



# ENVIRONMENTAL SUPPORT SERVICES REVIEW AND FRAMEWORK PLAN

Summary Report: August 2005

A report commissioned by the Ministry of Health and  
undertaken by the DRC Auckland.

Environmental Support Services Review and Framework Plan: A Summary  
Report by the DRC, Auckland

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## 2. EXECUTIVE SUMMARY

### 2.1 PURPOSE

This document summarises the findings from the review of Environmental Support Services (ESS) funded by the Ministry of Health (MOH) in New Zealand. The intention of this report is to provide a synopsis of how the review was carried out, highlight the key findings and provide a recommended future framework for Environmental Support Service provision. The future framework should ensure that there is a process for gaining equipment solutions that are disabled person centered, efficient and expert, as well as maximising funding in an equitable way.

### 2.2 CONTEXT

This report was developed with the input and/or leadership of disabled people, Maori, Pacific peoples, older persons, health professionals, families, carers, ESS providers, Non-Government organisations (NGOs) and Government Agencies. The Project arena was a hub and spoke model that had key population representatives in leadership roles. These leaders assisted in consultation with the various stakeholder groups in this review. The challenge was to collate the extensive amount of feedback and findings into a vision of a future framework that is congruent with the New Zealand Disability Strategy, but was still responsive to the fiscally restrained environment in which ESS operates.

### 2.3 FINDINGS

A summary of the findings from this review is outlined below in three key areas:

#### 2.3.1 Access to ESS

- All population groups throughout the review identified that information about ESS was lacking. This included a lack of information on how to access ESS, how to understand the different eligibility and prioritisation criteria, as well as the complexity of differing funding silos. In some instances, feedback appeared to relay people's perceptions of a given situation that may not parallel ESS policy in operation.
- Inequities in the access and eligibility criteria meant that some population groups' needs were not being met adequately. Specific information about particular population groups (i.e. Deaf and hearing impaired, older people, children and people in residential care etc) can be viewed in the relevant sections of the report.
- Waiting times on the ESS priority list were widely deemed as unacceptable by all population groups represented in this review. There was a widely held view that Level 2 and 3 prioritisation meant that an individual was unlikely to succeed in obtaining equipment.

- There were boundary issues between personal health and disability services that were problematic, particularly in the instance of an individual with a chronic medical illness that may result in a long-term impairment.

### **2.3.2 Systemic issues within ESS provision**

- There was regional inconsistency in the interpretation and implementation of ESS operational policy between the two ESS providers. In particular, disabled people appeared to be disadvantaged by the operation of two different vehicle-funding policies between the providers.
- The Accredited Equipment Assessor (AEA) Scheme lacked competency based standards on which to measure and accredit equipment assessors against. It was also reported that there were varying levels of assessor competency nationwide.
- Assessor training was found to be inconsistent and lacked a structured framework for specific accreditation areas.
- The Professional Standard Monitoring role (PSM) was not operating in the context that it was intended. Feedback indicated that this role was not funded, it was not recognised appropriately and lacked guidelines and procedures.
- For basic equipment (non-complex), there was little recognition of the expertise that disabled people held in knowing their own requirements. This, coupled with the lack of assessors with personal experience of disability, were raised as issues.
- The process for trialling equipment varied between regions and it appeared that the extended timeframes for trialling were impacting on suppliers, as well as disabled people.
- It appeared that the asset management re-cycling system for equipment could be enhanced with more comprehensive monitoring of stock. This would require co-operation of all ESS stakeholders.
- There were accredited equipment assessor workforce capacity issues for both Maori and Pacific peoples.
- Financial and statistical data provided by the MOH (in relation to ESS provision) varied between the two providers and it was apparent that there was no current robust forecasting method for future expenditure within the current ESS framework.
- Disabled people indicated that a complaints system was lacking (despite there being an ESS process for complaints). Either the current system was not understood, or was not being viewed as independent.
- Disabled people reported a lack of follow up in relation to the equipment provided and this was commonly raised as an issue within the current system. This could result in abandonment of equipment.

### **2.3.3 Strategic ESS issues**

- Expenditure is increasing annually on the provision of ESS for disabled people. The findings of this review indicate that this trend is not only within the Ministry of Health funding, but extends across other Government Agencies as well.
- The development of the current ESS framework has been ad-hoc. Short-term solutions have ended up being adopted as the long-term operational guidelines.
- The current funding model of ESS provision did not allow for long term forecasting of expenditure and was short-term driven, resulting in reactive fiscal constraint measures that were detrimental to disabled people.

- A dichotomy existed in the level of funding, service provision and equipment that a person under the MOH could access, compared with that of a person covered under the Accident Compensation Corporation.
- There appears to be a mal-alignment between the New Zealand Disability Strategy and the over-arching policy and available funding from the Ministry of Health. There was a perceived absence of a clear philosophical intent in relation to ESS services.
- Separation of equipment funding mechanisms (i.e. daily living equipment funded by MOH, vocational equipment funded by the Ministry of Social Development via Workbridge, educational equipment funded by the Ministry of Education) has fragmented a ‘holistic’ approach to meeting the needs of disabled people.

## 2.4 SUMMARY OF RECOMMENDATIONS

As per the scope of this project, a future framework for Environmental Support Services provision has been recommended to the MOH. This is detailed in Section 10 of this report as the ‘Longer Term Framework’ recommendation. However in recognizing that this may take some time to achieve and that some components could be initiated in isolation of other recommendations, a number of short to medium term recommendations have also been made. These are outlined fully in Section 9 of this report, but in summary are:

Short-medium term	Key theme of recommendation
Information	Enhance and increase accessibility of information about ESS through both DIAS (Disability Information and Advisory Service) providers and ESS providers. Information should be made available in Maori and Pacific Island languages.
Access and eligibility	Redefine accreditation/ registration areas within the ESS system. Develop eligibility criteria within each of these re-defined areas and implement the use of a weighting tool to determine urgency of applications. Alternatively, if the current criteria are retained, then inequities need to be addressed (see Section 9 for more specific recommendations relevant to population groups in this area).
Assessment	Establish a ‘Standards Body’ responsible for accreditation, monitoring and auditing of assessors. This Body would promote National consistency to achieve consistent, equitable assessment and training. Encourage the representation of Maori and Pacific peoples within the specialised assessor framework.
Service delivery	Establish an ‘Asset Management Agency’ for nationwide management of equipment (supported by regional stores). Invest in a system that evaluates the use and effectiveness of equipment. Expand the development and wider use of equipment assessment and trial service models (i.e. Outreach Services). For recommendations specific to population groups see Section 9 of this report.
Longer term	Key theme of recommendation
Inter-sectorial approach	Develop an integrated model of 5 Boards/ Bodies that work with a ‘whole of Government’ approach to facilitate the process by which disabled people acquire equipment or technology solutions. This includes: <ul style="list-style-type: none"> <li>• An Inter-sectorial Funding Board.</li> <li>• A Joint Purchasing Body.</li> </ul>

	<ul style="list-style-type: none"> <li>• A Service User Satisfaction Board.</li> <li>• A Standards Body.</li> <li>• An Asset Management Provider/ Agency.</li> </ul>
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### 3. BACKGROUND

Environmental Support Services (ESS) is the term used to describe the framework sustaining a range of services related to the provision of equipment, vehicle grants, vehicle and housing modifications and a range of artificial aids and appliances. For the purposes of this review, the scope of this Project was contained to:

- Equipment
- Hearing aids
- Spectacle subsidies
- Housing modifications
- Grants for vehicle purchase and modifications

Today, the legislative base for ESS is the New Zealand Public Health and Disability Act (NZPHD Act) 2000. Section 6 of the Act defines ‘disability support services’ as including goods and service facilities that are:

- (a) provided to people with disabilities for their care or support or to promote their inclusion and participation in society, and independence; or
- (b) provided for purposes related or incidental to the care or support or to promote their inclusion and participation in society, and independence’.

The NZPHD Act is broad, and like its predecessor (The Health and Disability Services Act 1993), is not specific about criteria in areas such as Disability Support Services (DSS). The New Zealand Disability Strategy (2001) more specifically demonstrates a commitment to inclusion and participation of disabled people.

Currently, two providers are contracted to nationally administer ESS funding. Enable New Zealand manages all areas south of Auckland (Bombay hills) and *accessible* manages the Auckland and Northland area. Having just the two providers assists with economies of scale in equipment purchasing and other efficiencies.

ESS operates under a capped budget that is established each year. The two providers administer this funding as directed by the MOH. Enable New Zealand and *accessible* are contracted to carefully manage this budget to ensure those people with the highest need receive ESS support within the available budget.

The expenditure on ESS has continually risen with a 7.39% increase in 2001/02, 16.76% in 2002/03 and 18.63% increase reported by 2003/04. ESS expenditure (on equipment, vehicle purchase, vehicle and housing modifications) in 2003/04 totaled \$42,461 million. Housing modifications was the highest area of expenditure accounting for 36.7%, followed

by wheelchairs and mobility equipment at 32.3%. On a typical day 264 applications for ESS will be made on behalf of disabled people.

To access ESS funding people must meet residential eligibility requirements, the MOH definition of a person with a disability and the eligibility criteria as defined in the specialised assessment area.

The range of Disability Support Services (including ESS) is defined in the annual MOH service coverage document. This is agreed between the Ministry and the Minister.

An assessment and completion of an application form is required to access ESS funding. Accredited equipment assessors perform this role. Prioritisation criteria were developed to manage the demand for ESS and avoid waiting lists that may place a person at risk if their needs were not met. This provided assessors with a guide by which they could identify those persons with the highest and most urgent needs and therefore ensure that their application is given priority to access available funds.

Whilst several people reported a positive experience and outcome from using Environmental Support Services, generally people had limited understanding of how the system actually works and what it covers.

## 4. APPROACH TO THE REVIEW

Given the importance of this review to all stakeholders, it was critical that a robust approach was used to determine the key issues within the current ESS system. The team conducting the review consisted of the following representatives: disabled people, Māori, Pacific people, older persons, carers and allied health representatives. The Project was conducted over an 11 month period, in the following stages:

- Phase One – development of a Project Scope (2 months).
- Phase Two – conducting the review of ESS services and forming a future framework (9 months).

Phase Two of the Project involved multiple methods of communication about the project and the data gathering of information about the current ESS framework and service model. The methodology included:

- Public notification about the Project – via regional and national newsletters and websites.
- Letters of introduction about the Project to identified stakeholders.
- Questionnaires – sent out to 15 different population groups ranging from disabled people through to disability support organisations and equipment suppliers.
- Feedback forums – 38 public feedback forums were held at various locations throughout New Zealand with more than 740 people attending.
- Visits and interviews – a wide range of organisations and some family/whanau were interviewed as part of the Project methodology.
- Visits and liaison with the two ESS providers (Enable New Zealand and *accessible*).
- Collection of personal stories from disabled people.
- Collection of written submissions from organisations in relation to ESS.

