

## TIER 1 SERVICE SPECIFICATION

### **PURCHASE UNIT CODE: DSS213A1**

**SERVICE NAME: “Out of Family” Respite Services** for people and 17 years and over with physical/sensory disability; or intellectual disability (this is interpreted as including people with ASD).

(For children 16 years or under, refer to Tier 2 Specification).

The Disability Services Directorate (DSD) acknowledges the important role that primary carers/family/whanau have in caring for members of their family with disabilities. DSD funded and contracted respite services are part of a range of supports available to primary carers/family/whanau who care for family members with disabilities. The provision of respite services to support primary carers/family/whanau of people with disabilities can make it possible for them to live at home instead of being placed in permanent residential care. The respite care provided should be a positive, stimulating and meaningful experience for people with disabilities while providing their primary carers/family/whanau with temporary relief from care-giving.

### **Philosophy Statement**

The aim of Disability Services Directorate (DSD) is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

[‘A society that highly values our lives and continually enhances our full participation.’](#)

With this vision in mind, disability support services aim to promote a person’s quality of life and enable community participation and maximum independence. Services should create linkages that allow a person’s needs to be addressed holistically, in an environment most appropriate to the person with a disability.

Disability support services should ensure that people with impairments have control over their own lives. Support options must be flexible, responsive and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

Note: Subsequent references in this document to “the person” or “people” should be understood as referring to a person/people with impairment(s).

## **1. DEFINITION**

“Out of family” respite services are facility based and provide both planned and emergency (or crises) respite care for primary carers/family/whanau who care for family members with disabilities. The duration of respite care is short term and intermittent or episodic.

Planned respite care is provided for specific periods as agreed with the primary carers/family/whanau and person with the disability.

Emergency respite care is provided in times of crises for example, when primary carers/family/whanau who care for family members with disabilities are in urgent and immediate need of temporary relief from care-giving due, for example, to a family emergency, crisis or unforeseen event.

The allocation of respite care is determined by the Needs Assessment Service Coordination (NASC) service.

Respite care has two main components:

- i. The care should replicate the “out of family” experiences of people who do not have disabilities and commonly stay with school friends, extended family, relatives, friends etc. That is, the respite care should be a positive, stimulating and worthwhile experience for people with disabilities while providing their primary carers/family/whanau with temporary relief from care-giving.
- ii. A feature of respite services is that the respite care provided becomes a part of the support network of primary carers/family/whanau. Consequently, building trust and supporting primary carers/family/whanau, in the care of people with disabilities, is an important feature of respite services.

The term “service users” is a reference to people with disabilities accessing the respite service and their primary carers/family/whanau.

The term “people with disabilities” is a reference to people with physical/sensory disability; or intellectual disability (this is interpreted as including people with ASD) who are eligible for this service. Access is approved by a NASC service.

The term primary carer/s is a reference to the person/s providing support, as defined in the Ministry of Health’s carer support guidelines, to the disabled person in their normal family environment or home.

## **2. SERVICE OBJECTIVES**

### **2.1 General**

Respite services have the following objectives:

- The provision of respite services to support primary carers/family/whanau of people with disabilities can make it possible for them to live at home instead of being placed in permanent residential care
- To enable people with disabilities to enjoy a positive, meaningful and stimulating experience that replicates the “out of family” experiences of people who do not have disabilities
- To enable the primary carers/family/whanau of family members with disabilities to have temporary relief from care-giving
- To enable primary carers/family/whanau to care for family members with disabilities as independently as possible

- To enhance family relationships and stability

## **2.2 Maori Health**

The Crown Statement of Objectives outlines the Government's medium term objectives for, and expectations of, the Ministry. In response to the Crown's Objective for Māori health and in line with its purpose statement, the Ministry has developed a Māori Health Strategy, *He Korowai Oranga*, and a Māori Health Action Plan, *Whakatataka*.

*He Ratonga Tautoko i Te Hunga Haua*, the DSD Māori Disability Action Plan identifies four strategic goals aimed at increasing responsiveness to Māori. The provider is required to contribute to the implementation of *He Ratonga Tautoko i Te Hunga Haua* and the four strategic goals.

