Personal Finances/Budgeting assistance | 30,200 | 1800 | - | - |

## 4.7 Care supports in education for children with disabilities

Ministry of Education: Group Special Education (GSE) provide a number of schemes for school aged children with disabilities. Approximately 7000 students with the highest support needs are supported with GSE funding under the Ongoing and Reviewable Resourcing Scheme (ORRS)**[[47]](#footnote-47)**. Students assessed with more moderate physical disabilities, but who have difficulty accessing their school environment or where their disability is a barrier to educational participation and learning receive services under the Moderate Physical Disabilities Contract. These services are delivered by physiotherapists and occupational therapists from both GSE and from school specialist service providers funded by GSE. GSE also funds a Severe Behaviour Service and Speech-Language Service.

The key informants agreed that though students with assessed needs requiring supports under the various GSE contracts received a good quality of service, some children with more mild disabilities may not qualify under any of the GSE contracts and may receive their support via their primary care network**[[48]](#footnote-48)**.

New Zealand has 28 special schools, including:

* 8 special residential schools which cater for deaf or hearing impaired, blind or vision impaired, or those who have severe behaviour needs, or educational, social and emotional needs together with an underlying intellectual impairment
* 3 regional health schools catering for students who are chronically ill and cannot attend their regular school for long periods, or have a psychiatric illness and live in a health-funded institution, or need support as they return to their regular school after a lengthy absence due to medical intervention

## 4.8 Pre-school for children with disabilities

Early intervention services are mainly provided by Ministry of Education: Special Education (GSE) but in some areas there are also other service providers (who are GSE-accredited and funded) that provide a complementary range of early intervention services. Early intervention services are available to eligible children from birth until they attend school. Early intervention services consist of:

* an **assessment** of a child's skills and education needs
* **planning**, putting in place an individual plan for a child, outlining relevant teaching practices, any specialised equipment required, short-term and long-term social and learning goals, timeframes, and at-home follow-up activities
* general **information and support** to families, educators and other professionals
* **expertise and knowledge-sharing**, such as designing ways to improve socialisation, learning, communication and behaviour management
* **specialist services**, such as speech-language therapy and specialist teaching
* **education support workers**, who support specialists and early childhood educators and work with children

Early intervention services tend to be provided at home or at a child's early childhood education setting rather than in specialist centres[[49]](#footnote-49).

## 4.9 Elder care supports for people with disabilities

As mentioned above, funding for disability services for those over 65 has been devolved to DHBs. This decision was taken on the basis that as DHBs fund health services which the majority of older people use, that integration of elder services and disability services for those over 65 would allow for a better "continuum of care". This integration would allow for DHBs to "plan and fund across a spectrum of care, ensure good coordination and offer flexible services and living options"[[50]](#footnote-50). People with a disability "close in interest (50-64 years)" with a condition associated with ageing in the general population can be assessed for and access relevant eldercare services.

## 4.10 Transport to Disability Services

The Ministry of Health operates a transport reimbursement scheme for people who need to access specialist health and disability services not available in their locality. This involves reimbursement of the cheapest available public transport or 20 cent per km. Exceptions to these rates are made for people who need to access a specialised (and more expensive mode of transport) because of their accessibility needs. Overnight accommodation costs are covered in certain circumstances when specialised services are more than 100 km away[[51]](#footnote-51). In addition, the Ministry of Transport has had an accessibility focus to its work which is reflected in its Strategic Plans in 2002 and 2008[[52]](#footnote-52). Since the 1980s a scheme of subsidised taxi travel (Total Mobility) for older people and people with disabilities has been funded by Land Transport New Zealand local authorities. The scheme was reviewed and standardised across the country in 2005. Total mobility served 43,000 people in 2005[[53]](#footnote-53).

## 4.11 Day & Employment services

The Ministry of Social Development funds and administers day and vocational programmes for people with disabilities. Significant changes have taken place in recent years in the area of day supports and employment supports for people with disabilities. In 2001 Pathways to Inclusionwas published which set outa vision of a more employment focused vocational support service for people with disabilities and established a framework for repealing legislation relating to sheltered workshops.

In 2006/07, 9,000 of the 21,300 people with a disability who had received a vocational service were placed into employment or assisted to remain in open employment. The corresponding figure in 2001 was 3000[[54]](#footnote-54). The Ministry of Social Development spent just over 83m. NZD[[55]](#footnote-55) on vocational supports for people with disabilities in 2006/07[[56]](#footnote-56). The Ministry of Health had separately funded non-vocational day activities for adults with intellectual disabilities though it was recently announced that these are being transferred to the Ministry of Social Development[[57]](#footnote-57).

In 2001 an estimated 5400 people, 2% of employed adults with disability, worked in sheltered workshops or in jobs specifically set up to provide work for people with a disability[[58]](#footnote-58). Within the five year timeframe set out in Pathways to Inclusionsheltered workshops were either supposed to focus on delivering community participation programmes or employment based programmes. An evaluation of the Pathways to Inclusionshows a significant re-orientation of vocational services away from segregated work environments towards employment services[[59]](#footnote-59). However, key informants indicated that links between vocational services and Ministry of Health provided services was poor and that while the Pathways to Inclusionprocess had beena success in terms of closing sheltered workshops and reorientating vocational supports towards supporting the employment of people with disabilities, some people with higher support needs had less day activity as a result of the process.

When the Disabled Persons Employment Promotion Repeal Act took effect in December 2007 the remaining “Sheltered Workshops” were to become known as “Business Enterprises”. Business Enterprises are required to give all employees the same employment rights or protections as other New Zealanders, including minimum wage. However, where an employer and employees agree, and an individual employee has been assessed to be "demonstrably limited in their work because of a disability, [the employee] can be issued with a minimum wage exemption permit"[[60]](#footnote-60).

New Zealand has several agencies who deliver supported employment programmes to people with disabilities[[61]](#footnote-61). While these agencies were seen by key informants as playing a very useful role, their funding levels[[62]](#footnote-62) are such that in practice they support those who are comparatively job ready and simply can't afford to support those with more high supports needs.

## 4.12 Direct payments

Direct Payments (called Individualised Funding (IF) in New Zealand) are available in New Zealand. Until 2010 one agency, Manawanui InCharge, had been contracted by the Ministry of Health since 2005 to provide free support for those who choose to opt for IF[[63]](#footnote-63). To become an IF budget-holder a person had to have completed a NASC assessment, had to be willing to take on the responsibilities of being an IF budget-holder and had to have had high support needs which had remained stable for at least the past year. People considered eligible to manage their own budgets, and who wished to do so, were to Manawanui InCharge by NASC.