Early in Phase Two of the Project, two additional Project resources were added to the Project Team. This was in recognition of the complexities of the issues for two population groups in particular:

- 1) Deaf and Hearing impaired stakeholders.
- 2) District Health Board (DHB) stakeholders – Assessors and DHB Funding and Planning Managers.

Once information was gathered from the multiple sources, data analysis was undertaken. The analysis was both quantitative and qualitative in nature. Once key trends had been identified, ‘Think Tank’ sessions were held with a group of key informed people from specialist areas of the disability sector. This was done to assist with rationalising or moderating the findings. From these findings, key issues were identified that subsequently formed the basis for recommendations and the proposed future framework for ESS.

## KEY FINDINGS AND DISCUSSION

### 5. POPULATION GROUPS

#### 5.1 DISABLED PEOPLE

For disabled people, equipment and modifications make up one part of a sometimes delicate mix of human and non-human support. Timely access to appropriate equipment can significantly enhance people’s lifestyles and provide a cost-effective alternative to people relying on human support. The predominant outcome clearly desired by consumers and their family/whanau and expressed in the New Zealand Disability Strategy (NZDS), and supported by the Health of Older People Strategy (HOPS), is enhancing community participation. Embracing the vision of an accessible and inclusive society implies that such a philosophy ought to permeate the system by which equipment is accessed, ensuring that disabled people are not disadvantaged, but able to live fully integrated lives in the community.

In this context, feedback from disabled people was essential to understand how the current system impacts on their lives. Consultation and information gathering via feedback forums, a questionnaire and personal stories was carried out with disabled people throughout New Zealand, to ascertain how well the current ESS framework meets their needs and what needs improving. Whilst several people provided feedback in order to register their general satisfaction with the current ESS system or aspects of it, the majority of responses focused on areas of dissatisfaction and/or gaps in service delivery. The main issues identified by disabled people were as follows:

##### 5.1.1 Information

- A lack of accessible user information about ESS funding eligibility criteria was reported.

There was generally limited understanding of what Environmental Support Services (ESS) stands for and what is actually funded and delivered via this system. Accessing information about the range of equipment available and ESS eligibility criteria was identified as a problem for disabled people. Information was reported as not being readily available from an easily identifiable source, causing a “hit and miss” scenario where people may or may not discover its existence, depending on with whom they happen to come into contact with. Disabled people also reported a lack of clarity in information about different funding streams and which Government Agency was responsible for the provision of equipment.

### 5.1.2 Access and eligibility

- There was a perception that the current access and eligibility criteria do not deliver on the NZDS.

It was noted that there was limited and inequitable access to ESS funding based on the current eligibility criteria and prioritisation system. This resulted in disadvantages for some population groups. Specifically, the criterion *‘it is determined the equipment is essential to enable the person to: mobilise in and around the home, and undertake full time education and employment,* was reported to be of most concern.

- Disparity in levels of funding and service provision between ACC and MOH were continually reported.
- Regional variations resulting in inequitable access to funding and services were noted.
- The use of income and asset testing in regards to applications for housing modifications was seen by some to be discriminatory. No increase in the threshold level for several years was the predominant factor for others.

### 5.1.3 Assessment

- Multiple assessments were of concern to disabled people combined with a lack of interagency collaboration.
- There was limited access to assessment services in some areas due to availability, continuity and competency of assessors. For some the lack of focus by assessors on a disabled person centred approach, poor customer service practice, the lack of awareness in relation to the impact of having a disability, and limited impairment specific knowledge were key concerns.

In regards to the assessment process, concerns centred on the length of time people waited for an assessment, and this appeared to be predominantly due to the availability of suitably accredited assessors within the area a person lived. Once people commenced the assessment process, it seemed for the most part that it was serving them relatively well. However, there were still pockets of poor practice reported where people felt devalued and railroaded into undesirable decisions.

#### 5.1.4 ESS Service Delivery

- Unacceptable waiting times to access both assessment and equipment provision (trial and receipt of equipment) services were a key concern.
- There was a perceived lack of an independent formal complaints system.

Waiting times were frequently reported as unacceptable, causing, at best, dissatisfaction and, at worst, wastage when equipment is purchased which is no longer suitable. Systematic inefficiencies and available workforce were perceived to be the main factors contributing to this situation. Generally people noted that regional variations in service and funding levels needed alignment and more regional consistency in staffing levels was required.

Disabled people appeared to feel disempowered by a complaints system that they perceived as insufficient and intimidating. This presents a risk of a cycle of poor quality being perpetuated without the existence of a service user feedback system for complaints or a systemic way of measuring client satisfaction.

#### 5.1.5 Equipment Processes

- Disabled people reported inefficient and ineffective trial equipment processes as well as an ad hoc process for follow up and review of changing needs.
- There was an absence of an equipment evaluation system to ascertain uptake, abandonment and efficacy of equipment use.
- Removal of equipment as a result of transitioning to a residential support service was a significant concern for some people.

Many people expressed their dissatisfaction with the equipment trial process and the current prioritisation of applications for funding, calling for changes to both these systems. In regards to the trial process, concerns typically centred on the time consuming processes involved with accessing trial equipment including the need to trial a certain number or range of “obviously unsuitable” or “partially set-up” equipment options. Long waits for trial equipment to become available, variable assessor knowledge and in some cases pressure from suppliers were also raised as issues. In relation to prioritisation of applications, many people considered that a system that distinguishes the difference between high and low priority only, would be preferable.

Respondents were unaware of any provision in the current ESS system to measure the usefulness of the equipment being supplied to disabled people. Several stories highlighted the non-use or abandonment of equipment, the lack of determining the efficacy of equipment assistance over personal assistance and the absence of any mechanism to collect and measure this data.

## 5.2 MĀORI

Māori are a growing population, currently making up 15% of the New Zealand population and predicted to make up 22% of the population in the next 45 years (Durie, 2003). Whilst according to Census 2001, Māori have the same rate of disability as non-Māori (1 in 5

people), more disabled Māori report unmet needs and less Māori use disability related equipment. Therefore it was important to establish the key issues for Māori within the current ESS system, and, look at how the future framework of ESS provision could be designed to engage Māori and encourage their participation.

The key findings for Māori in relation to the current ESS system were as follows:

### **5.2.1 Information**

- A lack of information (and appropriate delivery mechanisms) regarding ESS for Māori was noted, including the lack of information available in *Te Reo* Māori. Māori advised that they preferred face to face contact rather than electronic or website based information.
- It was noted that there was a cultural advisor for one of the ESS providers, which was acknowledged by disabled Māori as very positive.

### **5.2.2 Access and Eligibility**

- There was a lack of recognition in the ESS access and eligibility criteria of the voluntary work role that elders (Kaumatua) on a Marae undertook.
- Māori were less likely to complain about a service as they believed it could marginalise their access to services, particularly in more remote rural areas where service options were limited.

### **5.2.3 Assessment**

- There is a lack of Māori specialised assessors within the ESS assessor workforce. Findings in this review confirmed only 1.4% of Occupational Therapists were recorded as being of Māori ethnicity.
- There was a need for a better understanding of Māori concepts of disability and the model of wellness (Te Whare Tapa Wha) within the ESS system.
- Cultural values were not always reported as being considered in the ESS assessment process. Māori advised that specialised assessors do not necessarily need to be Māori, but that it would be beneficial for them to have a good understanding of Māori culture and values.

### **5.2.4 Service Delivery**

- There was concern that there was the lack of a complaints system in relation to ESS that Māori felt comfortable using and also the lack of knowledge of a formal feedback system.
- Māori felt that the current political environment was having an impact on service delivery with increased racial tensions causing a strain.

The summary of findings, to some extent, parallels those that were found when Enable New Zealand conducted a stocktake of ESS access and eligibility in 2003. In order to make services more accessible to Māori, enhanced information (about ESS) is required, as well as

more cultural competence within the ESS assessor network, Māori assessor workforce development and the establishment of best practice guidelines for service delivery to Māori.

## **5.3 PACIFIC PEOPLES**

Pacific peoples is the umbrella term that encompasses people from the nations of the South Pacific Region including Samoa, Cook Islands, Tonga, Tuvalu, Nuie, Tokelau or Fiji. They currently make up 6.5% of the total New Zealand population (NZ Census, 2001). One in seven Pacific people identify as having a disability. Most disabled Pacific people live in private households in the community (98%) with very few living in residential facilities. Because of Pacific peoples' family values and social structure, disabled Pacific people are more likely to remain living at home. This makes it particularly important to ensure Pacific people can access equipment to support them in their environment and is more congruent with their cultural requirements.

Feedback from Pacific people participating in the ESS review was mainly captured through Fono and a Pacific Community Leader. The key findings for Pacific people in relation to ESS were as follows:

### **5.3.1 Information**

- There was a lack of information about ESS for Pacific people and it was particularly noted that there was no information in any of the key Pacific Island languages. There was a general lack of awareness of how the ESS system worked and who to contact if you needed an assessment.

### **5.3.2 Assessment**

- Language barriers prevented an effective ESS assessment process and Pacific people were unaware that they were able to ask for an interpreter. Sometimes a Pacific person's needs were not understood by assessors which then resulted in equipment being recommended that was not suited to them.
- 0.4% of assessor respondents to the ESS Project review identified as being of Pacific ethnicity. This corresponded with the language barrier issues being raised by disabled Pacific peoples.

Information and language barriers during assessment were the two most critical issues identified for disabled Pacific people. The MOH has moved in a positive direction in the area of information with the engagement of a Pacific provider in South Auckland to disseminate disability information and advisory services for Pacific peoples. However, communication during assessments is still an issue and therefore solutions for the future framework were also centered around options for enhancing the assessment procedure and receipt of equipment services.

### 5.3.3 Equipment Process

- It was reported that once equipment was received, often Pacific people did not understand how to use the equipment. This was due to language barriers and lack of training. It was also apparent that the equipment re-cycling component of the ESS service was not understood.
- Although Pacific people were very grateful and appreciative of any assistance that they had received in relation to the provision of ESS, it was still evident that waiting times for equipment and housing modifications were too long. A number of examples of waiting times of 6 months to 1-year duration to receive equipment were given.

