### Ministry of Health New Zealand October 2017

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### Who is funded through DSS?

The Ministry's DSS client group consists of people who:

- are usually aged under 65
- AND
- have a physical, intellectual, or sensory disability or a combination of these, which is likely to:
- remain even after provision of equipment, treatment and rehabilitation
- continue for at least six months, and
- result in a need for on-going support.



### **Our clients**

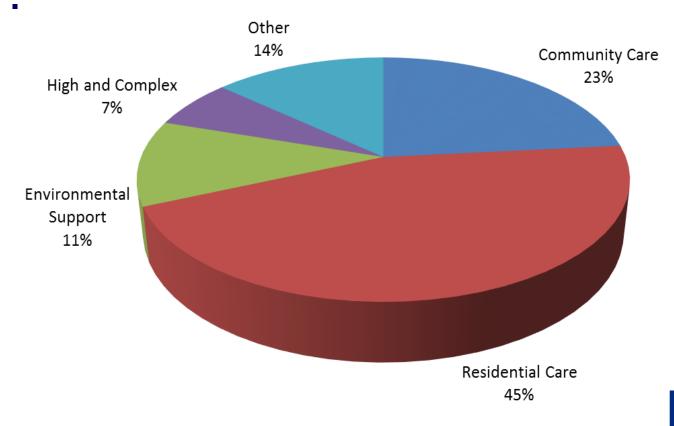
- Approx 32,000 receive regular, ongoing support
- Another 70,000 per year receive one off support (equipment)
- More males (56%) than females (44%)
- 16% Maori, 6% Pacific, 5% Asian, 69% Other
- 38% of clients are under the age of 19
- 8% are over the age of 65
- Principal disabilities include intellectual (46%), physical (27%), ASD (16%), sensory (4%)



# What sorts of services do we fund and how much do we spend each year?



### **Current budget NZ\$1.2 billion**





# **Community Care**

- Personal Cares eg showering, dressing
- Household Management eg meal preparation, cleaning, laundry
- Funded Family Care for resident family of adults with a disability
- Carer Support/Respite for full time carers to take a break from their caring responsibilities
- Supported living managing a budget, shopping, transport around the community



# **Residential Care**

#### Includes

- Community residential (group homes, usually of 4 clients, often ID)
- Rest homes (for physically disabled people needing clinical (nursing) supports)
- Hospitals (for high needs clients)



# **Environmental Support**

### Includes:

- All people with a long term disability who need equipment (including over 65's)
- Housing and vehicle modifications
- Hearing aids
- Spectacle subsidy
- Communication aids







# **Cochlear Implants**

- Delivered by Northern and Southern Cochlear Implant Trusts
- Contract for 16 newborns, 30 children and 40 adults each year
- Each implant costs \$50k, bilaterals \$80k
- Processers replaced every 6-8 years costing \$10k
- No waiting list for children some adults waiting over 2 years.
- Additional adult volumes purchased this year – 60





### **Assessment, Treatment and Rehabilitation**

### Contracts with hospitals include:

- Inpatient beds
- Outpatient appointments
- Home visits

Usually inter-disciplinary teams including a rehabilitation doctor, nurses and allied health. Hospitals in NZ deliver 104 rehab beds every day, 687 outpatient appts per week and 351 home visits per week.





# **Child Development Teams**

- Usually based in hospitals
- Multi-disciplinary allied health services physiotherapist, occupational therapist, speech language therapist, psychologist
- Provide specialist assessment and intervention services
- Targeted at, but not limited to, pre-schoolers\_
- Focus on early intervention to help children reach their potential
- Currently under review to see if we can do it better/differently.



## **Behaviour Support Services**

- Behaviour Support looks to address challenging behaviours for people with a disability
- One national provider
- Mainly psychologists
- Improves people's quality of life by supporting them to be part of their community
- Try to intervene early as behaviours are developing
- Measures outcomes for each person which gives us the ability to measure the impact of the service.





### Needs Assessment Service Coordination (NASC) agencies

- Identify needs, eligibility to DSS funded services, and outline available supports
- 15 NASCs across the country by region
- Undertake needs assessments
- Coordinate services which includes providing information about options, co-ordinating services within a support plan, and allocating funding



# Why do we fund disability services in NZ?









## Why?

Social Policy Select Committee Inquiry 2008 Enabling Good Lives – we want to support people with

a disability to have an ordinary, good life in the same way that other New Zealanders do.

UN Convention on the Rights of People with a Disability 2008

Disabled people are demanding a good life!



# **Enabling Good Lives (EGL)**

The principles of EGL:

- » Self-determination
- » Beginning early
- » Person-centred
- » Mainstream first
- » Ordinary Life Outcomes
- » Mana enhancing
- » Easy to use
- » Relationship building



### **Self Determination**

# "Disabled people are in control of their lives"





# **Beginning Early**

"Invest early in families to support them to be aspirational for their disabled child, to build community and natural supports and to support disabled children to become independent"





### **Person Centred**

"Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach"





### **Mainstream First**

"Disabled people are supported to access mainstream services before specialist disability services if that's what they choose"





## **Ordinary Life Outcomes**

"Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life."





## **Mana Enhancing**

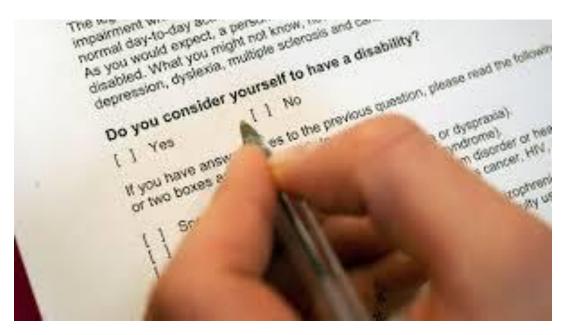
"The abilities and contributions of disabled people and their families are recognised and respected"





### Easy to Use

"Disabled people have supports that are simple to use and flexible"





# **Relationship Building**

"Relationships between disabled people, their family and community are built and strengthened"





### What next? – Disability System Transformation









### **Any questions?**

