



Funding Request: My Home, My Choice

Date:	1 February 2024
For:	Transformation Management Board
CC:	Whaikaha ELT
File reference:	TMB-FR-2024-1
Security level:	In Confidence

Executive summary

Purpose

This paper is seeking the Transformation Management Board’s approval to release Budget 2022 funding for a time-limited project to:

- Improve accommodation options for disabled people who require 24/7 support.
- Build the evidence base for longer-term social housing options for disabled people.

Context

Around 7,500 out of the 50,000 disabled people we serve live in residential care, most commonly group homes. Around half of the total operational budget for Whaikaha (over \$1 billion a year) is used to support disabled people in residential care.

The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them and often, what they do during the day. While the cost of support is higher in residential care, quality of life can be reduced. Once someone starts residing in residential care, the opportunity to explore other possibilities for support tends to diminish.

Disabled people living in residential services are specifically excluded from the Residential Tenancies Act 1986. This creates inequity regarding the access to mainstream housing alternatives.

Existing Enabling Good Lives trial sites are indicating that disabled people wish to explore other alternatives to residential care.

The UN Concluding Observations provided to New Zealand in 2022 specifically invited New Zealand to reform support programmes which allow for conjoint living arrangements where housing is tied to the provision of support.

It is anticipated that inquiries currently being undertaken such as the Royal Commission into abuse in care and WAI2575 will find the need to improve equity for disabled people in or at risk of going into Residential Care.

In response, Whaikaha established My Home, My Choice / Nōku te Kāinga Noho Nōku te Whakatau¹ to develop alternatives to residential services and to create better outcomes, security and choice and control for disabled people who live in residential services.

Proposal

The purpose of the Budget 2022 funding is to support system transformation. As part of its stewardship role, Whaikaha needs to better understand what is needed, possible and sustainable when improving outcomes for disabled people who require 24/7 care.

This proposal is seeking time-limited funding to test new ways of working and to build the evidence base to inform longer-term social housing options for disabled people.

The funding would focus on four areas:

Focus	Purpose
Intensive Response Team	<ul style="list-style-type: none"> To work with disabled people whose housing situations are most compromised (either safety, security or the ability to make everyday life choices) and who have limited alternative housing options. During the trial period this service would be operated by Whaikaha (reflecting the approach taken by Education, which directly manages support for the most at-risk students).
Unbundle accommodation from supports	<ul style="list-style-type: none"> To invest in foundational steps to improve how 24/7 care is provided for those who need this support, by testing how to separate tenancy from other supports. Two Community Housing Providers would be contracted to source and manage appropriate housing stock. (This will help identify potential longer-term options for social housing provision for disabled people).
Te Ao Māori options	<ul style="list-style-type: none"> To support Iwi/ Māori alternatives to residential care, as well as understanding how existing supports can be improved to better meet support tangata whaikaha Māori and their whānau. (This work will support a future case for investment in te ao Māori alternative options).
Practice network	<ul style="list-style-type: none"> To build and broaden understanding of how flexible funding can be used to support alternative housing options that work well for disabled people. (This includes continuous improvement and resource development to support ongoing capability building across the system).

The total funding sought from the Budget 2022 drawdown is **\$6.550m** over four years. Appendix One has the cost breakdown and assumptions, which may require

¹ [My Home, My Choice | Whaikaha - Ministry of Disabled People](#)

adjustments (within the approved funding limit) as understanding of implementation options and costs are developed.

Implementation-focused decisions would be led by the Service Design team within Commissioning Design and Delivery and the Group Manager Service Design would provide quarterly updates to the Board on progress.

Appendix Two shows the impact on the remaining Budget 2022 system transformation funding, if this requested funding is approved by the Transformation Management Board.

Recommendations

It is recommended that the Transformation Management Board:

- a) **Agree** to release \$6.550m over four years from Budget 2022 system transformation funding to test new ways of working and to build the evidence base to inform longer-term social housing options for disabled people **Agree | Disagree**
- b) **Agree** that this funding will support the time-limited establishment of an Intensive Response Team **Agree | Disagree**
- c) **Agree** that this funding will test options for unbundling accommodation from supports **Agree | Disagree**
- d) **Agree to** investment to develop Iwi/ Māori alternatives to residential care **Agree | Disagree**
- e) **Agree** to invest in understanding how flexible funding can be used to support alternative housing options, and to develop resources to support those alternative options **Agree | Disagree**
- f) **Note** that the initiatives will help Whaikaha to better understand what is needed, possible and sustainable when improving outcomes for disabled people who require 24/7 care **Note**
- g) **Note that,** as the implementation design is developed, funding may be shifted between the proposed funding areas, but will not exceed the total amount approved **Note**
- h) **Note** that Whaikaha will provide quarterly updates to the Board on progress **Note**