As of January 2009, there were 238 people across New Zealand who were accessing direct payments[[64]](#footnote-64).A key informant suggested that low take up for direct payments related to the fact that those choosing IF are required to take on arranging and paying for all their services and the level of support currently provided for people to take on this task is limited and for most people not sufficient.

The Ministry of Health’s Statement of Intent 2009–2012 indicated that it would expand the availability of individualised funding arrangements for people with disabilities[[65]](#footnote-65). It indicated that this would be achieved in two ways: by widening the eligibility criteria beyond people with high and very high needs, and by working towards having more than one provider (currently Manawanui InCharge) through which the funding could be managed.

A service specification for IF was produced by the Ministry of Health in June 2010 which should increase eligibility since it removes the criteria for a person availing of IF to have "high and very high needs". The Service Specification limits IF use to Home and Community Support Services (i.e. in home supports). The Service Specification sets out the ways in which an IF user has the ability to manage the delivery of their own support by allowing them to:

* choose their Individualised Funding Host Provider
* choose their caregivers and service delivery plans
* employ their own support workers
* manage the payment for services of these staff; and
* manage all aspects of service delivery[[66]](#footnote-66)

## 4.13 Supports to independent living

As stated above the majority of New Zealanders who receive disability supports receive them in their own home via Home Community Support Services (HCSS). For people who have higher support needs but who do not want a traditional residential support based package there is the option to avail of Supported Independent Living (SIL). SIL services provide a means of supporting a person who wishes to live in their own home or in a flat by themselves or with others. The person usually needs a level of support or supervision that is beyond what is provided by personal support and household management services. SIL is not intended to be a 24-hour support service[[67]](#footnote-67). 1,050 people are funded through supported independent living contracts called SILs[[68]](#footnote-68).

A key informant explained the low take up of this programme relates to a problem with its design. Anyone requiring more than 15 hours a week of support is not eligible for consideration for SIL and is directed towards other residential supports models.

As part of its response to the Social Services Committee inquiry report the New Zealand government has indicated there is a need to move to a new model of services for disabled people which includes a greater emphasis on supporting living. The Government has proposed that this new model;

incorporates the key elements of Local Area Coordination, but also includes other features such as an emphasis on supported living and individualised funding[[69]](#footnote-69).

# 5. Entitlement and Unmet Demand

## 5.1 Entitlement

In New Zealand's health and disability system, eligibility means the right to be considered for publicly funded services. It is not an entitlement to receive those services. Publicly funded services may be fully funded or partly subsidised. In the Ministry of Health disability support system, not everyone will receive services. For instance, people may not meet eligibility criteria or their level of disability-related need does not warrant getting a service (ineligible), or services maybe oversubscribed (waiting lists/unmet demand), or services may not be available for a number of reasons (service gap).

As discussed in earlier this paper, both the overall disability budget in Vote: Health is capped and NASCs are tasked with managing within their indicative budget and with prioritising those with most need. Therefore, eligibility does not necessarily mean that one will receive all one's support needs.

Health or disability service providers who administer government subsidised care are responsible for checking the eligibility required to advise patients/clients which services they are providing, and whether there may be a part charge for those services.

Checking the eligibility of patients/clients is the responsibility of all health providers who administer government subsidised care. The 2003 Eligibility Direction of the Minister of Health sets out the eligibility criteria for publicly funded health and disability services in New Zealand. Only people who meet the eligibility criteria defined in the Eligibility Direction can receive publicly funded (i.e. free or subsidised) health and disability services. A person may be asked to show proof that they meet the eligibility criteria[[70]](#footnote-70).

DSS services are free for under 16s and free or subsidised for adults who have been assessed as having a disability (depending on the service). For services, such as Household Management (home help) which are not free for adults, those who are on low incomes and have Community Services Cards can access the support free of charge. In 2001 Disability Survey 54 percent of adults with disability and 63 percent of children with disability had a Community Services Card in the previous 12 months[[71]](#footnote-71). Table 10 (located in appendix 2) sets out the eligibility details of Ministry of Health and other disability services and charges where applicable for service users.

## 5.2 Unmet Demand

The New Zealand Disability Survey 2006 provides a picture of unmet demand for people with disabilities. For example, 11% of adults and 6% of children with disabilities reported an unmet need for at least one type of equipment or technology. 14% of adults and 16% of children with disabilities reported that they had needed to see a health professional (including allied health) but were not able to in the last 12 months.

Demand for many disability services exceeds available service provision. The introduction of a needs assessment process is seen by the Ministry of Health as having increased expectations of disability service provision:

The requirement that all people accessing DSS services have a comprehensive needs assessment raised expectations that needs would be met, and identified a much higher degree of unmet need than expected. Demand for most services has exceeded available funding, and this has constrained the ability to develop innovative services and address service gaps[[72]](#footnote-72).

Table 9 provides some details on the levels of unmet demand for health and personal social services for people with disabilities.

Table 9: Unmet Demand for Disability Support Services[[73]](#footnote-73)

|  |  |  |
| --- | --- | --- |
|  | Indicating unmet demand | |
| Service | % Parents of children with disabilities | % Adults with disabilities |
| Personal care | 4 | 1 |
| Household tasks | 4 | 3 |
| Home repairs | 4 | 3 |
| Assistive equipment or technology | 6 | 11 |
| Health Services | 16 | 14 |
| Respite care | 7 | 1 |
| n | 90,000 | 576,300 |

New Zealand does not report on unmet demand for residential places for people with disabilities in the sense of having documented waiting lists for residential services. Bonardi's research suggests there is not in fact unmet demand for group home type residential support[[74]](#footnote-74). However, there are people who are placed in what are seen as clearly inappropriate residential settings. For example in 2004 there were just over 500 people who are 64 or less years of age living in rest homes for older people and almost 870 people who were 64 years of age or less living in hospitals[[75]](#footnote-75). Key informants suggested that these people were primarily people with physical and sensory disabilities with high supports needs, for whom no appropriate residential accommodation existed. Similarly key informants suggested that there are some people living in certain types of accommodation, for example a community group home, which may not have been their own or their family's first preference but may have been all that was available in their locality.