The four strategic goals are:

- Remove barriers for disabled Māori
- Increase Māori participation in the disability sector
- Develop effective disability services
- Work across sectors

Mauriora (positive life essence) is a key principle for Māori with a disability as opposed to Oranga (health) as described in *He Korowai Oranga*. Mauriora and the four strategic goals may be achieved through the application of Tikanga (practice and process) i.e. the use of te reo, appropriate protocols, participation in Marae activities and regular whānau, hapū or Iwi initiatives.

## **3. SERVICE USERS**

### **3.1 General**

Eligible service users are people 17 years and over with physical/sensory disability; or intellectual disability (this is interpreted as including people with ASD) or any combination of these and their primary carers/family/whanau, as determined by the NASC.

### **3.2 Service users responsibility**

The provision of the following items and costs are excluded from the negotiated contract price. They are the responsibility of the service users, although these may be partially funded by other funders, these include but are not limited to:

- Clothing and personal toiletries, other than ordinary household supplies
- Medication
- Continence supplies
- Doctors visits
- Dental care
- Opticians
- Specialist services and assessments
- ESS equipment for individual use
- Telephone toll charges

- Hairdressers

## **4. ACCESS**

### **4.1 Entry and exit criteria**

NASC have the role of assessing need, prioritising and allocating resources for people with disabilities living in their area. The assessment and service co-ordination processes followed by the NASC Service will ensure that the following criteria have been met for clients referred to the respite services provider:

- The individual is eligible – (See 3)
- NASC determines the need for and allocation of respite care
- The individual, their primary carers/family/whanau/support networks have been involved in the selection of the service provider
- Provider to ensure that their services are culturally appropriate for Maori, Pacific and other ethnic groups i.e. staff should be able to demonstrate an appropriate level of cultural competence

Length of stay in the respite facility will be agreed with service users and will form the basis of the individual plan/care plan prior to entry. If the primary carers/family/whanau has not arranged for the individual's return home at the agreed time, this will be reported immediately to the NASC agency responsible for the placement as per the agreed individual plan/care plan (See 5.1.1).

## **5. SERVICE COMPONENTS**

### **5.1 Processes**

#### **5.1.1 Individual Plans**

The following requirements are in addition to those specified in the Provider Quality Specifications and Health & Disability Sector Standards NZS8134: 2001. The provider will have in place an individual plan/care plan for all service users using the service. The individual plan/care plan will be written with the service users at the beginning of the placement and will cover:

- Length of stay and arrangements for return home
- Arrangements for school attendance, including transport where appropriate
- Medication
- Communication and Behaviour supports where appropriate
- Particular care needs and the usual methods of managing these in the home
- Dietary needs, likes and dislikes, allergies etc.
- Any other significant issues for the service users

#### **5.1.2 Risk Management**

The Provider is required to meet the requirements of the Provider Quality Specifications/Health & Disability Sector Standards NZS8134: 2001 if there are five or more beds in the service. The Provider's Risk Management Plan shall address matters such as:

- Staff recruitment and supervision that emphasise the safety of people with disabilities

- Staff rosters ensure adequate supervision, particularly when staff are carrying out personal care of people with disabilities
- The compatibility of people with disabilities who will be resident at the same time
- Policies and procedures for staff if abuse of people with disabilities is evident or suspected
- The safety of staff when working with a disabled person with destructive behaviours
- Dealing with challenging behaviours – when and how to access support services and when to access NASC for reassessment/review
- Management of crises and incidents – incidents and crisis situations should be documented and reported to primary carers/family/whanau, welfare guardians and designated advocates
- Development and maintenance of relationships and communication in crisis situations with primary carers/family/whanau, advocates, neighbours and other household members including staff
- Development and maintenance of positive relationships with the immediate neighbouring community

### **5.1.3 Behavioural Support**

The Provider will:

- Ensure that communication and behavioural support is addressed in each service user's individual plan/care plan where appropriate
- The Provider is required to work cooperatively, support and implement the contracted Behaviour Support Service or Dual Diagnosis/Assessment Treatment & Rehabilitation Services to implement any Behavioural Support or Treatment Plan in place for service users
- The Provider is required to participate in training provided by the Behaviour Support team
- The Provider will incorporate strategies of individual behavioural support plans to form the basis of upskilling of all staff
- The home has and operates a non aversive policy for managing challenging behaviour which adopts the principle that a person's freedom should be restricted only for safety reasons
- Restraint procedures will be based on the Standards New Zealand document "Restraint Minimisation and Safe Practice NZS8141: 2001"

## **5.2 Settings**

The provider will provide a safe environment for the service users.

The facility will provide a "home-like" environment that is safe and appropriate. Service users will be encouraged to bring personal belongings that enable them to adapt and feel comfortable in a different environment.

The location of the home and provision of transport will facilitate access to community facilities, socialisation and leisure activities.

Each person with a disability is to have their own bedroom unless it is the service users clear choice and preference not to do so.

The Provider will ensure secure, physically safe internal and external environments that meet the people's particular mobility and safety requirements. Staffing levels, behavioural management techniques and alternative activities are considered important means for providing physical safety for all service users.

### **5.3 Key inputs**

#### **5.3.1 Staffing**

The Provider will be responsible for employing competent staff for adequate hours for the needs of the service users group to ensure 24-hour service provision. The Provider will have sufficient experienced staff to provide a level of service relative to the service user's assessed needs which may include but is not limited to: communication requirements, behavioural support, risk management, intellectual disability, personal cares and social functioning.

Staff training where applicable, which may include but is not limited to:

- General training of caregivers, including, but not restricted to:
- Disability issues – including: values/attitudes; inclusion, empowerment
- Confidentiality/privacy issues
- Grief and loss
- Stress/family relationships
- How to recognise risks to people with disabilities safety or possible abuse and the organisation's policy of dealing with this
- Social value
- Physical care e.g. using equipment such as hoists etc...
- Communication strategies
- Behaviour support
- Interactions that will enhance the service users self esteem and independence

The Provider will actively encourage, promote and develop Maori, Pacific and other ethnically diverse staff to be employed at all levels of the service to reflect the service users population.

The Provider will actively recruit care staff that matches the ethnicity of service users using the service, particularly where English is a second language for service users.

#### **5.3.2 Accommodation and Household Support Services**

Accommodation will aim for a "home-like" environment and provide the usual support services provided at home such as meals, laundry, hygiene and personal care.

The environment will be positive and affirming of people with disabilities; with age appropriate activities/outings and positive interactions.

## **6. SERVICE LINKAGES**

The initial link for respite services will be with the NASC services that are responsible for referrals. Co-operative relationships must be developed with NASC services ensuring that the service develops to meet the needs of specific service users in the district. Any concerns about safety and particularly child safety must be discussed and advised on by NASC.

Other linkages appropriate to the various client groups are:

- Schools, special education providers where appropriate
- Day and/or recreational activities
- Behavioural specialist support team, if applicable
- Appropriate ethnic and cultural groups
- Disability consumer groups
- Advocacy services
- Disability Information Advisory Services (DIAS)
- Transportation services e.g. Total Mobility, to recreational and/or day activities etc...

## **7 EXCLUSIONS**

People who are covered under the Injury, Prevention, Rehabilitation and Compensation Act 2001. ACC has been responsible since 1974 for funding support services for people whose disability is caused by injury or accident<sup>1</sup>.

People aged 65 years and over who do not have a long term impairment (i.e. physical, sensory, intellectual disability that was acquired before the age of 65 years)

People aged 50-64 years who have been assessed by a DHB or needs assessor as "close in interest" to persons aged 65 years and over and whose needs would be best met by DHB integrated health and disability services.

People aged 65 years and over with a long term impairment who have been Ministry funded but who have been clinically assessed by a DHB or needs assessor as requiring age related residential care.

People who require an assessment solely as a result of a mental health need or addiction condition- these services are provided for by the DHB through Mental Health Assessment Services or Community Mental Health teams.