## 5.4. OLDER PEOPLE AND CARERS

Older people (over 65 years of age) currently make up 12% of the population, a demographic that is expected to rise to 26% of all New Zealanders by the year 2050 (Office for Senior Citizens, 2002). As the number of older people increases, increased funding will be required to provide the same level of service in the future. In line with the Government's NZ Positive Aging Strategy (April 2001) and the Health of Older People Strategy (April 2002) there is strong support for "Aging in Place" and the need to provide choice around community based home care options for older people so that they can continue to live in their own homes and communities as they grow older.

In July 2003 following two years of preparatory work, Government agreed that capability was now in place for District Health Boards (DHBs) to manage the funding and planning of disability support services for people aged 65 and over. This included some people between 50 and 64 years of age defined as "close in interest". Responsibility for the purchase and provision of services for disabled older people devolved to DHBs on 1 October 2003, however, this did **not** include ESS funding which remained centrally managed through the current ESS system.

Older people (over 65 years) represent a significant volume of the applications for ESS funding. The volume of applications by age group was requested from the ESS providers. Analysis of this data informs us that whilst 43% of ESS expenditure is on older people, they accounted for 73% (Enable New Zealand) and 66% (*accessible*) of applications during 2003/04.

The key findings for older people in relation to ESS were as follows:

### 5.4.1 DHBs

- DHBs were concerned that the delays in obtaining equipment for older people had a direct effect on discharge planning, essentially blocking hospital beds. This could also result in higher cost tertiary services needing to be provided.
- DHBs were also concerned about the continuum of care being effected when an older person was ready for discharge home and was not able to access (in a timely manner) the equipment that they need to live in the community independently.

## 5.4.2 Information

- Lack of information about the ESS system and the waiting times throughout the process of obtaining ESS were identified as issues. Information about alternative funding options for older people also appeared to be scarce.

## 5.4.3 Access and Eligibility

- It was reported that older people in residential care are disadvantaged by the access, eligibility and prioritisation criteria in the ESS system. This was particularly a concern in relation to the provision of wheelchairs for people in residential settings.
- Feedback was given that some residential care providers are declining older people access to their rest home if they consider the person may have complex equipment needs. There were varying levels of understanding as to what the access, eligibility and prioritisation of ESS for older people in residential care were. Adding complexity to this situation was the apparent varying contracts for care provision for older people (that then effected the interpretation of the inclusion and exclusion criteria).
- Older people felt that there were gaps in provision of ESS compared to younger people and that they were disadvantaged by their age due to the focus of the eligibility criteria being centred on whether a person is in employment or study. This influenced their access to equipment for mobility outside of the home, communication equipment and hearing aids.

## 5.4.4 Equipment Process

- Concern was raised about the lack of installation (particularly in relation to handrails) and training once equipment had been issued. This could result in the equipment not being used and contribute to equipment abandonment.
- There appeared to be poor uptake of the re-cycling of equipment from residential settings.

Another factor that was identified as having the ability to impact on older people was the recruitment and retention issues of support workers in the health and disability sector. Future shortages of staff delineate the amount of support that a residential provider may be able to provide and this could impact on ESS by increasing the demand for independence through equipment provision.

## 5.5 DISABLED CHILDREN AND THEIR PARENTS

Throughout New Zealand specialised equipment, home modifications, and vehicle purchase and adaptations for disabled children can be accessed and funded from a number of sources. Factors such as age, disability type, disability severity, and purpose of the equipment/modifications determine whether a child is eligible for funding from a particular source. Each funding body has their own assessment and application process, funding capacities, and roles and responsibilities.

The Ministry of Education (MOE) (Assistive Equipment Guidelines, 2002) describes the roles and responsibilities for funding as:

- MOE funds equipment that removes barriers to learning.
- MOH funds equipment that ensures safety and security and is for whole of life use.
- ACC funds equipment that supports rehabilitation.

The key findings for disabled children and their parents in relation to ESS were as follows:

### **5.5.1 Access and Eligibility**

- Current ESS eligibility criteria and prioritisation was considered inhibitive for some groups of children. This was reported as being most problematic for children with personal health conditions, where there was an unclear diagnosis, Autistic Spectrum Disorders, oncology/palliative care and pre-school age deaf children in relation to some equipment.
- The current gaps for disabled children included mobility outside of the home and equipment for accessing the community, hoists and modifications to family vehicles and multiple pieces of equipment for different environments (i.e. school and home, split caring situations). Housing modifications for changes in accommodation throughout the lifetime, for therapy and for 24-hour positioning and equipment for children and youth which enables independence with household tasks, education or employment other than full-time were also identified as issues. Finally, equipment or modifications for 'future' needs i.e. which prepares a young person for future employment, education or independent living were also reported as problematic.
- Eligibility criteria and prioritisation were reported to be difficult to apply to children (particularly those with sensory needs), and didn't necessarily take into account the needs of the family.

### **5.5.2 Assessment**

- There was a reported lack of training and opportunities for assessors to develop competency and skill in assessment and provision of complex equipment and housing modifications.
- Families and assessors reported confusion regarding the different funding processes for school-aged disabled children, which can be further complicated by large numbers of people involved in ensuring a child's needs are met.

### **5.5.3 Equipment Process**

- Delays in receiving equipment, modifications and repairs was seen to have a significant impact on a child's current and future functioning, health, comfort, learning and self esteem, and resulted in the full use or 'life' of the equipment not being realised. Delays were reported to be due to a number of factors including the complexity of some applications and ordering of equipment from overseas.

The current ESS framework goes some way to providing equipment and home modifications for children with disability. However, disabled children often have complex and individual needs, varied social situations and circumstances, and multiple contexts and support networks to be considered. If ESS is committed to supporting children and youth to lead full and active lives, while recognising the importance of family, friends and school, and facilitating participation in the community, a number of areas should be considered for improvement. In particular, access and eligibility criteria and timely provision of equipment and modifications.

## **5.6 SENSORY IMPAIRMENT**

A *Stocktake of Access and Eligibility criteria* (MOH, 2003) noted that the area of sensory disability has historically had the most limited access to ESS funding. The Project Team sought to examine how the current ESS system is meeting the needs of:

- A) Deaf and hearing impaired people.
- B) Blind and vision impaired people.
- C) Deafblind people.

The key findings are presented in each of the following population groups.

### **5.6 (A) DEAF AND HEARING IMPAIRED PEOPLE**

Between 8% - 10% of the total New Zealand population report a hearing loss of some degree, including people in residential care. A key requirement of the Project Scope stated “*Hearing aids will be a priority in this Project*”. The ESS Project Team carried out additional consultation with Deaf and hearing impaired stakeholders due to this priority. The following is a synopsis of the wider issues relating to Deaf and hearing impaired peoples’ access to equipment. There was remarkable consistency with the issues presented by Deaf and hearing impaired people, accredited assessors and providers. In particular, people expressed concern about:

#### **5.6(A).1 Access and Eligibility**

- Hearing loss not being regarded as a significant disability by Government and society (as it is invisible). Deaf and hearing impaired people appeared to have inequitable access to equipment and other support services compared with other disability groups.
- The current funding available for equipment for Deaf and hearing impaired people was reported as inadequate, fragmented and too complex.
- The current eligibility criteria and prioritisation process was reported as inappropriate for Deaf and hearing impaired people, and needs to be extended to provide equitable access.
- Deaf and hearing impaired people desired access to equipment to meet all of their support needs, not just for education and work. This would include having access to funding for assistive listening devices and alerting devices for the home.

- The issue of the funding of hearing aids was consistently reported as a key concern. Many people who were not eligible for funding of hearing aids reported not being able to pay for them themselves.
- Older and disabled people not currently in employment saw themselves as excluded from ESS funding under the current criteria.

### **5.6(A).2 Service Delivery**

- There were significant workforce issues in relation to Audiologists identified. Public Audiological services in many areas were reported as being inaccessible for adults and older people.
- Deaf and hearing impaired people perceived access to ESS funding as fragmented and identified a need for a holistic and co-ordinated service based on providing a continuum of support to cover the whole of life.
- The quality and range of equipment provided within the ESS system was reported to be of concern to Deaf and hearing impaired people.

### **5.6(A).3 Respondents suggestions for improvement**

Whilst there was consistency in the issues raised, the suggestions from respondents on how these issues could be addressed were not necessarily consistent. For example:

- Whether the public sector funding for equipment should be based on an approach of full entitlement, or, whether a targeted approach should be undertaken was a point of debate. A targeted approach would be based on providing a differing level of funding assistance that takes into account an individual's need and ability to pay (e.g. using the community services card as a financial eligibility criteria).
- How should Government fund hearing aids in the future? Options suggested included increasing the Hearing Aid Subsidy to meet the cost of reasonable quality hearing aids, or, the existing funding available for hearing aids is merged (the ESS and Hearing Aid Subsidy). Other suggestions included Workbridge being able to fund hearing aids for people in the workplace, and the extension of the Children's Hearing Aid Fund age criteria to include whole of life for people born Deaf/hearing impaired.
- Whether Government should take steps to implement a 'Preferred Suppliers' approach to the purchase of hearing aids.
- Whether Audiologists (who are full members of NZAS) continue to be the only accredited assessors for hearing aids, or whether this should be extended to include other professionals, i.e. fully qualified Audiometrists. This was raised in response to the shortage of Audiologists in the public sector, which is effecting service coverage.
- How to best address the current situation where people are exited from the Children's Hearing Aid Fund, but not referred to another agency. Various suggestions made included referring people to the Hearing Therapy Service for future support and monitoring, and removing the age barrier to the Children's Hearing Aid Fund (i.e. that it funds hearing aids for whole of life for people who are born with a hearing loss).
- The issue of how to address the current fragmentation of services for Deaf and hearing impaired people was raised. A suggestion was made by Deaf and hearing impaired

people that a 'one stop shop' be developed to provide information, assessment and support.

- A further issue raised was which group of professionals would be the most appropriate to assess for assistive listening equipment for Deaf and hearing impaired people? At present the Deaf Association is contracted to provide this service for Deaf people. It was suggested that accrediting Hearing Therapists to assess equipment for hearing impaired people be considered.

In general, people spoke highly about the available services for Deaf and hearing impaired children, in particular the Children's Hearing Aid Fund. However, there was particular concern at the availability and quality of services for adults and older people.

## **5.6 (B) BLIND AND VISION IMPAIRED PEOPLE**

The *2001 NZ Disability Survey* estimated that 82,300 (69,300 adults and 13,000 children) people have a seeing disability in New Zealand. Approximately 7,800 of these adults are totally blind. In order to determine an eligible population of people with a seeing or vision impairment, ESS has established eligibility criteria to ensure those people with the most significant visual impairment are targeted for funding. To access ESS funding for 'vision' equipment a person, in addition to meeting the generic ESS eligibility criteria, is required to be registered with the Royal New Zealand Foundation of the Blind (RNZFB). In 2003/04, ESS expenditure on vision equipment accounted for 0.2% of total expenditure.