# 6. Public / private / NGO mix

In some regions the state, through District Health Boards (DHBs), is involved in service delivery. However in all regions this would be a small proportion of total disability service provision and in some regions DHBs do not deliver any disability services. Key informants estimated that not-for-profit organisations delivered at least 75% of disability services and DHBs and private enterprises delivered the remainder.

# 7. Single service or menu and choice

Coordinating a package of services from various providers for a person with a disability is one of the functions of NASCs (Needs Assessment Service Coordination). The service specification for NASCs makes it clear that their function is not only to coordinate the services assigned to a person with disability under the needs assessment process but other services which they may be entitled to or may wish to pay for themselves.

Service co-ordination is a process of identifying, planning and reviewing the package of services required to meet the prioritised assessed needs and goals of the person and, where appropriate, their family/whänau and carers. Service co-ordination also determines which of the assessed needs can be met by government funded services and which can be met by other services, and will explore all options and linkages for addressing prioritised needs and goals[[76]](#footnote-76).

While the design of NASC is that people with disabilities have a choice in the providers that will deliver them services and that NASC will coordinate the full package of services that a person with disabilities needs to engage, the New Zealand Parliament's Social Services Committee inquiry into the quality of care and service provision for people with disabilities suggests that this may not be how NASCs function in practice. Firstly, the Social Services Committee suggests that NASCs frequently only coordinate Ministry of Health funded services; secondly that choice between providers is limited to those who have Ministry of Health contracts in a region, which stifles choice for people with disabilities and reduces incentives for providers to innovate and thirdly that NASCs tend to try to fit people into service provider options rather than trying to fit service providers around the needs of the person with disabilities.

The Social Services Committee did note that pilots were under way involving NASCs that were performing a more holistic service coordination role (Social Services Committee's report references in particular the Western Australian model of Local Area Coordination). In the Government's response to the Social Services Committee report it committed to investigating the feasibility of implementing a Local Area Coordination services which would coordinate services across government agencies at a local level.

The Social Services Committee acknowledged that the Government had agreed to allow for "more flexibility in choosing the providers to be contracted for services", which should facilitate new providers offering alternative services for people with disabilities.

For people with disabilities living in residential settings, such as those with intellectual disability living in community group homes (approximately 6,000 people), services tend to be provided by one provider in a "wrap-around, cradle-to-the-grave" style model of service delivery. In New Zealand this model has been much criticised and labelled in an influential report as the ‘custodial ownership model’ of service delivery[[77]](#footnote-77). It should be remembered of course that the vast majority of people with disabilities in New Zealand do not receive residential supports and are much more likely to receive supports from various service providers as required while living in their own home.

# 8. Involvement of people with disabilities

Disability Support Services Group of the Health and Disability National Services Directorate operates a Disability Support Services Consumer Consortium[[78]](#footnote-78). The consortium provides input and advice to Disability Support Services on its planning, policy and service development. The consortium provides a link for support and communication between the Ministry of Health and the people who receive the services funded by Disability Support Services. The consortium members are service consumers and not disability representative lobbyists or service providers. The establishment of the Consumer Consortium emerged from Disability Consumer Forums which the Ministry of Health has run since 2004. These are a series of regional meetings (20 in 2009) run by the Ministry of Health to ascertain service consumer views on relevant issues. In 2009 forums covered four main themes: General update on services and projects; What is working – what isn’t working – ideas for improvement; Issues and concerns of consumers attending the meetings; and Strategic priorities for the Disability Support Services Group[[79]](#footnote-79).

District Health Boards must include a disability representative on their boards. Also, the Office of Disability Issues maintains a database of appropriately skilled people with disabilities for inclusion on various state boards and handles requests from those bodies for people with disabilities to go on to state boards.

# 9. Conclusion: Lessons for Ireland

## 9.1 Strengths

New Zealand is considered to be one of the first countries to have completed deinstitutionalisation. Deinstitutionalisation commenced in the early 1980s and the last of the large institutions was closed in 2006.

In recent years funding increases have been focused on services necessary to support people to live in the community, such as, in-home supports and respite and carer supports.

There is generally a degree of choice available to those who are assessed as needing disability supports even if the availability of choice is not always used to maximum effect.

There is a high degree of transparency about funding and services delivered. All services must conform to national service specifications and funding is based on the numbers being supported in a service. Resources follow the assessed person, so services need to compete for clients to attract funding.

NASCs perform their gatekeeping and resource allocation functions effectively and operate a functioning needs assessment system but the service coordination element of their prescribed role is poor.

Access to mainstream public services for people with disabilities, such as housing supports and healthcare in particular is regarded as quite good.

The New Zealand Government has publicly acknowledged some of the key weaknesses of the system and commitment in principle working towards reform. Specifically it has acknowledged the need to embrace a new model of service which embraces Local Area Coordination, supported living and individualised funding.

The Disability Support Services group of the Ministry of Health operates a Disability Support Services Consumer Consortium whereby the Ministry regularly (20 in 2009) organises regional meetings to get direct feedback from disability services users.

## 9.2 Weaknesses

Despite the claim to have fully deinstitutionalised there continues to be inappropriate placements of small number of younger people with disabilities who require high supports in hospitals and older people's facilities.

Enabling adults with ID who live in community group homes to have a genuinely community based life and have real choices around how they live their lives has remained problematic[[80]](#footnote-80).

Key informants to this background paper indicated that there is poor service coordination across Departmental lines.

There is a degree of inflexibility as a consequence of the use of national service specifications for all services. For example, the Supported Independent Living service specification is seen to have contributed to the poor take up rate of this programme but progress on having it changed is slow. So despite the New Zealand Government stating publicly, that a move from group homes to model based on Supported Independent Living, take up for SIL is still very low.

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# Appendix 2: How health and personal services are overseen and monitored in New Zealand

## 1) How are outsourced (i.e. non-statutory) services monitored (how is their performance to contract assessed)?

Section 9 of New Zealand's Health and Disability Services (Safety) Act, 2001 requires that a" person providing health care services of any kind must do so-

(a) while certified by the Director-General to provide health care services of that kind; and

(b) while meeting all relevant service standards; an

(c) in compliance with any conditions subject to which the person was certified by the Director-General to provide health care services of that kind; and

(d) in compliance with this Act; and

(e) if the services are rest home care, or geriatric services that are hospital care, in compliance with any applicable regulations under section 53(1)(a)"

- with the notable exception of number of children's and penal services - per Section 8 of the Act.[[81]](#footnote-81)

Disability Support Services (DSS), Ministry of Health, contracts with providers for more than twenty different types of services for people with disabilities. The largest of these service types is community based residential services for people with an intellectual and/or physical disability. An annual programme of monitoring is undertaken that involves developmental evaluations and audits of a selection of these contracted services. The aim of the performance monitoring is to facilitate the improvement of health and disability services and provide information about those services and programmes for planning, and contracting purposes.