People who require services primarily as a result of a personal health need. A personal health need is defined as when a person's level of independent function is reduced by a condition that requires ongoing supervision by a health professional.

People who are receiving long-term residential care or rehabilitation.

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<sup>1</sup> Injury, Prevention, Rehabilitation and Compensation Act 2001 refers.

## **8. QUALITY REQUIREMENTS**

### **8.1 General**

The Provider is required to comply with the Ministry of Health General Contract Terms, the Ministry of Health Provider Quality Specifications and Health & Disability Sector Standards NZS8134: 2001.

In accordance with the Provider Quality Service Specifications other quality indicators will be incorporated as part of your internal evaluation and service development plan.

### **8.2 Primary carers/family/whanau involvement**

There are a number of means by which primary carers/family/whanau can provide input into service operations and development. These may include, but are not limited to:

- Input into policies and procedures
- Input into service planning and development
- Input into staff selection/appointment
- Involvement into internal quality monitoring
- Input and active participation into development of the individual plan
- Representation on an advisory type board
- Involvement in activities such as social and recreational activities
- Maori input and involvement in all service planning and review processes
- Pacific input and involvement in all service planning and review processes

In addition the Provider is required to have clear separation of governance from management roles.

### **8.3 Acceptability**

The service will be acceptable to service users, this will be supported by feed-back contained in consumer/service user satisfaction surveys conducted annually and by service user participation in on-going evaluation of the service.

The Provider is to immediately report to the Ministry of Health Service Manager any critical incident or crisis in which serious harm has occurred resulting in police involvement, hospitalisation of a child, young adult, or adult as the result of an accident and/or incidents in which could result in media or political attention.

### **8.4 Safety and Efficiency**

People with disabilities will be cared for in an environment that is safe for them, their primary carers/family/whanau and other people using facilities on the site.

The Provider will have documented policies/protocols for the following aspects of service delivery:

- Ensuring the safety of people with disabilities and the safety of staff from accusations of abuse, this is particularly important for staff involved in personal care
- Managing disruptive behaviour in the least restrictive way possible
- Medication administration
- General compliance with Infection Control NZS8142: 2000 Standards

- Placements will be carefully planned to avoid potential risk arising from inappropriate sharing of the facility

## **8.5 Effectiveness**

- There will be a written agreement (individual plan/care plan) made with the primary carers/family/whanau, this care plan will identify any special needs, length of stay and methods and the use of behaviour support interventions, see 5.1.1
- Service users will have identified key workers, known to them, who will take overall responsibility for the welfare of people with disabilities while resident and feed-back to primary carer/family/whanau at the end of the placement
- Daily reports will be kept on progress/intervention and activities of people with disabilities including administration of any medication, and shared with primary carers/family/whanau
- Any advice/information about the care of a person with disabilities that is given in supervision/consultation will be discussed with the primary carers/family/whanau at the end of the placement with service user consent
- Service users will be involved in on-going evaluation for the improvement of the service

## 9. PURCHASE UNITS

The following purchase units apply to this service.

PU Code	PU Description
DSS213A1	Respite care is provided to eligible service users who have continuous DSS related support needs who require intermittent or episodic 24 hour residential support so to be able to sustain community living.

## 10. REPORTING REQUIREMENTS

Reporting Requirements				
PU ID	PU Short Name	PU Measure	Frequency	Information
DSS213 A1	Respite beds and Afternoon respite (part days)	Bed days	Six Monthly	<p>1. Total number of clients by ethnicity by month</p> <ul style="list-style-type: none"> <li>• Maori</li> <li>• Pacific</li> <li>• Other</li> </ul> <p>2. Narrative report:</p> <ul style="list-style-type: none"> <li>• Including gaps and unmet need</li> <li>• Planned service development</li> <li>• Changes in the type and way in which services are delivered</li> <li>• Service user satisfaction survey results and any changes as a result</li> <li>• Critical incidents and events – detailing the circumstances, dates and persons involved and outcomes of incident</li> </ul>