



## **DISABILITY POLICY**

## Introduction

UnitedFuture supports the intentions and direction of the NZ Disability Strategy, but believes that there is an unacceptable gap between policy and practise in many service areas. The inquiry held by the Social Services Select Committee, plus the responses to our own Disability Discussion document have informed the policy below.

## Values

1. The celebration of diversity within New Zealand must include those with disabilities.
2. All models of care must facilitate *inclusion and participation* and systemic barriers must be identified and dismantled.
3. The consumer/family model of governance puts *authority* for decisions into the hands of those most directly affected by service outcomes. It is able to respond to the needs of the whole family affected by the needs of the disabled person.

## Current Problems

1. People with impairment are rarely allowed to manage their own support budget. As of June 2007 there were only about 90 people receiving individualised funding. Currently this provision is only available to those with high or very high needs. For most people, services are pre-determined rather than self-determined. This means that money is wasted. Contracts are between funders' and service providers and do not include the client or their support people in a contractual nor a consultative sense.
2. There is a shortage of *respite care*.
3. A huge disparity exists between those dealt with by ACC and those who have impairments that have no origin in trauma.
4. Caregivers are poorly paid, poorly planned for, poorly trained without clear scopes of practise, and are therefore without appropriate qualifications and career pathways.
5. Maori and Pacific Island people with impairment are identified as some of the most marginalised people and often they rely on family who themselves are clearly marginalised.
6. There is no government funding for advocacy services. There is a complaints service run by the Health and Disability Commission but uptake is low due to the ongoing relationship that people with disabilities have with their providers.
7. Needs Assessment and Service Coordination (NASC) agencies do not appear to operate under consistent guidelines and criteria; and consumers and their families are often unaware of their rights under needs assessment. There appears to be little transparency between funders, service providers and assessment teams. The NASC process has limited the responsiveness and flexibility of disability support services. There are questions about how often a client is required to undertake an assessment.

## **POLICY**

### **Audit**

- Standards should be customised and focused on the quality of life not just compliance to systems. Clients should be central to the audit process and supporting friends and family should be consulted.
- Focus needs to be not just on compliance and risk management, but on the ongoing development of both the philosophical base and services of providers.
- Compliance and risk management audits could be simplified and streamlined into an online format that is available to all funders' needing this assurance to avoid duplication. These should be updated regularly and inexpensively. On-site audits could then focus on service development and client satisfaction.
- An independent review of current audit and monitoring provisions be carried out.

### **Advocacy & Complaints**

- Establish Community-based advocacy services to ensure that every disabled person and their family have a case manager who ensures that clients are given every support they are entitled to and want.
- Provide advocacy training for brokers, clients and their families who wish to advocate for themselves.
- In the current absence of accessible advocacy services, develop clear protocols between Disability services and related services like health, mental health, education, income support so that applications for assistance are more streamlined.
- Support the development of "family governance groups" to oversee life-long care arrangements for individuals with disabilities.

### **Accountability and Collaboration**

- Establish and fund a Disability Commission to be accountable for the full implementation of the disability Strategy.
- More accountability is needed to track where the money from unfilled carer hours goes and is spent.
- The sector needs to be client-driven not provider-driven. Better collaboration between what clients want and what services are available will require a change in funding and contracting. Where possible the client should determine the contract.

### **Housing**

United**Future** supports the following standards:

- The residents served should assist in the selection and location of the home.
- They should decide who they want to live with, have a voice in staff selection and help to decorate and furnish their home.
- Agencies should hire staff whose personal orientation, commitment, and attributes are targeted towards helping people make a home for themselves.
- Programming, treatment, and related practices are either kept out of the home setting, or if necessary blended carefully into the home-life so they do not disturb the home setting.
- The home should be close to work, family, recreation and convenient to other interests of the people who live there.

- Intimacy, sharing, personal ownership and possessions should be encouraged.
- The house is at all times, legally and otherwise the home of the residents, and not the staff or the agency.

UnitedFuture supports home ownership for people with disabilities through rent-to-buy and shared equity mechanisms and the use of State Housing stock for this purpose.

## **Workforce**

*Society should not just be judged by how it treats it's most vulnerable members, but also by how it treats those who support and care for them.*

- Ensure wage rates are included as part of all government contracts with providers; the starting rate should be \$18/hr.
- Introduce a "Caregivers Allowance" for those currently providing unpaid support.
- Ensure that appropriate respite care is available in every region.
- Intensify workforce planning so that greater certainty is gained around issues of:
  - \* Scopes of practise
  - \* Qualifications
  - \* Pathways to qualifications
  - \* The availability of academic training, theory and learning
  - \* Assistance for voluntary agencies (like RDA) to train volunteers
  - \* Fund regular evaluations and up-dates of training content by the Industry Training Organisation, including input from clients.
- Ensure that ongoing staff training is part of government contracts.
- Develop compulsory content for all participants in Teacher Education regarding teaching students with disabilities

## **Funding**

- Develop individualised packages of support.
- Increase the flexibility between household management funds and personal care funds.
- Extend contract times to allow sufficient time for planning and service development in a sustainable way.
- Increase ORRS funding to schools by 10% and ensure that it is not pruned if a student makes academic progress but remains disabled.
- Allow bulk funding for services separate from benefit income.
- Create a separate funding stream for workforce including wages so that wage increases can be tagged separately from general operations funding to Providers.
- Establish an innovation fund to encourage the development of new opportunities for the sector.
- Provide information for NGO funders on where to invest how to respond to innovation, experimentation and risks, the importance of both long-term and short-term goals, forming funding partnerships, how to best get accountable feedback and the like.
- Establish a health levy (or National Insurance Scheme) to provide a designated fund to address the disparity between trauma-based (ACC) and non-trauma based impairment.