Independent evaluators and auditors are commissioned with appropriate skills and extensive knowledge of disability and service provision within New Zealand. The evaluation and audit work is conducted in teams of two people with one person being a consumer or a family member (more often in services or people with an intellectual disability). Families and consumers have a key role in participating in the evaluation and their views of the service/home are an integral part of the evaluation process. There is no direct financial cost to the service provider for the evaluation/audit.

The developmental evaluation tool used is based on some of the quality of life outcomes identified and used by the Council for Quality and Leadership. The focus of the evaluation is on the quality of life and outcomes for the disabled person using the services and how a service provider of those services can improve their service. As part of this approach it assesses performance with the specific contract and any related legislative standards.

The quality audits of providers are a systematic review of the services to ensure that funded services are being delivered and that they are financially viable, safe and of a high quality. These audits relate to monitoring against the contract the provider holds with the Ministry.

Cf. notes at 2. and 7., below.

## 2) How are state services monitored?

**The Ministry of Health** has a pivotal monitoring role in relation to overall system performance:

* 'HealthCERT' has been established under the Ministry's Quality and Safety Sector of the Accountability and Funding Directorate as the body responsible for ensuring that hospitals, rest homes and residential disability care facilities provide safe and reasonable levels of service for consumers, as required under the Health and Disability Service (Safety) Act 2001. HealthCERT’s role is, effectively, to administer and enforce the legislation, issue certifications, review audit reports and manage legal issues
* The Ministry's Health and Disability National Services Directorate oversees the administration of New Zealand's national fund for disability support and personal and public health services
* The Ministry's Population Health Directorate oversees population health, mental health and system quality and improvement
* The Ministry's Health and Disability Systems Strategy Directorate provides strategic and whole-of-system perspectives and advice on the development of the overall health and disability system with a view to achieving better health and participation, and to reduce inequalities
* The Ministry's Contract Relationship Managers' (CRMs') and Quality team monitor quality through audit/evaluation reports, complaints received and direct visits
* Statutory provider, contractual and financial audits against contracts and national quality standards are routinely undertaken by District Health Boards or other agencies that contract with health care service providers[[82]](#footnote-82) - and findings are reported to the Ministry of Health. A monitoring and intervention framework - MIF - enables performance management of specific Boards if required
* Special Ministry of Health inspections or issues based audits are also conducted in response to serious complaints made to the Ministry of Health, a District Health Board or the Health and Disability Commissioner

Periodical process evaluations for the **Ministry of Social Development** are also undertaken in respect of the Government's Pathways to Inclusion Strategy which examine, amongst other indicators:

* provider alignment with the Pathways to Inclusion Strategy
* the degree to which services were individualised and individual plans implemented across services
* establishment of formal partnerships with service users

Other crown entities that have a statutory monitoring role include, for example:

* the Health and Disability Commissioner - which undertakes investigations in response to a complaint relating to the Code of Rights
* the Mental Health Commission - which oversees the mental health system and the Ministry of Health's performance in mental health

## 3) Are services licensed?

Key health and personal services of relevance to people with disabilities that must be certified under the Health and Disability Services (Safety) Act 2001 include: rest homes, hospitals and residential services for five or more residents.

In order to qualify for certification, service providers must pass a prescribed certification audit that will satisfy the Director-General of Health that the services they provide meet prescribed Service Standards.

These audits are conducted by a small group of government-approved agencies, each of which is designated to conduct certification-, conditional-, surveillance- and progress-reporting- audits in relation to specific types of services.

Residential care facilities are certified for set periods of time up to a maximum of five years. When the certification expires, facilities must be re-audited and their certification renewed.

Progress reporting is required in relation to any conditional certification made.

The Minister oversees appointments for regulation and overview of health and personal social care practitioners covered in the Health Practitioners Competence Assurance Act, 2003 - and the principal statutory offices such as Medical Officers of Health and Health Protection Officers.

## 4) What regulations apply?

Health and disability services that are required to be certified under the Health and Disability Services (Safety) Act 2001 are required comply with all relevant legislation and Standards as set out at 6, below, unless exempted as follows:

* where the Minister has granted an exemption to a provider; OR
* where the Standard specifies it applies only to some health or disability services, e.g.:
* intellectual disability services
* mental health and addiction services;
* acute, secondary, or tertiary services OR
* where the service can demonstrate that the Standard is not relevant to the service and therefore does not apply

In addition, a Code of Health and Disability Services Consumers' Rights which has regulatory effect under the Health and Disability Commissioner Act. It confers a number of rights on all consumers of health and disability services in New Zealand and places corresponding obligations on providers of those services.

The other main regulatory instruments for health and personal care services for people with disabilities in New Zealand are the Mental Health (Compulsory Assessment and Treatment) Act, 1992 and the Health and Disability Commissioner Act, 1994.

## 5) Are services inspected?

The Health and Disability Services (Safety) Act 2001, requires that rest homes and residential care facilities for five or more people must be audited and certified to ensure:

* they are providing safe and reasonable care and
* meet the standards set out in the Act

Both the Mental Health (Compulsory Assessment and Treatment) Act, 1992 and the Intellectual Disability (Compulsory Care and Rehabilitation) Act, 2003 provide for the appointment and deployment of district inspectors and official visitors as independent monitors of inpatient and outpatient, secure and supervised assessment and treatment care services.

Lawyers are appointed as inspectors under the Intellectual Disability (Compulsory Care and Rehabilitation) Act, 2003 to ensure that people who are being provided with compulsory care have their rights upheld.

The Ministry of Health agreement with Disability Service Providers allows for access to the providers premises, records, service users and their families, and staff or other personnel for the purposes of and during the course of carrying out a quality audit/evaluation or review.

## 6) What standards exist to support such inspections?

New Health and Disability Services Standards were published by the New Zealand Government in October 2008. These standards came into force 1 June 2009.

The stated aim of the Standards is to support the safe provision of services to consumers and set the minimum standard for rest homes hospitals and providers of residential care.

They are mandatory for providers of health care services that are subject to the Health and Disability Services (Safety) Act 2001.