The key findings for blind and vision impaired people in relation to the current ESS system were as follows:

### **5.6(B).1 Access and eligibility**

- The criteria requiring registration with RNZFB to access ESS funding for vision equipment was deemed as restrictive and not conducive to ease of access. It was also seen to exclude a large group of people needing to access low vision aids. The feedback noted that people with uncorrected or under-corrected low vision are more likely to fall, need residential care, have low enjoyment of life and suffer depression.
- The current focus of ESS eligibility criteria was seen as not meeting the needs of people who live with blindness or vision impairment that is not going to be cured, who are senior citizens, or who can only undertake part time employment or education.
- The current gaps for people with vision impairment include assistive technology for people with vision impairment for home/social use only, and for mobility outside of the home. The criteria were not seen to promote the independence and safety of blind people, vision-impaired and Deafblind New Zealanders. In particular there was concern that funding is available to assist people at home, but not when mobilising in the community.
- The current criteria excludes access to adaptive communications technology (which is essential for information access, communication and safety) for most blind, vision-impaired and Deafblind New Zealanders.
- The prioritisation process was of particular concern to many people. The current prioritisation system for ESS funding is heavily based on physical safety and as such

many people with sensory impairment reported their applications being categorised as Priority 2. Issues for people on the Priority 2 list, include the lack of feedback and/or information as to when the application is likely to be funded. This was reported to promote uncertainty with a person feeling unable to make informed decisions on how best to address their equipment needs, or to progress on with their goals. The frustration in relation to this delay was seen to be compounded by not having standards around wait-times, and a poor communication process between the ESS providers, the assessor, and the vision impaired person.

- The Children's Spectacles Subsidy age restriction was reported to be of concern. Even though this has recently been raised from six years to eight years, it was noted that vision problems do not suddenly resolve at the age of eight years, and that the age criteria be increased to cover children whilst at school. This would make it consistent with the age criteria of the Children's Hearing Aid Subsidy.

### **5.6(B).2 Service Delivery**

- People expressed concern at the number of differing funding and supply agencies (ACC, Workbridge, ESS providers and the Ministry of Education), the variation in criteria, and standard of assessment that currently exists. Inconsistency between the ESS providers' criteria and procedures was seen to create inequitable access for blind and vision impaired people across the country (based on where you live). Some respondents called for the establishment of a single funding and equipment supply agency with assessors more aware of the needs of the vision impaired.
- The current criteria was reported as not taking into account that a person's needs cover the whole of their life and maybe ongoing. This made the transitions through various life stages (e.g. from education to employment) difficult. It was felt that there was a lack of coordination between education and health funding for blind and vision impaired people.
- ESS funds prescribed spectacles for an individual when the corrected vision is still within the registration criteria of the RNZFB. There are a limited number of optometrists who are accredited assessors for ESS and as such this restricts access to assessment. Travel difficulties and the associated costs (especially in rural places and smaller towns not served by easily accessible public transport or Total Mobility funding for taxi travel) were reported as a barrier to making an application for spectacles.

### **5.6 (C) DEAFBLIND PEOPLE**

Deafblind people comprise a small number of people in New Zealand, but this group has very high and specific needs that are not catered for within the existing ESS framework. The MOH acknowledges the unique disability support needs of this population in the following statement:

*The Deaf blind population has unique support needs, which are quite distinct from people who are Deaf or blind. The Ministry has been putting effort into ensuring that the needs of Deafblind people are properly assessed, and mainstream services understand how to more appropriately support the needs of this group. The Ministry is committed to further work in this area (DSS, MOH, 2002)*

The key findings for Deaf blind people in relation to ESS were as follows:

### 5.6(C).1 Access and eligibility

- The current ESS eligibility criteria do not recognise the special and specific needs of Deafblind people. To access funding from ESS Deafblind people need to approach differing accredited assessors (i.e. RNZFB accredited assessors, and Audiologists) to access ESS funding.
- The ESS eligibility criteria was deemed to be strongly vocational and employment focused, and on the needs of visually impaired people within their own home. Very few Deafblind people meet the current ESS eligibility criteria for funding for equipment, as they are often not in employment (due to being unemployed or aged).
- Deafblind people have a particularly high need for often complex technology including mobility aids in order to access the community, and adaptive communication technology in order to be able to carry out basic communication functions and to access information. The current ESS criteria excludes the vast majority of Deafblind people from being able to access funding for this technology.

## 6. ACCESS

### 6.1 ACCREDITED EQUIPMENT ASSESSOR SCHEME

The Accredited Equipment Assessor (AEA) scheme was developed by the Department of Social Welfare in the early 1990s as a method of ensuring that applications under section 15 of the DPCW Act were appropriate and met set standards. An assessment can only be completed by a person registered with the AEA scheme. Currently there are approximately 2270 accredited equipment assessors, also referred to as specialised assessors, in New Zealand.

The AEA scheme is defined by 13 accredited equipment areas and two areas of registration (Housing and Vehicle). The areas of accreditation refer to the types of equipment that the specialised assessor has the skills to prescribe, and as such a specialised assessor can not prescribe items of equipment for which they do not hold the correct accreditation. Each assessor has a Professional Standards Monitor (PSM) for each prescribing area they are accredited in.

Every application for ESS funding has an assessment component. Assessors constitute a large stakeholder group within the ESS framework. Feedback was sought via use of a questionnaire distributed via the AEA scheme database and assessor specific forums held in three main centres. Assessors employed in District Health Boards (DHB) make up 60% of the AEA scheme database, and as such, additional consultation with DHB assessment teams was undertaken. The key findings are as follows:

### 6.1.1 Standards and Competency

The main concerns leveled at the current AEA scheme centred on the lack of competency based standards to measure and accredit equipment assessors against. As a result of this there were considered to be varying levels of competency in ESS assessment nationwide. The lack of clarity and “teeth” regarding the PSM role was seen to contribute to this situation. Other findings included:

- There are limited standards and measures for determining whether an assessor is competent in the different accreditation areas, and there are often limited appropriate courses and opportunities to gain or extend competency. The current system was seen as little more than a paper exercise where application was tantamount to accreditation in most areas. One exception to this are accredited assessors for hearing aids. An assessor must be a full member of the NZ Audiological Society (NZAS), which as a professional body, has developed standards against which a clinical competency certificate is obtained.
- The differing levels of assessor competence was perceived to present risks to disabled people through incorrect equipment prescription, waste of resource through over-prescribing, waste of time resource if the process needs to be repeated and consumer dissatisfaction and complaint. Over and under prescription of equipment was seen to have short and long term ramifications for a person’s functional ability as well as financial implications for equipment providers and the Ministry of Health.
- Whilst there were concerns over the lack of standards to determine assessor competency it was generally felt that the need for this applied to the more complex areas of assessment. These were typically identified as wheelchair and seating, housing modifications and communication technology.
- It is the responsibility of the assessor to maintain a level of competency that enables them to practice and this is based on assessing a reasonable volume of people for equipment within the area they are accredited. This gauge was viewed as inadequate by many assessors, especially those with limited access to assessment opportunities.
- The role of the Professional Standards Monitor (PSM) and employers in monitoring assessors is unclear. The ESS providers have no mandate to audit assessor competency, only to initiate an audit process around applications that raise concerns. Several assessors and PSM’s reported having no experience of the audit system and the ESS providers confirmed that very few audits are initiated. It was generally felt that standards for PSM’s, accountability and monitoring all need addressing.
- Respondents expressed dissatisfaction with how the equipment is currently grouped under the accreditation areas and suggested these needed to be redefined. They also expressed concern over the current ‘registration’ of occupational therapists to perform housing and vehicle assessments outside of any competency/accreditation framework. Given the requirements of housing modification assessment, several respondents felt that a more robust accreditation system for housing assessors needed to be established.

The current scheme’s areas of accreditation are based on equipment solutions rather than the complexity of the assessment and clinical skills required. Respondents recognised that there are some specialised areas of assessment based on complex needs and that disabled people would be better served by access to assessors with competency to perform these

more specialised assessments regardless of the equipment outcome. Being able to separate people with non-complex needs from people with complex needs was considered a key requirement.

### 6.1.2 Training

- Training to equip assessors with the skills necessary to perform effective ESS assessment and achieve continuing competence was considered as ad-hoc with many respondents commenting that they were not aware of any training available or relied on suppliers to keep them up to date. Whilst several assessors commented on the product knowledge and learning gained from suppliers in regards to equipment, others identified that where a lack of competence exists, an assessment solution may be influenced by the supplier.

### 6.1.3 Assessment

- Assessors were eager for more autonomy in decision making around equipment needs. The process was reported to have become increasingly prescriptive, time consuming and cumbersome, resulting in greater administrative detail being required from assessors. DHB's were generally dissatisfied with the amount of time required for the ESS application process and the questioning of their professional decisions.
- The requirement to provide assessment only in the areas for which an assessor is accredited means that a person may be subject to several assessments by different assessors. It was suggested that broadening the scope of individuals who can assess and prescribe equipment would go some way to reducing the need for multiple assessments and assessment waiting times.
- The boundary between long term disability and illness was reported as becoming increasingly blurry as more people remain in community settings and it is not always clear who pays for equipment. Determining the funding boundaries for equipment provision was reported to be a difficult task for assessors.
- The current NASC/specialised assessor interface, including methods and levels of communication and protocols followed, was reported to vary across the country. Whilst assessors recognised that the assessment process needed to reflect meaningful liaison, responses indicate that NASC's continue to be regarded as endorsement agencies, and perceived as deficient in skills that would add value to specialised assessment.

Accreditation should imply 'best practice' and reflect pooling of expertise to ensure that the complex needs of disabled people are assessed competently and comprehensively. The findings indicate that disabled people would be best served by access to competent assessment services that are not immersed in determining eligibility and prioritisation and suggests the following enhancements are needed in order for disabled people to achieve access to competent, equitable assessment practice:

- Accreditation areas with standards based on the complexity of the assessment and skills required rather than equipment solutions.
- Standards that identify the scope of practice within each area of accreditation.
- Assessor training packages developed in accordance with the scope of practice and standards for each accreditation area.

- Indicators that will determine the skills required to be demonstrated by assessors to progress from non-complex to complex assessment provision within accreditation areas.
- Accreditation pathways and continuing competence for assessors, with consideration of established models or current areas of work around assessment competency.
- Monitoring and auditing standards and procedures.

