

PURCHASE UNIT CODE: DSS213A2

SERVICE NAME: “Out of Family” Respite Services for Children 16 years and under with physical/sensory disability; or intellectual disability (this is interpreted as including children with ASD)

The Disability Services Directorate (DSD) acknowledges the important role that primary carers/family/whanau have in caring for their children with disabilities. DSD funded and contracted respite services are part of a range of supports available to primary carers/family/whanau who care for children with disabilities. The provision of respite services to support primary carers/family/whanau of children with disabilities can make it possible for children with disabilities 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 children 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

Note: This Tier 2 DSS213A2 Service Specification is linked to the overarching Tier One DSS213A1 Service Specification. Refer to the individual overarching document for details on:

- Service Objectives (General and Māori Health)
- Service Users
- Access (including entry and exit criteria and time)
- General Service Components (including key inputs, settings, facilities, support services and processes)
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to **all** service delivery.

2. SERVICE OBJECTIVES

2.1 General

Respite services have the following objectives:

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

In addition, the Provider under this service specification will ensure services are delivered in accordance with the guiding principles of the Memorandum of Understanding (MoU) between the Ministry of Health and the Department of Child Youth and Family Services.

2.2 Maori Health

(As per Tier 1 DSS213A1 service specification)

3. SERVICE USERS

3.1 General

Eligible service users are children 16 years and under with physical/sensory disability; or intellectual disability (this is interpreted as including children with ASD) or any combination of these and their primary carers/family/whanau, as determined by the NASC.

3.2 Service users responsibility

(As per Tier 1 DSS213A1 service specification)

4. ACCESS

4.1 Entry and exit criteria

(As per Tier 1 DSS213A1 service specification)

5. SERVICE COMPONENTS

5.1 Processes

5.1.1 Individual Plans

(As per Tier 1 DSS213A1 service specification)

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 the child
- An emphasis on child safety will include staff rosters that ensure adequate supervision, particularly when staff are carrying out personal care of the child
- The compatibility of children who will be resident at the same time
- Policy and procedures for staff if abuse of a child is evident or suspected
- The safety of staff when working with children 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
- 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

(As per Tier 1 DSS213A1 service specification)

5.2 Settings

(As per Tier 1 DSS213A1 service specification)

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 (as per definition). 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:
- Child care and expectations of children with disabilities
- Disability issues – including: values/attitudes; inclusion, empowerment
- Confidentiality/privacy issues
- Grief and loss
- Stress/family relationships
- How to recognise risks to the child's safety or possible abuse and the organisation's policy of dealing with this
- Training specific to the child
- Social value
- Physical care e.g. using equipment such as hoists etc...
- Communication strategies
- Behaviour support
- Interactions that will enhance the child's self esteem and independence

The Provider will actively encourage, promote and develop Maori, Pacific and other ethnically diverse health workers 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 children 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 child safety must be discussed and advised on by NASC.

Other linkages are:

- Schools, special education providers
- Day and/or recreational activities
- Behavioural specialist support team
- 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

(As per Tier 1 DSS213A service specification)

8. QUALITY REQUIREMENTS

8.1 General

(As per Tier 1 DSS213A1 service specification)

8.2 Primary carers/family/whanau involvement

(As per Tier 1 DSS213A1 service specification)

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 as the result of an accident and/or incidents in which could result in media or political attention.

8.4 Safety and Efficiency

Children 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 children 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
- Staff training in child protection and agency procedures for dealing with situations where abuse is either observed or suspected
- Where there is a suspected case of abuse, it is the provider's responsibility to notify the Ministry and CYF
- Any transfer to an alternative service would be coordinated by CYF as the agency with statutory authority for care and protection. (Section 396 of the Children, Young Persons and their Families Act 1989)

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
- Each child will have identified key workers, known to the parents, who will take overall responsibility for the child's welfare while resident and feed-back to primary carers/family/whanau at the end of the placement
- Daily reports will be kept on progress/intervention and activities of children with disabilities including administration of any medication, and shared with primary carers/family/whanau
- Any advice/information about the care of a child 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
- Staff will be appropriately trained in child care; and will have access to specialist consultation and advice as needed
- 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
DSS213A2	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
DSS213A2	Respite beds and Afternoon respite (part days)	Bed days	Six Monthly	<ol style="list-style-type: none"> 1. Total number of clients by ethnicity by month <ul style="list-style-type: none"> • Maori • Pacific • Other 2. Narrative report: <ul style="list-style-type: none"> • Including gaps and unmet need • Planned service development • Changes in the type and way in which services are delivered • Service user satisfaction survey results and any changes as a result • Critical incidents and events – detailing the circumstances, dates and persons involved and outcomes of incident