The Standards cover:

* Consumer rights
* Organisational management
* Service delivery
* Safe and appropriate environments
* Infection control
* Restraint Minimisation

They have been set out in a way that allows each service provider interpret their intent in a way that is appropriate to the particular services they provide and the context in which these are provided.

General guidance is, however, provided on how to meet the criteria for each Standard.

## 7) Other developments of note

* A list of certified service providers is maintained on the government website, with links to records of audits conducted. See: <http://cert.moh.govt.nz/certification/review.nsf/default?OpenForm>
* Going forward, the quality of the Individualised Funding (IF) scheme is expected to be monitored by the Ministry of Health however the service hosting this scheme will monitor the service delivery
* A report on the findings of a Government inquiry into the quality of care and service provision for people with disabilities, published in September 2008, includes a number of recommendations on streamlining monitoring activities and costs while refocusing the scope of these activities more on quality of life and satisfactory outcomes for people with disabilities rather than on compliance with minimum standards for audit purposes. These findings also recommend people with disabilities and their families have a key role in the monitoring process to ensure that quality of life is measured and valued. Teams involved in the monitoring of services should have the freedom to talk with all stakeholders involved in services

# Appendix 3: Eligibility by main service type

Table 10: Eligibility by main service type[[83]](#footnote-83)

| **Service and examples** | **Who is eligible?** | **Who pays for what? (including regional variations)** |
| --- | --- | --- |
| **Needs assessment and service co‑ordination** |  |  |
| Needs assessment | People of all ages who meet the Ministry’s definition of disability. | The Ministry of Health funds needs-assessment services from contracted agencies. They are free to users. |
| Service co‑ordination or planning | Anyone who has been through a needs assessment and is assessed as requiring a service or package of services. | These services are free to the user. |
| **Home-based services** |  |  |
| Personal care (eg, help with dressing, bathing and eating) | Anyone living in the community who has been assessed by the NASC process as being eligible to receive these services. | No charge. |
| Household management (home help) | As above, or the primary caregiver of someone who meets the criteria. | No charge for people who hold a Community Services Card. |
| **Residential care** |  |  |
| Rest homes (11,840 subsidised clients, including those in dementia units, in April 2002)  Continuing care hospitals (7831 subsidised clients in April 2002) | People aged 65 and over, or people aged 50–64 who are defined as ‘like in age and interest’ to an older person, who have been assessed by NASC as requiring residential care or hospitalisation in a continuing care facility. | If older people (including those ‘like in age and interest’) have income and assets, they pay for their care up to $636 per week until their assets have been used up to an exempted threshold. Government pays any costs over $636. |
| Community group living | Generally people aged 16–64 with an intellectual or physical disability who have been assessed by a NASC service as requiring care in a community group-living facility or home. | Up until 2006 people under 64 were required to forgo their disability allowance (they retain part of their benefit as a personal allowance) if they received community residential support. Legislation was changed in 2006 (after a number of successful court appeals) to allow them to keep their Disability Allowance while in state funded community residential services |
| **Carer support** |  |  |
| Respite care (provided outside the home) | The primary caregiver of someone who meets the criteria. | A subsidy is paid but does not always cover the full cost of the service. The balance may be ‘topped up’ by the family. |
| Caregiver support (provided in the home) | As above. | As above. |
| Family and whänau Carer Support Programmes (these aim to support family and whänau carers by assisting them to improve skills, by improving their understanding of the health and disability support systems, and by giving opportunities for networking to reduce social isolation) | Any family or whänau carer who provides support for a person with a disability who meets the Ministry’s definition of disability. | No charge. |
| **Day and vocational services** |  |  |
| Day and vocational services (Work and Income New Zealand funds employment and training opportunities and community participation activities for people with disabilities 16–65 years of age)  Note: From 2009 day and vocational services under Minister of Health services are being gradually transferred to the Ministry | The Ministry funds day activities, generally for older people, and day and vocational services for people with intellectual disabilities resettled into the community,. People with disabilities must meet the Ministry’s definition of disability, and be assessed as needing services which provide training opportunities, or respite care for their primary carers.  Note: From 2009 day and vocational services under Minister of Health services are being gradually transferred to the Ministry of Social Development | In most instances there is no charge. |
| **Habilitation and rehabilitation** |  |  |
| Assessment, Treatment and Rehabilitation services | People assessed as needing services. These services are mainly provided in hospitals, and the majority of people (approximately 80%) receiving services are over 65. | Provided by DHBs. Services are free to users |
| Child development services | Children and young people assessed as needing services, which are mainly hospital-based and multidisciplinary. | Provided by DHBs. Services are free to users |

# Appendix 4: Adults with disabilities by type of residence

**Table 11: Adults with disabilities by type of residence - Household, Residential, total place of resident by age cohort. Disability Survey 2006[[84]](#footnote-84)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 15 - 44 | | | 45 - 64 | | | 65 and over | | | Total | | |
|  | House | Res. | Total | House | Res. | Total | House | Res. | Total | House | Res. | Total |
| Sensory | 43,100 | - | 43,100 | 86,000 | - | 87,400 | 90,600 | 17,800 | 108,400 | 220,300 | 18,700 | 239,000 |
| Physical | 67,100 | - | 67,100 | 131,300 | 1,400 | 132,700 | 154,700 | 28,800 | 183,500 | 353,200 | 30,300 | 383,500 |
| Intellectual | 18,400 | - | 18,400 | 10,300 | - | 10,700 | 3,000 | 1,500 | 4,500 | 31,700 | 2,100 | 33,700 |
| Psychiatric / psychological | 45,100 | - | 45,100 | 27,700 | - | 28,700 | 10,200 | 6,200 | 16,400 | 83,000 | 7,400 | 90,400 |
| Other | 68,700 | - | 68,700 | 73,300 | 1,300 | 74,600 | 60,800 | 20,200 | 81,000 | 202,700 | 21,700 | 224,500 |
| Total adults with disabilities | 141,200 | - | 141,200 | 207,100 |  | 208,500 | 190,000 | 29,400 | 220,300 | 539,200 | 31,100 | 570,300 |