## 6.2 ACCESS, ELIGIBILITY AND PRIORITISATION

Issues in regards to the ESS eligibility criteria and nationwide equitable access have persisted in the system for several years. Whilst there have been DSS reforms, the criteria are still regarded by many as inadequate, being exclusive of some disabled populations and inconsistent in its application. Eligibility criteria and inequitable access has frequently been the basis for complaint by disabled people. A focus on ESS access and eligibility criteria to determine current inconsistencies and inequities was considered a key objective of this project work.

### 6.2.1 Review of the 2003 Stocktake

During 2003 the Ministry of Health contracted a *Stocktake of current access and eligibility criteria for Environmental Support Services*. This involved the application, interpretation and practice around access and eligibility for ESS funding. The report identified the following components as having the most impact on access and eligibility criteria:

- MOH policy and operational practice discrepancies. The report commented that the most notable differences in operational policy are around eligibility for vehicle funding between the two ESS providers.
- Inconsistent interpretation and implementation of the existing funding criteria across New Zealand.
- ESS funding criteria are increasingly at odds with the vision of the NZDS, and represents a model of delivery where disability is viewed as a deficit, allowing the provision of equipment or modifications to “correct” and “compensate” for the deficit rather than to promote participation. The current ESS criteria do little to facilitate the removal of barriers and increase opportunities for participation of disabled and older people in society.
- The service gaps created by the inability of the current ESS criteria were identified in the following areas of unmet need:
  - Sensory disability has the most limited access to ESS funding.
  - There is a notable difference between what is available to ACC claimants when compared with what is accessible to Ministry of Health clients.
  - The existing Ministry of Health funding criteria do not allow for purchase of any equipment for mobility solely for outdoor use. There is no provision for funding for ESS for disabled and older people to access the local community

or for outdoor mobility if their mobility need does not include indoor mobility.

- Vehicle policy is inconsistently applied across the country.
- Equipment and/or housing modifications are funded where the item is essential for a person to remain in the home or to have access into and around the home. The criteria does not take into account the need for participation within the family or the ability to undertake life roles.
- In the area of communication, the current funding criteria allows for the “communication of core needs and feelings”. This is difficult to define and can result in funding decisions that deny people the opportunity for inclusion and participation using day to day communication.
- Varying interpretation of the definition of disability may result in disability support funding not remaining ring fenced. There are a number of anomalous areas of service provision that are purchased within the ESS budget that are not consistent with the ring fence and challenge the boundaries of ESS funding.
- No change in the income and asset test level set at \$7,900 for housing modifications, for over 10 years. An increase in building costs has resulted in more applications being income and asset tested and an increased number of disabled and older people being expected to meet some of the costs themselves.

This report provided a basis to further investigate ESS provision and the issues that continue to impact and influence access and eligibility criteria. Currently access to ESS funding is via the universal MOH DSS definition of disability then via ESS specific criteria. The current ESS system still retains the essential DPCW Act (1975) access and eligibility criteria, which for the most, part focused on supporting people with physical impairment. Differences in policy criteria arose and still remain as a result of historical practices.

### **6.2.2 Project Findings**

Consultation across the country confirmed that there are still some differences in current policies and practices between the two ESS providers. There has however been progression towards some national consistency due in part, to budget overspend and resultant measures to improve consistency in policy and processes across the two ESS providers. The ongoing issues and considerations for the Ministry, in relation to ESS access and eligibility are identified as follows:

- Regional variations in access and eligibility criteria and regional variations in the processes utilised by ESS providers still persists.
- There is inequity in the application of the criteria and prioritisation to some types of disability groups; i.e. sensory impairment, people accessing vocational/educational training.
- Ongoing inequity with access and eligibility criteria is evident in areas such as the hearing aid subsidy levels and inconsistent vehicle purchase and modification criteria.

- There is varying levels of understanding of how the ESS system works and inequitable access to information and support to progress an application for ESS funding.
  - There is inequitable access to assessment services and resources, mainly due to availability and level of assessor competence.
  - ESS is funded within a capped budget and demand for funding has continued to place pressure on this budget. There is continued growth in priority one applications and resulting budget overspends.
  - DSD responsibility if equitable access and eligibility for ESS are not implemented i.e. ESS access and eligibility criteria could discriminate against some groups.
  - There is the risk of comparison to ACC services as a basis for complaint i.e. infringement of human rights.
- 
- Managing to retain ESS funding within the “ring fence” has become increasingly difficult for the ESS providers. As with other sectors, they have been continually challenged by applications for ESS funding that test the disability definition and the fairness of eligibility criteria in light of the Human Rights Act 1993, the NZ Public Health and Disability Act 2000 and the NZDS 2001.
  - The eligibility criteria were seen to be unfair and not fairly and consistently applied. In instances where an application for funding progresses through to the MOH to review a decision made by the ESS provider and/or determine a new decision, this is considered a ‘one off decision’ and does not set a precedent for future decisions.
  - The current access and eligibility criteria are restrictive in participation aspects for disabled and older people and this is not consistent with the NZPHD Act, the NZDS, HOPS or DSD philosophy.

Consultation throughout the Project consistently highlighted areas of inequity, real and perceived, in relation to access, eligibility criteria, prioritisation, and system processes that impact on a disabled person’s ability to access ESS funding.

Investigating how the current access and eligibility criterion operates in practice is no easy task. It requires an understanding of what aspects of eligibility criteria are applicable to the different areas of equipment provision (including what is excluded) in order to determine what population groups actually have access. Then, having established eligibility for ESS funding, applications for funding are subject to prioritisation in order to establish the ‘degree of urgency’ for the equipment or modification. The process is further influenced by a number of factors, such as systemic regional variations, inconsistent interpretation of policy, decisions regarding policy overturned without precedence, and assessor competency and availability.

## 7. SERVICE DELIVERY ENVIRONMENT

### 7.1 PROVIDERS

Funding for ESS operates within a capped budget. The MOH sets the budget and determines the policy under which ESS will operate. The MOH DSD contracts two providers to administer the budget for the purchase and provision of ESS. Environmental Support Services are purchased by the two contracted providers who negotiate and/or tender with suppliers in the private market for goods such as wheelchairs and services such as housing modifications.

Information regarding the issues faced in the supply of equipment and services to disabled people was gathered from the ESS providers and other key stakeholders involved in the provision of equipment and services i.e. suppliers and specialised assessment services. The following factors were identified as having significant influence/impact on ESS expenditure and service delivery:

#### 7.1.1 Technology Advances

- The increased costs associated with new technology. ESS providers reported that ‘technology creep’ was having a financial impact on available funding, which was particularly evident in the area of wheelchairs, hearing aids and communication technology. Advancements in technology have enhanced ESS availability to some eligible groups, notably people with predominantly physical impairments. Similar benefits have not been delivered in the same volumes to people who have sensory impairments or those with behavioural support needs.
- Readily accessible information on new technology may increase a disabled person’s expectations of what is available to them. It was reported that expectations for wheelchair and seating equipment can be high, particularly when disabled people see others with expensive equipment in the community (i.e. ACC clients), advertising from suppliers and the internet. This was seen to place pressure on assessors who may be asked by the disabled person to support their equipment choices.

#### 7.1.2 Demand on ESS Expenditure

- Increased costs associated with housing modifications were attributed to increasing house and building costs and in part to the cost of consents and compliance with building regulations. In addition, there has been an increased demand on ESS funding for behavioural support (typically associated with Autistic Spectrum Disorder diagnosis), particularly for housing modifications to support families to obtain a “safe” environment for their child/family member.
- Supported community living initiatives have resulted in increased demand for ESS resources. This includes the transition of disabled people into the community via de-institutionalisation policy and the development and funding of services such as individualised funding and supported independent living options.

### **7.1.3 Boundary Issues**

- It was reported that attempts to keep ESS funding ‘ring fenced’ are challenged due to the blurring of boundaries between personal health, mental health and long term disability. This was evident in discrepancies in interpretation of criteria between ESS providers and specialised assessors.

### **7.1.4 Process**

- ESS providers reported not necessarily being able to respond to urgent applications for equipment or housing modifications to enable early discharge in the time frame desired by DHBs.
- There was variable nationwide NASC involvement in ESS. It was suggested that more consistent and positive outcomes could be achieved with improved alignment between the NASC and ESS models from an operational perspective.
- Equipment trial processes were often lengthy due to the waiting lists for trial equipment from suppliers, delays in return of trial equipment by assessors and the use of trial equipment to meet short term needs. Equipment suppliers reported the administrative requirements for managing trial equipment and losses associated with damaged or missing equipment had a significant financial impact on their business. Disabled people can be greatly disadvantaged by delays in receiving trial equipment and, ultimately, their funded equipment.

### **7.1.5 Access and Eligibility**

- Current ESS eligibility criteria exclude some populations of disabled people or exclude funding for particular uses of equipment. Specialised assessment services reported that eligibility criteria needed to be reviewed for population groups to ensure fairer allocation of resources.
- ESS providers reported variable levels of assessor competency and interpretation of ESS funding criteria. Evidence of assessor problem solving or clinical reasoning in equipment choices was identified as lacking in some applications. These factors were seen to impact on the overall quality of service to disabled people, the urgency of equipment provision, as well as the level of funding required to meet a person’s needs.
- Private hospitals and rest homes were perceived to have limited access to and availability of assessors for disability-related equipment, and new regulations (no lift policies, headrest for transportation) is resulting in referrals for equipment which is outside of the ESS funding criteria.

The ESS providers are responsible for areas of service delivery that often place them in a position of disputation with specialised assessors and suppliers i.e. reviewing of applications to ensure they meet access and eligibility criteria and priority bands, re-prioritising of applications, determination of preferred suppliers. It would appear that there could be efficiencies to be gained from having an enhanced focus on equipment management, thereby removing of all other roles and responsibilities that detract from this.

## 8. WORKING TOGETHER

### 8.1 NON GOVERNMENT ORGANISATIONS

The MOH funds a range of Disability Support Services (DSS) for disabled people. Disability Support Services are predominantly community based and delivered by private and not-for-profit providers. Providers vary in size from national providers to small owner operated local enterprises, and are typically referred to as Non-Government Organisations (NGOs). These are defined in the context of the relationship between the Health and Disability NGOs and the MOH. NGOs include independent community and iwi/Māori organisations operating on a not-for-profit basis, which bring a value to society that is distinct from both Government and the market. (<http://www.moh.govt.nz/ngo>)

Due to their position in the community, NGOs are well placed to report on the gaps the various population groups they represent have identified in relation to accessing ESS. The findings (gathered via a questionnaire, feedback forums and submissions) identified by NGOs were congruent with those raised by disabled people. The key findings were as follows:

#### 8.1.1 Information

- There was a reported lack of clear simple information about ESS funding and how to access it.