1. Central Statistics Office. Population and Migration Estimates April 2009 <http://www.cso.ie> accessed 17 August 2010 [↑](#footnote-ref-1)
2. Office for National Statistics. <http://www.statistics.gov.uk/pdfdir/pop0610.pdf> accessed 17 August 2010 [↑](#footnote-ref-2)
3. General Register Office for Scotland. <http://www.statistics.gov.uk/pdfdir/pop0610.pdf> accessed 17 August 2010 [↑](#footnote-ref-3)
4. Statistics Netherlands. Centraal Bureau voor de Statistiek <http://statline.cbs.nl/StatWeb/publication/?DM=SLEN&PA=37296eng&D1=0-51,56-68&D2=56&LA=EN&VW=T> accessed 17 August 2010 [↑](#footnote-ref-4)
5. Statistics Norway. <http://www.ssb.no/folkber_en/tab-2009-12-17-01-en.html> accessed 17 August 2010 [↑](#footnote-ref-5)
6. Bureau of Statistics. Australian Demographic Statistics (cat. no 3101.0) <http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/4B3D2204865A8CCCCA25772900202261/$File/13672do002_201003.xls> accessed, 17 August 2010 [↑](#footnote-ref-6)
7. Statistics New Zealand. <http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/NationalPopulationEstimates_HOTPJun09qtr.aspx> accessed 17 August 2010 [↑](#footnote-ref-7)
8. The population in 2010 is 4,372,000, which is broadly similar to Ireland's population. [↑](#footnote-ref-8)
9. Only limited headline statistics from the 2006 Disability Survey were available as this report was being concluded. Table 10 in appendix 3 contains figures for adults by disability type and place of residence. [↑](#footnote-ref-9)
10. Ministry of Health, 2004, Living with a Disability in New Zealand: A descriptive analysis of results from the 2001 Household Disability Survey and the 2001 Disability Survey of

    Residential Facilities <http://www.moh.govt.nz/moh.nsf/0/8FD2A69286CD6715CC256F33007AADE4/$File/livingwithdisability.pdf>

    While a 2006 disability survey has been conducted only some limited headline statistics are available at present. If individuals reported more than one disability type, they were counted in each applicable disability group. [↑](#footnote-ref-10)
11. 2001 figures based on Statistics New Zealand, Disability Survey 2001; 2006 figures based on Statistics New Zealand, Disability Survey 2006 <http://www.stats.govt.nz/methods_and_services/tablebuilder/disability-survey-tables.aspx> Children with more than one disability included under all appropriate disability type categories. [↑](#footnote-ref-11)
12. <http://www.supportoptions.co.nz/default.aspx> (information correct as of 4 August 2009) [↑](#footnote-ref-12)
13. Until the 1990s disability support services were funded by Ministry of Social Development but were transferred to Ministry of Health as a "capped and ringfenced budget" as part of the reforms of health and disability services in the 1990s under the Health and Disability Services Act (1993) [↑](#footnote-ref-13)
14. Key Informant details are included in appendix 1 [↑](#footnote-ref-14)
15. Social Services Committee, New Zealand Parliament, 2008, Inquiry into the quality of care and service provision for people with disabilities <http://www.parliament.nz/NR/rdonlyres/06259D2F-780B-40A0-9170-005C8C046E72/93089/DBSCH_SCR_4194_6219.pdf> [↑](#footnote-ref-15)
16. Up until 2002/2003 services for those under and over 65s with a disability were funded directly by the Minister for Health. [↑](#footnote-ref-16)
17. From 2003/2004 onwards funding for services for people with disabilities over 65 was devolved to District Health Board level [↑](#footnote-ref-17)
18. Ministry of Health, 2002, Disability Support Services Increasing participation and independence: <http://www.moh.govt.nz/moh.nsf/82f4780aa066f8d7cc2570bb006b5d4d/75f5a04fb626a985cc256c240079150d/$FILE/DisabilitySupportServices.pdf> [↑](#footnote-ref-18)
19. Information supplied by the New Zealand Ministry of Health [↑](#footnote-ref-19)
20. Ministry of Health, 2006, The Annual Report 2005/06 including The Health and Independence Report: <http://www.moh.govt.nz/moh.nsf/indexmh/annual-report-0506> [↑](#footnote-ref-20)
21. Ministry of Health, 1998, Disability Support Services Strategic Work Programme: Building on the New Deal; <http://www.moh.govt.nz/moh.nsf/Files/Dss/$file/Dss.pdf> [↑](#footnote-ref-21)
22. ACC is Crown entity (statutory organisation) which provides for accident compensation for all new Zealanders and visitors on a *no fault* basis. ACC is funded by levies on employees' income, business payrolls, duties on fuel and vehicle licensing. It compensates 1.7 million people a year, 90% of who claim relating to minor accidents. Approximately 10% are compensated for their ongoing needs resulting from their injury. Source: Accident Compensation Corporation, 2006, Strategic Plan 2007 - 2012. [↑](#footnote-ref-22)
23. <http://www.hdc.org.nz/aboutus> [↑](#footnote-ref-23)
24. The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996: <http://www.hdc.org.nz/theact/theact-thecodedetail> [↑](#footnote-ref-24)
25. Bonardi, A, 2009, The Balance between Choice and Control: Risk Management in New Zealand Intellectual Disability Services; <http://www.fulbright.org.nz/voices/axford/docs/axford2009_bonardi.pdf> [↑](#footnote-ref-25)
26. Ministry of Health / University of Auckland, 2004, Disability Support Service In New Zealand: The Service User Survey. <http://www.moh.govt.nz/moh.nsf/0/69A15ED7BE0F32FCCC256F6C000836FC/$File/dss-serviceusersurvey-largefont.pdf>

    **Please note** that in the table 5 above that the category "Community Residential" refers to community group homes. These are the group homes for adults with intellectual disability. Also of interest in table 5 are the number of people under 65 living in hospitals and rest homes (nursing homes). This category of residential support recipients are discussed further below. [↑](#footnote-ref-26)
27. Ministry of Health / University of Auckland, 2004, ibid