#### 8.1.2 Access and eligibility

- Inequitable access to ESS funding and services was seen to be disadvantaging some population groups.
- Narrow eligibility criteria that did not meet the objectives of the NZDS, in particular participation in the community was cited.
- It was felt that equipment use should be determined by the needs of the disabled person and able to be used in a variety of settings regardless of the funding mechanism.
- Feedback indicated that ESS funding decisions needed to take into account the longer-term benefits to funding some equipment i.e. sleep systems for postural management.
- Accessing the degree of housing modifications required to provide a safe and healthy environment for people with autistic spectrum disorder and their families was highlighted as a real issue. A further issue raised, was the costs associated with repair and maintenance to homes as a result of damage attributed to children/people with ‘challenging behaviours’.
- People with intellectual impairment are experiencing difficulty accessing communication equipment. Due to the current prioritisation system, the ESS criteria were also reported to inadequately address needs associated with any hearing loss and vision problems a person with intellectual disability may have.

- Despite ESS expenditure continuing to rise each year, disabled people, families/carers, and those who work with them, consistently identified the inadequacy of available funds and the restrictive nature of the ESS equipment provision process. The prioritisation system was generally not well understood. NGOs frequently encountered people's frustration at being placed on a waiting list for an indefinite period. As a result of this, alternative funding is often sought.
- The current housing modification policy was seen as restrictive and incongruent with how people live their lives i.e. highly mobile society. The difficulty accessing more than one housing modification due to the application of 'extenuating circumstances' and housing modifications to more than one dwelling to meet i.e. shared care arrangements was also seen as restrictive.
- Eligibility criteria for driving assessments, vehicle purchase and modifications was seen as inadequate, discriminatory and not meeting the needs of some populations.
- The removal of the assessor under \$500 delegated authority has brought the intention of driving assessment to access vehicle modification and/or purchase in line with current access and eligibility criteria. This has identified a population of people with disability accessing driving assessment as a means to determining fitness to drive and was of concern to some respondents.
- Determining funding of equipment for individual use versus communal use in residential settings was reported to be problematic.

Non Government organisations also felt that overall, processes for ESS needed to have a greater focus on the disabled person being involved and kept up to date.

## 8.2 INTER-SECTORIAL LIAISON

Liaison occurred with other Government Agencies during the course of the ESS Project to ensure that an inter-sectorial approach was considered when considering enhancement of future developments of a new ESS framework. The following Government Agencies provided information for the Project:

- ACC
- Workbridge (under contract to Ministry of Social Development)
- Ministry of Social Development
- Department of Labour
- Child, Youth and Family Services
- Housing New Zealand Corporation
- Office for Disability Issues
- Ministry of Education

A synopsis of the findings are reported as follows:

- There was a prevalent trend that expenditure on equipment is increasing across Government Agencies. As an example (on the most recent 12 month statistics provided) the MOH reported an 18.6% increase in equipment expenditure, ACC

reported a 21% increase in equipment expenditure and Workbridge reported a 33% increase in expenditure.

- There was a widely held view that there is a dichotomy in the level of funding and service available between ACC and the MOH systems, with ACC being seen as a timelier, efficient and “generous” system compared to the MOH.
- There was a potential for funding overlaps identified between the MOH and Workbridge. Within both systems there is the ability for disabled people to seek vocational equipment. Funding silos and needing to approach multiple Government Agencies, in some instances to obtain different types of equipment, has fragmented a holistic approach to meeting the needs of disabled people.
- There were differing levels of sophistication in the reporting of statistical and financial information (in relation to expenditure on equipment) that was available from different Government Agencies.
- There were differing operational practices between Government Agencies in the way Assessors were engaged to undertake equipment related assessments and also in the way equipment suppliers were contracted.

It was evident from the findings that there was an ongoing and increasing need for Government Agency collaboration that could share best practice in the areas of service delivery, reporting and financial forecasting. Enhanced linkages between Agencies could improve efficiencies and outcomes for disabled people and assist to eliminate overlaps in funding.

### **8.3 ALTERNATIVE FUNDING**

In the last New Zealand Disability Survey (Statistics New Zealand, 2001) twelve percent (77,100) of disabled adults living in households reported an unmet need for equipment. There are a number of organisations that assist with the provision of equipment items that are either not available under the ESS system, or where individuals may not be eligible for ESS funded equipment.

The Project Team sought to analyse the current extent of unmet need for equipment, however it became evident that there would not be sufficient quantitative data to do this accurately. The Project Team still felt it relevant to look at other avenues where disabled people may be accessing equipment and to also ascertain the level of knowledge about alternative funding streams for equipment.

The key findings in this area indicated:

- 36% of surveyed disability support service providers (11 different providers were surveyed) advised that they had a limited awareness of any other available equipment funding sources.
- 81% of surveyed disability support service providers confirmed that disabled people were regularly reporting that they were unable to access the funding assistance required for their equipment.

- 55% of surveyed disability service providers stated that there were very limited funding options available to their clients.
- There was widespread feedback that both disabled people and service providers did not have a clear understanding of how to access ESS.
- The main source for alternative funding for equipment appeared to be the New Zealand Lottery Grants Board, which through their “Individuals with Disability” Fund, spend approximately \$3.2 million per annum on mobility and communication equipment for disabled people.
- The Royal New Zealand Foundation of the Blind were another organisation that significantly contributed to providing funding for disabled people with a number of funds set up for differing purposes, with over \$500,000.00 in equipment being provided per annum.
- Other alternative funders included organisations such as the Halberg Trust, Variety Club, Sunshine Coaches and Focus 2000 as a few examples.
- It was apparent that some Assessors in the ESS system were referring people to alternative funding sources if they felt that a person was going to be a priority two or three.
- Disability support service providers indicated that they sought donated equipment or hireage equipment in order to meet urgent need in some instances.

There was a genuine concern that families often had to meet the costs of unmet needs under the current ESS system and again, it was highlighted that there was a general lack of understanding of access and eligibility criteria, as well as knowledge gaps about alternative funding options.

## 9. Short to medium term recommendations

### 9.1 INFORMATION

The power of a disabled person's choice and the degree to which they access and participate in disability support services is largely influenced by the extent to which they are informed. The following recommendations are made in order to ensure availability and accessibility of information to people.

RECOMMENDATIONS	
<b>9.1.1</b> Accessibility of information	<ul style="list-style-type: none"><li>• Enhance the information available to users of equipment and the range of formats in which it is accessible by investing in the centralised development and co-ordination of ESS information.</li><li>• DIAS Providers, ESS Providers and the MOH collaborate to develop nationally consistent information that is then disseminated by the DIAS organisations.</li></ul>
<b>9.1.2</b> Maori	<ul style="list-style-type: none"><li>• Information resources relating to Environmental Support Services are made available in <i>Te Reo</i> Māori.</li><li>• Strategies promoting ESS to Māori communities are developed. Development of Māori DIAS services, as well as an enhancement of mainstream DIAS services with Māori Information Consultants, are encouraged. It is positive to note that in some areas, this is already occurring.</li></ul>
<b>9.1.3</b> Pacific peoples	<ul style="list-style-type: none"><li>• Information about Environmental Support Services is made available in at least the three largest Pacific population languages prevalent in New Zealand (Samoan, Cook Island Māori and Tongan).</li></ul>

## 9.2 ACCESS AND ELIGIBILITY

The following recommendations surround the access and eligibility criteria within the current ESS system and are focussed on gaining national consistency and equitable access criteria. The Project Team therefore recommends:

RECOMMENDATIONS	
<b>9.2.1</b> Philosophical intent	<ul style="list-style-type: none"> <li>Consider the philosophical stance around what is realistic within budget parameters and clearly signal to the disability community the MOH longer-term intent in relation to future ESS funding.</li> </ul>
<b>9.2.2</b> Strategic direction	<ul style="list-style-type: none"> <li>Ensure all ESS policy (including access and eligibility criteria) is congruent with DSS policies and intent and subsequently reflected in operational practices. Aligning access and eligibility criteria for equipment with NZDS, the HOPS and human rights legislation will include a revision of key targeting criteria for access to equipment services.</li> </ul>
<b>9.2.3</b> Eligibility specific criteria.	<ul style="list-style-type: none"> <li>Redefine and simplify the 15 equipment accreditation/registration areas to better reflect the disability needs of a person. The following areas of ESS (as currently reported) are proposed; mobility, vision, hearing, communication, housing, vehicle, and equipment for daily living.</li> <li>Develop the eligibility criteria within each of the accreditation areas with a focus on the intended outcome solutions that will be achieved by a person accessing this piece of equipment. To enhance equitable access to equipment, eligibility criteria and the intended outcomes will be intrinsically linked, with availability of funding determined by the weighting tool (see below). This approach will enable the appropriate widening or limiting of eligibility criteria in relation to specific areas of equipment, and better comparison of similar disability-related areas of need.</li> </ul>
<b>9.2.4</b> Weighting tool	<ul style="list-style-type: none"> <li>Implement the use of a ‘weighting tool’ (specific to each area of accreditation) to determine the urgency of applications which meet the eligibility criteria as proposed above. It is envisaged that the ‘weighting tool’ will consider a number of variables and place greater ‘weight’ to certain factors as being more influential in relation to urgency of funding than others (i.e. safety, community participation, work/education).</li> </ul>

RECOMMENDATIONS	
<p><b>9.2.5</b> Eligibility specific criteria alternative</p>	<ul style="list-style-type: none"> <li>• Alternatively, if the MOH wishes to retain the current eligibility criteria, then consideration should be given to a transitional phased approach of addressing inequities. Any movement to widen the eligibility criteria will need to be carefully monitored and managed within budgetary constraints. The key areas we would recommend as the first phase to addressing inequity would be:               <ul style="list-style-type: none"> <li>- Deaf and hearing impaired people– supported through all stages of their lives.</li> <li>- Deafblind people – to promote community participation and safety in the home.</li> <li>- Disabled people – to include community participation (particularly in relation to mobility)</li> <li>- Intellectually impaired people – to enhance communication</li> <li>- Children – inclusion within family life and the community, focused on achievement of development milestones.</li> <li>- Young Persons with Autistic Spectrum Disorder – given the complex needs of this population group, ESS should not be looked at in isolation. This would be one population where collaborative relationships beyond ESS are critical.</li> </ul> </li> </ul> <p>However, it needs to be noted that there are other people with impairments that would still be compromised by widened ESS access and eligibility criteria for the above groups.</p>
<p><b>9.2.6</b> Set precedence</p>	<ul style="list-style-type: none"> <li>• Establish a process to ensure future decision making is managed in a consistent manner. Historically any decisions (particularly ministerial enquiries) responded to do not set precedence for future decisions. This has contributed to disabled peoples’ perception of inequity.</li> </ul>
<p><b>9.2.7</b> Maori</p>	<ul style="list-style-type: none"> <li>• Clarify the access and eligibility criteria in relation to the recognition of Kaumatua as a work role on a Marae.</li> </ul>

RECOMMENDATIONS	
<p><b>9.2.8</b></p>	<ul style="list-style-type: none"> <li>• Consider revision of the current ESS access and eligibility criteria to include Deaf and hearing impaired people on an</li> </ul>

Deaf and Hearing impaired people	<p>equitable basis with the total disabled population. Options to be considered may include:</p> <ul style="list-style-type: none"> <li>- Extending the ESS access and eligibility criteria to include Deaf and hearing impaired people through all stages of their lives.</li> <li>- Including <i>“the need to communicate the expression of core needs and feelings”</i> (or similar inclusive criteria) for individuals with a hearing impairment in the eligibility criteria.</li> <li>- Establishing prioritisation criteria relevant to the needs of Deaf and hearing impaired people to ensure equity of access to funding of equipment.</li> </ul>
<p><b>9.2.9</b> Blind and vision impaired people</p>	<ul style="list-style-type: none"> <li>• Consider revision of the ESS eligibility criteria to increase access to the aids and adaptive equipment that are essential for the independence and safety of blind, vision-impaired, and Deafblind people of all ages. In particular: <ul style="list-style-type: none"> <li>- That access to mobility aids and adaptive communications equipment are acknowledged as being necessary for health, safety, independence, employment and lifelong learning.</li> <li>- Consideration as to whether the current criteria requiring the individual to be a member of the RNZFB, is necessary for individuals in order to access ESS accredited assessors and funding.</li> </ul> </li> <li>• Conduct an ‘impact analysis’ to determine the implications of widening the definition of ‘vision impairment’ to include people with low vision, where the seeing disability is such that the corrected vision impairment still excludes people from being able to live independently without equipment support.</li> </ul>

<b>RECOMMENDATIONS</b>	
<p><b>9.2.10</b> Deafblind people</p>	<ul style="list-style-type: none"> <li>• Consider revision of the ESS eligibility criteria to facilitate access to the aids and adaptive equipment that is essential for the safety and independence of Deafblind people. In particular: <ul style="list-style-type: none"> <li>- Mobility aids that are essential for the independence and safety of Deafblind people.</li> <li>- Appropriate adaptive communication technology so that a Deafblind person can communicate and access</li> </ul> </li> </ul>

	<p>information effectively.</p> <ul style="list-style-type: none"> <li>- Appropriate technology to support a Deafblind person being safe in his or her own home, e.g. adaptive alarm devices such as smoke alarms.</li> </ul>
<b>9.2.11</b> Hearing Aid Subsidy	<ul style="list-style-type: none"> <li>• Determine the purpose and future of the Hearing Aid Subsidy. Future options for this subsidy might include: <ul style="list-style-type: none"> <li>- Merging the Hearing Aid Subsidy with ESS hearing aid funding.</li> <li>- Extending the Hearing Aid Subsidy to include assistive equipment for Deaf and hearing impaired people to best meet their needs; and</li> <li>- Making a set amount of funding available through the Hearing Aid Subsidy for hearing aids, and allowing service users to ‘top up’ the subsidy/funding in order to get the equipment of their choice.</li> </ul> </li> </ul>
<b>9.2.12</b> Children’s Spectacle Subsidy	<ul style="list-style-type: none"> <li>• Consider the impact of extending the age limit to access the Children’s Spectacles Subsidy to whilst children are at school, so that it is made consistent with the age limit of the Children’s Hearing Aid Fund.</li> </ul>

<b>RECOMMENDATIONS</b>	
<b>9.2.13</b> DHBs	<ul style="list-style-type: none"> <li>• The MOH and DHBs should continue the work that has commenced to clarify access boundaries, particularly in the areas of personal health and disability support services.</li> <li>• ESS funding responsibility for all age groups is retained through a centralised system to minimise the risk of further fragmentation and enhance national consistency.</li> </ul>
<b>9.2.14</b> Older people	<ul style="list-style-type: none"> <li>• Work with Residential Care New Zealand and the Private Hospital Association (NZPHA), as well as the ESS providers, to clarify the ESS access and eligibility criteria and prioritisation level in relation to older people in residential care.</li> </ul>

## 9.3 ASSESSMENT

Competent assessment should impact positively on service delivery resulting in effective use of resources and ultimately client satisfaction. The following recommendations relate to the assessment component of the ESS framework.

RECOMMENDATIONS	
<p><b>9.3.1</b> Standards Body</p>	<ul style="list-style-type: none"> <li>• Establish a ‘Standards Body’ responsible for:               <ul style="list-style-type: none"> <li>- The development of a competency-based framework for accreditation and ongoing monitoring and auditing of specialised assessors.</li> <li>- The provision of standards, professional advice, and training packages.</li> <li>- Ensuring operational delivery remains nationally consistent and aligned to MOH policy.</li> <li>- Being the conduit for assessor communication and policy implementation.</li> </ul> </li> </ul> <p>The Standards Body would have a focus on promoting national consistency and quality service delivery and could be set up in the short-medium term to meet current ESS requirements. However, a longer-term vision would involve the development of an inter-sectorial (partnerships with other funders) competency framework to achieve consistent, equitable assessment across New Zealand.</p>
<p><b>9.3.2</b> Maori</p>	<ul style="list-style-type: none"> <li>• Ensure that the ESS Framework encourages the representation of Māori within the specialist assessor workforce, as well as having Māori representation at all levels of management consistent with Māori workforce development.</li> <li>• In addition to this, generalised specialised assessor training should include cultural training with a focus on skills in <i>Te Reo</i> and an understanding of Māori values.</li> </ul>
<p><b>9.3.3</b> Pacific peoples</p>	<ul style="list-style-type: none"> <li>• Ensure that the future ESS Framework attracts Pacific people to train and become ESS assessors. By having Pacific assessors available, this would assist with language barriers experienced in the assessment process. This recommendation is consistent with that of the Pacific Health and Disability Workforce Development Plan (MOH, 2004).</li> <li>• Support the capacity development (within appropriate Pacific Disability Support Agencies) of “assisted” assessments – where one of their staff members “supports” the assessment and equipment receipt process until awareness is developed.</li> <li>• Mainstream service providers (assessors) should be encouraged to improve their quality of cultural responsiveness to Pacific peoples by gaining a better understanding of Pacific people’s family values and the Pacific perception of disability. In the future framework section of this report, this requirement could be incorporated into the “Standards Body” as part of the ongoing professional requirements.</li> </ul>

RECOMMENDATIONS	
9.3.4 Deaf and hearing impaired people	<ul style="list-style-type: none"> <li>Invest in the development of a holistic assessment and service coordination process to promote more equitable access to environmental support for Deaf and hearing impaired people.</li> </ul>

## 9.4 SERVICE DELIVERY

The future framework should ensure that there is a process for gaining equipment solutions that are disabled person centred, efficient and expert, as well as maximising funding in an equitable way. The following recommendations are therefore made:

RECOMMENDATIONS	
9.4.1 Evaluation of equipment use	<ul style="list-style-type: none"> <li>Invest in a system to continually evaluate the use and effectiveness of equipment being accessed via ESS funding. A mechanism that measures the uptake, abandonment and efficacy of equipment use would contribute significantly to cost savings, both in terms of dollars and outcome achievement and reduce the wastage that inevitably occurs when these factors are not considered.</li> </ul>
9.4.2 Equipment trials	<ul style="list-style-type: none"> <li>Expand the development and wider use of equipment assessment/trial service models (i.e. Outreach services currently in operation for wheelchairs and seating). Any model adopted requires a focus on the needs of the disabled person not merely the requirements of the system, i.e. clear standards in place in terms of acceptable waiting times.</li> </ul>
9.4.3 Maori	<ul style="list-style-type: none"> <li>Facilitate the development of a 'Recommended Best Practices Guidelines' relating to the provision of ESS services for Māori. This guideline should be based on sound research that draws from indigenous methodologies. Enhancing any operational policies around outlining a commitment to the Treaty of Waitangi and, to ensuring that Māori values are recognised should also be a priority. This extends to ensuring that equipment is culturally safe.</li> </ul>

RECOMMENDATIONS	
<p><b>9.4.4</b> Deaf and Hearing Impaired people</p>	<ul style="list-style-type: none"> <li>• Align the purchase and provision of hearing technology/equipment with the systems established for all environmental support equipment. Specific attention to alter the current system for hearing aid purchases is required to ensure that: <ul style="list-style-type: none"> <li>- There is an auditable separation between the assessment and equipment service provision for Deaf and hearing impaired people, to ensure that the product choice is based on non-commercial grounds, and the independence of assessors from product suppliers.</li> <li>- Only the wholesale price for equipment is paid by Government (as per the Children’s Hearing Aid Fund).</li> <li>- Services from accredited assessors include the requirement that they have no commercial relationships with equipment suppliers (i.e. that of giving and receiving of remuneration) to ensure the independence of accredited assessors.</li> <li>- Hearing aid purchasing is undertaken in a manner that provides the best price for hearing aids e.g. taking into account bulk buying opportunities (preferred supplier schemes), and ensures an appropriate range of aids and equipment are made available.</li> <li>- The purchasing framework for FM systems is consistent with the advances in technology and consideration as to whether funding for FM systems be included with the Children Hearing Aid Fund.</li> </ul> </li> </ul>
<p><b>9.4.5</b> Disabled children and their parents</p>	<ul style="list-style-type: none"> <li>• Establish a system that acknowledges and responds to the urgency of children’s equipment provision, housing modifications and repairs. As delays in equipment provision and repairs can have a significant impact on a child’s current and future functioning, health, comfort, learning and self esteem, and results in the full use or ‘life’ of the equipment not being realised, a number of areas for consideration are suggested as follows: <ul style="list-style-type: none"> <li>- Reviewing prioritisation levels with the specific needs of children in mind.</li> <li>- Additional resources for specialised assessment services that have large waiting lists.</li> <li>- An expanded common list of simple/non-complex equipment for children.</li> <li>- Lifetime planning of equipment funding needs for children based on anticipated need for equipment and modifications.</li> <li>- A national database of equipment available for children to enable prompt reissuing as needs change.</li> <li>- The ways in which health, education and ESS Providers work together to ensure children have access to equipment and modifications in a timely manner should be considered.</li> </ul> </li> </ul>