    **Please note** this table is based on an analysis of Ministry of Health admin data (invoices received) for one month (June 2004). It therefore may not accurately represent annual figures. In particular the Ministry of Health has pointed out that the 0.9% of services users accessing respite services appears to be skewed. Please see section below on Respite Care for figures for respite services users from Disability Survey 2001 [↑](#footnote-ref-27)
28. Ministry of Health, 2004, The Health and Independence Report 2004 Director-General of Health’s annual report on the state of public health; <http://www.moh.govt.nz/moh.nsf/0/65461551FA649C5CCC256F6B00782B1B/$File/healthandindependence2004.pdf> [↑](#footnote-ref-28)
29. National Health Committee 2003, To Have an Ordinary Life; http://www.nhc.health.govt.nz/moh.nsf/indexcm/nhc-ordinary-life and Report of the Social Services Committee, 2008, Inquiry into the quality of care and service provision for people with disabilities; <http://www.parliament.nz/NR/rdonlyres/06259D2F-780B-40A0-9170-005C8C046E72/93089/DBSCH_SCR_4194_6219.pdf> [↑](#footnote-ref-29)
30. Government of New Zealand, 2009, Government Response to Report of the Social Services Select Committee on its Inquiry into the Quality of Care and Services Provision for People with Disabilities; <http://www.parliament.nz/NR/rdonlyres/8A7D9F6E-E272-41E4-BB27-63A3C4557F07/99832/DBHOH_PAP_17698_6462.pdf> [↑](#footnote-ref-30)
31. World Health Organisation, 2004, Contracting for Health Services lessons From New Zealand; <http://www.wpro.who.int/NR/rdonlyres/B7DB4D58-7E19-4884-BD63-6F90D2DC1C47/0/Contracting_for_health.pdf> [↑](#footnote-ref-31)
32. Ministry of Health / University of Auckland, 2004, ibid [↑](#footnote-ref-32)
33. Centre for Housing Research, Aotearoa New Zealand (CHRANZ), 2005, Housing Choices for Disabled New Zealanders; <http://www.chranz.co.nz/pdfs/housing-choices-for-disabled-new-zealanders.pdf> [↑](#footnote-ref-33)
34. Ministry of Health, 2006, Needs Assessment and Service Coordination: Service Specification <http://www.moh.govt.nz/moh.nsf/pagesmh/5238/$File/disability-service-spec-nasc.doc> [↑](#footnote-ref-34)
35. Ministry of Health, 2002. Support Needs Assessment and Service Coordination: Policy, Procedure and Information Reporting Guidelines. [↑](#footnote-ref-35)
36. Bray, A (New Zealand Guidelines Group) 2002, Review of Policy Developments in Needs assessment and Service Coordination

    <http://www.nzgg.org.nz/guidelines/0030/Brays_report.pdf> [↑](#footnote-ref-36)
37. Ministry of Health, 2004, Living with Disability in New Zealand, <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/61758c73aa8ade8fcc256f320005800d?OpenDocument#everdayactivities> [↑](#footnote-ref-37)
38. Ministry of Health / University of Auckland, 2004, ibid [↑](#footnote-ref-38)
39. Ministry of Health, 2007, Home and Community Support Services (HCSS) Service Specification <http://www.moh.govt.nz/moh.nsf/Files/disability-servicespecs/$file/HCSS.pdf> [↑](#footnote-ref-39)
40. Ministry of Health, 2008, Service Specification: Home-based Support Services; <http://www.moh.govt.nz/moh.nsf/Files/disability-servicespecs/$file/HCSS.pdf> [↑](#footnote-ref-40)
41. Ministry of Health, 2004, Living with Disability in New Zealand

    <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/61758c73aa8ade8fcc256f320005800d?OpenDocument#respitecare> [↑](#footnote-ref-41)
42. Ministry of Health, 2004, Living with Disability in New Zealand

    <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/61758c73aa8ade8fcc256f320005800d?OpenDocument#respitecare> [↑](#footnote-ref-42)
43. Ministry of Health, disability support Factsheet: Respite Support

    <http://www.moh.govt.nz/moh.nsf/pagesmh/5241/$File/respite-factsheet-apr09.pdf> [↑](#footnote-ref-43)
44. Ministry of Health, Out of Family Respite Service Specification <http://www.moh.govt.nz/moh.nsf/pagesmh/5238/$File/disability-service-spec-out-of-family-respite-tier1.doc> [↑](#footnote-ref-44)
45. Ministry of Health, disability support Factsheet: Carer Support; <http://www.moh.govt.nz/moh.nsf/pagesmh/5241/$File/carer-support-factsheet-apr09.pdf> [↑](#footnote-ref-45)
46. Ministry of Health, 2004, Living with Disability in New Zealand, <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/61758c73aa8ade8fcc256f320005800d?OpenDocument#everdayactivities> [↑](#footnote-ref-46)
47. # Ministry of Education, The Ongoing and Reviewable Resourcing Schemes; <http://www.minedu.govt.nz/~/media/MinEdu/Files/RTF/EducationSectors/SpecialEducation/ORRS.rtfORRS> is for children with intellectual, mobility or sensory high supports needs.

    [↑](#footnote-ref-47)
48. It should be noted that key informants stated that children under 18 with a disability or health condition were assigned to a paediatrician who coordinated their service provision and that health outcomes for people under 18 with disabilities in new Zealand were good. [↑](#footnote-ref-48)
49. Ministry of Education, Early Intervention Services and Support

    <http://www.minedu.govt.nz/Parents/YourChild/SupportForYourChild/ExtraSupport/EarlyInterventionServicesAndSupport.aspx> [↑](#footnote-ref-49)
50. Ruth Dyson, Minister for Disability Issues Getting Started on the Continuum of Care, 2002 <http://www.beehive.govt.nz/node/15851> [↑](#footnote-ref-50)
51. Ministry of Health, 2005, National Travel Assistance Policy, <http://www.moh.govt.nz/moh.nsf/fefd9e667cc713e9cc257011000678d8/189d9dcee0fa227fcc25705a001a2d18?OpenDocument> [↑](#footnote-ref-51)
52. Ministry of Transport, 2008, New Zealand Transport Strategy 2008. It should be noted that complaints by people with disabilities regarding the accessibility of public transport to the Human Rights Commission (HRC) resulted in that body holding an enquiry and recommending policy, legislative and funding changes. The HRC will review progress on its recommendation in 2010. Human rights Commission , 2005, The Accessible Journey: Report of the Inquiry into Accessible Public Land Transport, <http://www.hrc.co.nz/report2/index.html> [↑](#footnote-ref-52)
53. Ministry of Transport, 2005, Total Mobility Scheme Review; <http://www.transport.govt.nz/ourwork/Documents/total-mobility2.pdf> [↑](#footnote-ref-53)
54. Ruth Dyson, 2007, Disabled people to receive equal employment rights <http://www.beehive.govt.nz/node/28729> [↑](#footnote-ref-54)
55. 83m NZD = € 46.2m on the 18 August 2010 [↑](#footnote-ref-55)
56. Ministry of Social Development and Employment, 2007 2006/07 Non-Departmental Output Expense Report on selected services purchased through Vote Social Development