RECOMMENDATIONS	
<p><b>9.4.6</b> Asset Management</p>	<ul style="list-style-type: none"> <li>• Establish an Asset Management Agency that would be responsible for the nationwide management of equipment and supported by regional equipment stores in locations to be identified.</li> <li>• Support the development of a national asset management database capable of tracking all equipment issued, re-cycled and re-issued to individuals. Consideration should be given to investing in a system with an online centralised management system and data warehouse that integrates information between the ESS Asset Management Agency and: <ul style="list-style-type: none"> <li>- NASC for the purpose of identification of those people accessing NASC packages of support.</li> <li>- Specialised Assessors for the purpose of completing online applications and viewing re-issue equipment.</li> </ul> </li> <li>• Assign responsibility for the repair and maintenance of Government-owned equipment to the proposed Asset Management Agency.</li> </ul>
<p><b>9.4.7</b> Technology Advancements</p>	<ul style="list-style-type: none"> <li>• Encourage the development of an evaluation process of new technologies to provide sound rationale around decisions to fund new and potentially expensive technologies. Sound practice guidelines around the funding of new technology has the capacity to positively effect budget, promote equitable access to new technologies and deliver the benefits of quality technology to disabled people.</li> </ul>

## 10. LONG-TERM RECOMMENDATIONS

### 10.1 The Future Framework – 5 Integrated Bodies

Environmental Support Service funding is not sustainable if the current trend of expenditure continues, along with increased demand. It is evident that the time has come for a longer-term strategy that provides better and more equitable outcomes for disabled people with maximum efficiencies and use of funding. The Project Team considered that with the rising demand and expectation around provision of equipment, that the future framework for ESS needed to consider a ‘whole of Government’ approach to the funding of equipment services, in order to maximise efficiencies and contain cost.

The proposed longer term ESS framework vision is comprised of an integrated model of 5 Boards/Bodies that will work seamlessly to facilitate the process by which disabled people acquire equipment or technology solutions. This includes governance by an Inter-sectorial Funding Board, a Joint Purchasing Body that negotiates bulk purchasing across all Government Agencies, a Service User Satisfaction Board, a Standards Body and an Asset Management Agency. These 5 Boards/Bodies are conceptualised in the diagram outlined in Section 10.2 of this report.

It should also be noted that in the short to medium term, the MOH could also consider implementation of aspects of the longer-term framework (such as the Standards Body and Service User Satisfaction Board) independently. This could be the first step towards the transition of engaging all Government Agencies into a longer-term co-operative model.

- **Establishment of an Inter-sectorial Funding Board**

Government Agencies would benefit from working collaboratively to consider an inter-sectorial approach to funding of equipment services. Currently a number of Government Agencies all have separate arrangements with equipment management agencies or suppliers, training of assessors is ad hoc and customer satisfaction mechanisms are variable. It is recommended that Government Agencies work collaboratively and pool funding for ESS within a revised system by developing an Inter-sectorial Funding Board. Whilst it is recognised that some Government Agencies operate within differing legislative frameworks, there are benefits to adopting a ‘whole of Government approach’. This includes being able to better govern and collaboratively monitor and forecast expenditure, which in turn, provides an opportunity for predicting longer term cost.

- **Establishment of a Joint Purchasing Body**

The Joint Purchasing Body would negotiate bulk purchasing of equipment across all Government Agencies, rather than each Government Agency negotiating separate supplier arrangements. With input from the Standards Body and the Service User Satisfaction Board (see below), the Joint Purchasing Body would define the purchase items, engage in supplier liaison and be accountable for budget management. With bulk purchasing power, the efficiencies gained may assist in sustaining funding and support the gradual widening of ESS access and eligibility criteria.

- **Establishment of a Service User Satisfaction Board**

This Board would be consumer led and conduct technology evaluation and consumer feedback. It would also have a function as an independent complaints division and provide a vital advice and feedback link through to both the Joint Purchasing Body and the Standards Body.

- **Establishment of a Standards Body**

The Standards Body would provide professional advice, training packages and standards, as well as being the conduit for assessor communication and policy implementation. The Standards Body would also have responsibility to monitor and audit assessors. Research on international technology development and latest equipment availability would sit within the Standards Body and be disabled person led. This role would also have a supplier interface.

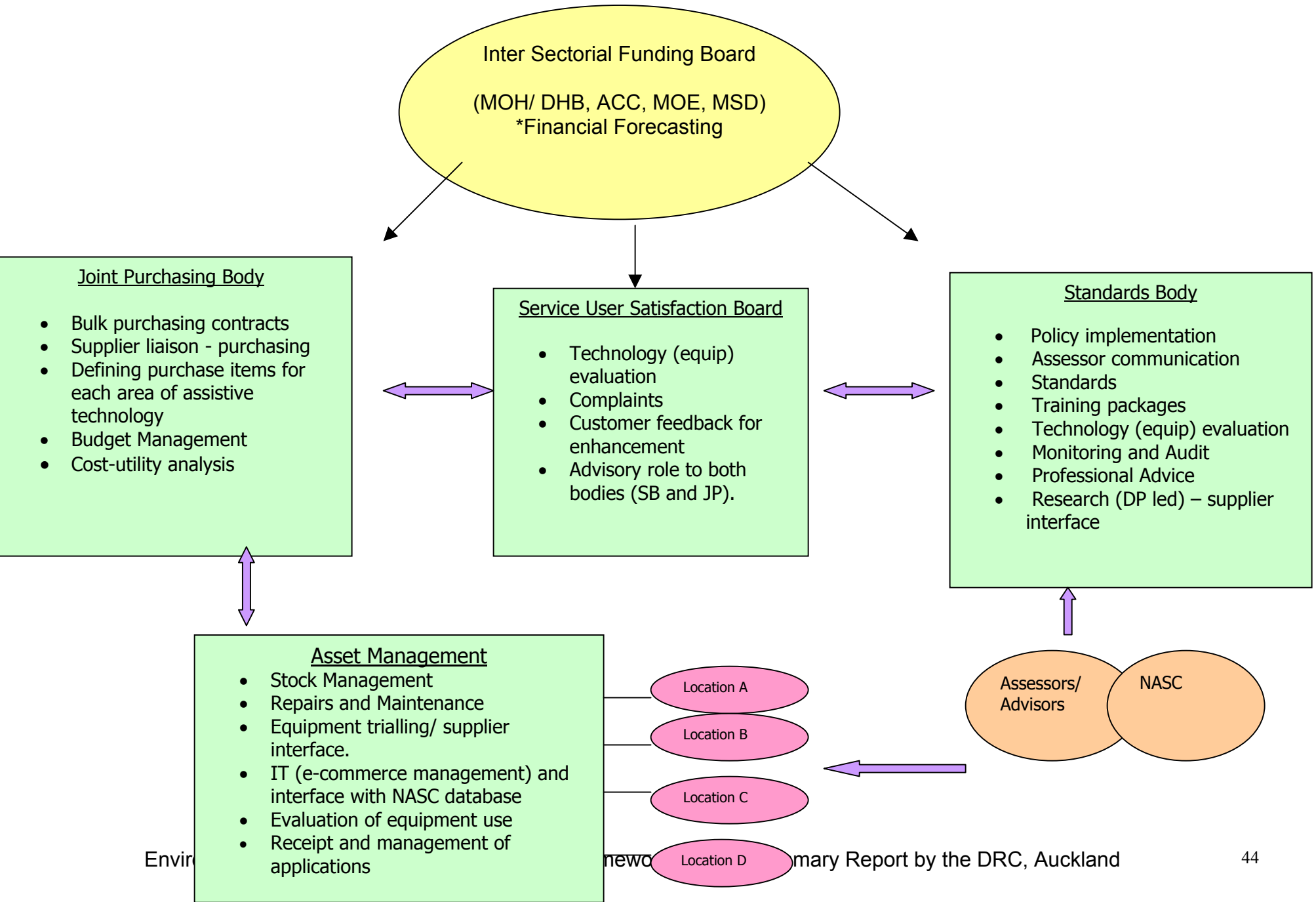
- **Establishment of an Asset Management Provider**

The Asset Management Provider would be responsible for the receipt and management of applications and all stock management including trialling of equipment and maintaining an interface with suppliers. It is recommended that consideration be given to an information technology database that would interface with NASC and equipment assessors. The Asset Management Provider would also have a role in providing evaluation on the use of equipment as well as repairs and maintenance of equipment.

The Asset Management Agency would operate with a national asset management database accessed in each equipment store. Past and current ESS equipment application information would be available on this database. Varying degrees of entry to this database would be applicable from a privacy perspective, but there could be efficiencies gained in assessors being able to complete online applications and electronically transfer these to the asset management system as well as increasing the amount of co-ordination between auxiliary services.



# 10.2 ESS FUTURE FRAMEWORK – diagrammatic model



## 11. GLOSSARY OF TERMS

Abbreviation	Definition
ACC	Accident Compensation Corporation
AEA	Accredited Equipment Assessors
CHAF	Children's Hearing Aid Fund
CYFS	Child, Youth and Family Service
CYP	Children and Young Persons
DIAS	Disability Information Advisory Services
DOL	Department of Labour
DPCWA	Disabled Persons Community Welfare Act
DRC Auckland	Disability Resource Centre Auckland
DSD	Disability Services Directorate
DSS	Disability Support Services
EMS	Equipment Management Service
ESS	Environmental Support Services
FM	Frequency Modulation
GP	General Practitioner
GSE	Group Special Education
HNZC	Housing New Zealand Corporation
HOPS	Health of Older People Strategy
HOU	Housing Modifications
HPCAA	Health Practitioners Competency Assurance Act
IEP	Individual Education Plan
LGB	Lottery Grants Board
MOE	Ministry of Education
MOH	Ministry of Health
MSD	Ministry of Social Development
NASC	Needs Assessment Service Co-ordination
NGO	Non Government Organisation
NZAO	New Zealand Association of Optometrists
NZAOT	New Zealand Association of Occupational Therapists
NZAS	New Zealand Audiological Society
NZDS	New Zealand Disability Strategy
NZPHA	New Zealand Private Hospital Association
NZPHD Act	New Zealand Public Health and Disability Act
ODI	Office for Disability Issues
OT	Occupational Therapist
PIASS	Pacific Island Advocacy Support Service
PSC	Personal Care
PSM	Professional Standards Monitor
PT	Physiotherapist
RHA	Regional Health Authority
SLT	Speech Language Therapist
WEKA	What Everyone Keeps Asking