    <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/ndoc/msd-ndoe-2006-2007.pdf> [↑](#footnote-ref-56)
57. Ruth Dyson, 2008, Day service funding change to benefit disabled people <http://www.beehive.govt.nz/release/day+service+funding+change+benefit+disabled+people> [↑](#footnote-ref-57)
58. Ministry of Health, 2004, Living with a Disability in New Zealand: A descriptive analysis of results from the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities [↑](#footnote-ref-58)
59. Ministry of Social Development, 2008, Pathways to Inclusion Strategy Evaluation:   
    Final Evaluation Report

    <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/pathways-inclusion/pathways-inclusion.doc> [↑](#footnote-ref-59)
60. Ruth Dyson, 2007, Disabled people to receive equal employment rights <http://www.beehive.govt.nz/node/28729> [↑](#footnote-ref-60)
61. For example the supported employment umbrella body ASENZ lists eight supported employment agencies for people with disabilities in Dunedin, which has a population of 122000 [↑](#footnote-ref-61)
62. ASENZ (Association of Supported Employment New Zealand), 2004, Member Survey shows that agencies contract with MoSD on a price per outcome basis, which was $NZ 3,252 in 2004 on average. <http://www.asenz.org.nz/resources/MemberSurveyResult.doc> [↑](#footnote-ref-62)
63. <http://www.incharge.org.nz> [↑](#footnote-ref-63)
64. Bonardi, 2009, The Balance between Choice and Control: Risk Management in New Zealand Intellectual Disability Services [↑](#footnote-ref-64)
65. Ministry of Health, 2009, Ministry of Health’s Statement of Intent 2009–2012 <http://www.moh.govt.nz/moh.nsf/indexmh/soi0912> [↑](#footnote-ref-65)
66. Ministry of Health, 2010, Individualized Funding Service Specification <http://www.moh.govt.nz/moh.nsf/Files/disability/$file/ifa-v1.5-service-specs-reporting-templates-jun10.pdf> [↑](#footnote-ref-66)
67. <http://www.supportoptions.co.nz/support/service.aspx?id=300> [↑](#footnote-ref-67)
68. Bonardi, 2009, The Balance between Choice and Control: Risk Management in New Zealand Intellectual Disability Services [↑](#footnote-ref-68)
69. Ministerial Committee on Disability Issues, 2009, Local Area Coordination. [↑](#footnote-ref-69)
70. Ministry of Health, Eligibility for Publicly Funded Health and Disability Services (page updated 4th of march 2009) <http://www.moh.govt.nz/eligibility> [↑](#footnote-ref-70)
71. Ministry of Health, 2004 Living with a Disability in New Zealand <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/61758c73aa8ade8fcc256f320005800d?OpenDocument> [↑](#footnote-ref-71)
72. Ministry of Health, 2002, Disability Support Services Increasing participation and independence <http://www.moh.govt.nz/moh.nsf/82f4780aa066f8d7cc2570bb006b5d4d/75f5a04fb626a985cc256c240079150d/$FILE/DisabilitySupportServices.pdf> [↑](#footnote-ref-72)
73. Information for table supplied by Ministry of Health based on Disability Survey 2006 figures. [↑](#footnote-ref-73)
74. Bonardi , 2009, ibid [↑](#footnote-ref-74)
75. Ministry of Health / University of Auckland, 2004, ibid [↑](#footnote-ref-75)
76. Ministry of Health, 2006, SERVICE SPECIFICATION v1.1 DSS Needs Assessment and Service Co-ordination, including Discretionary Funding; <http://www.moh.govt.nz/moh.nsf/pagesmh/5238/$File/disability-service-spec-nasc.doc> [↑](#footnote-ref-76)
77. National Health Committee 2003, To Have an Ordinary Life; <http://www.nhc.health.govt.nz/moh.nsf/indexcm/nhc-ordinary-life> [↑](#footnote-ref-77)
78. For more information see: <http://www.moh.govt.nz/moh.nsf/indexmh/disability-keyprojects-consumerconsortium> [↑](#footnote-ref-78)
79. Ministry for Health, 2009, Consumer Forums Report. <http://www.moh.govt.nz/moh.nsf/pagesmh/5244/$File/forums-summary-09+Final.pdf> [↑](#footnote-ref-79)
80. As acknowledged in the National Health Committee's To Have an Ordinary Life report which found that life in group homes was "custodial". [↑](#footnote-ref-80)
81. "Rest homes are defined at:

    <http://www.everybody.co.nz/page-0cf9b494-cf93-4ee1-8db8-aa3b2e527fbd.aspx>

    as follows:

    * **Rest homes Rest homes** care for older people who cannot manage at home. They allow some independence and privacy in home-like surroundings. Access in and around the facility is geared towards people who have difficulty with mobility, e.g., the person may need to use a walking frame. Rest homes have some mild to moderately dependent residents who may need help with things like dressing and showering, as well as some who need a lot of help and probably also night care. Most residents are women and are aged over 75 years. Rest homes have some registered nurse hours and at least one care staff member on duty at all times.
    * **Specialist dementia rest homes** A person with dementia may not require care in a specialist dementia rest home. Rest home, dementia rest home or hospital care may be recommended. In specialist dementia rest homes, assessment by a psycho-geriatrician is required and dependency is usually high. Residents have advanced Alzheimer's disease or age-related dementia. They will usually be mobile but have challenging behaviour that requires specialist care in a secure and safe environment. Dementia rest homes provide higher staffing levels to ensure close monitoring, and enclosed garden areas with restricted access to the street for those with persistent wandering."

    [↑](#footnote-ref-81)
82. (these may be undertaken as part of ongoing, routine monitoring processes or in response to a particular complaint) [↑](#footnote-ref-82)
83. Source: Ministry of Health, 2002, Disability Support Services Increasing participation and independence. <http://www.moh.govt.nz/moh.nsf/f872666357c511eb4c25666d000c8888/75f5a04fb626a985cc256c240079150d/$FILE/Disability%20Support%20Services.doc>

    Please note that although the table is based on the above details have been updated as appropriate. [↑](#footnote-ref-83)
84. Statistics new Zealand, Disability Survey 2006, <http://www.stats.govt.nz/methods_and_services/tablebuilder/disability-survey-tables.aspx>

    Please note: Only some headline statistics from the 2006 survey were available as this report was being concluded. [↑](#footnote-ref-84)