Amanda Bleckmann



Deputy Chief Executive: Commissioning, Design and Delivery

Date: 1 February 2024

Funding Request: My Home, My Choice

Context

- 1 Around 7,500 disabled people live in residential care, most commonly group homes. Around half of the total operational budget for Whaikaha (over \$1 billion a year) is used to support disabled people in residential care.
- 2 The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them and often what they do during the day. While the cost of support is higher in residential care, quality of life can be reduced.
- 3 Once someone starts residing in residential care, the opportunity to explore other possibilities for support tends to diminish.
- 4 Disabled people want access to the same range of living options as all people, with the same sense of home and choice. The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them. And once in residential care, people tend to stay, and over time lose capacity to live in other circumstances.
- 5 Disabled people living in residential services are specifically excluded from the Residential Tenancies Act 1986. This creates inequity regarding the access to mainstream housing alternatives.
- 6 The existing Enabling Good Lives sites demonstrate disabled people want and can access alternatives to residential care.
- 7 Recent inquiries, conventions and strategies highlight the need to improve human rights and equity (of access, acceptability and outcomes) for disabled people in, or at risk of entering, residential care. These include but are not limited to:
 - 7.1 The Enabling Good Lives principles.
 - 7.2 NZ Disability Strategy - particularly the outcome relating to Choice and Control (Outcome 7).
 - 7.3 Waitangi Tribunal Health Services and Outcomes WAI2575.
 - 7.4 The Royal Commission Inquiry into Abuse in Care.
 - 7.5 United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand in 2008) and the Convention on the Rights of Children (ratified by New Zealand in 1993).
 - 7.6 Te Aorerekura national Strategy to eliminate family and sexual violence, Action 28.

My Home, My Choice

- 8 My Home My Choice / Nōku te Kāinga Noho Nōku te Whakatau is a Whaikaha work programme. It has been set up to develop alternatives to residential services and to create better outcomes, security and choice and control for disabled people who live in residential services.
- 9 Sir Robert Martin KNZM and Gary Williams MNZM are patrons for My Home My Choice (MHMC), and are supported by an external advisory board.²
- 10 Priorities identified by My Home, My Choice are to:
 - 10.1 Ensure alternative options are available for people considering entering residential services.
 - 10.2 Enable alternative options for people who want to leave residential services.
 - 10.3 Increase people's choice and control within residential services.
 - 10.4 Work with government agencies to enable easier transitions that align with EGL principles, ensure equity and promote citizenship.
- 11 Whaikaha aspires for all disabled New Zealanders to enjoy access to the same range of living situations as their non-disabled peers. The proposal outlined here starts us toward that goal in a practical way and goes some way to meeting the UNCRPD Committee Observation provided to New Zealand in 2022.
- 12 Overcoming the practical, economic, and societal challenges necessary to achieve this vision will require a substantial and diverse work programme. Because of the significance of the change required, any first steps are likely to look disproportionate to the scale of the problem. It is nevertheless important that we make those first steps, so that momentum can develop and foundational issues can begin to be addressed.

Proposal

- 13 This paper seeks agreement to:
 - 13.1 **Invest in a time-limited Intensive Response Team** – to work with those whose housing situations are most compromised and who typically have the fewest options for their living arrangement in the current disability support system.
 - 13.2 **Initial investment to unbundle the provision of support from accommodation**, through contracting with Community Housing Providers to bring on stream the level of housing that might be required where people are accessing flexible support, and move away from disability support providers being a housing solution in new arrangements.

² [My Home, My Choice | Whaikaha - Ministry of Disabled People](#)

13.3 **Resource to work with Iwi/Māori** on specific alternatives to residential care for tangata whaikaha, culturally grounded in te ao Māori (noting this work will be used to develop a case for future investment in te ao Māori alternative options).

13.4 **Facilitation of a practice network** that ensures that, within existing flexible contracting and supports, an appropriately broad approach to the kinds of 'home' and lifestyles people might be seeking are supported.

14 Each of these proposals is expanded on below.

An Intensive Response Team

15 The Intensive Response Team would provide in-depth facilitation support to those whose living situations are the most compromised.

16 The initial cohort of people who the team will engage with are tāngata whaikaha Māori, disabled people, and their families and whānau, who are considering entry into, or exit from, residential services or young people in aged care. In conjunction with responding to direct requests the MHMC Intensive Response Team will work in partnership with Enabling Good Lives sites to prioritise who is assisted.

17 Oranga Tamariki will also be a key partner to ensure young children in the care of the agency can be cared for within alternate family and whānau environments.

Initial investment to unbundle the provision of support from accommodation

18 In some contractual situations funded by Whaikaha (such as Flexible Disability Support Contracts and Choice in Community Living) providers continue to play the primary role in securing housing for disabled people who require 24/7 support. Reliance on providers to play the role of social landlord and to manage the availability of housing can:

18.1 lead to suboptimal trade-offs between the landlord and supporter roles;

18.2 reduce the security of tenure that the disabled person has; and may

18.3 make it harder for disabled people to exit support arrangements that cease to work for them (as to do so comes with the risk of losing their home).

19 To access Community Group Housing – the form of social housing most available to disabled people – the houses concerned must be let by Kainga Ora to a provider as part of the service that provider offers. This further engrains our current model of bundled provision as there are tighter criteria for accessing housing on the general social housing register that will often not prioritise many disabled people who need a housing solution but are not at present functionally homeless.

20 We propose that Whaikaha contract with Community Housing Providers to provide a 'pipeline' of social housing that will meet the need of 24/7 support provision through existing flexible contracts. Costs that cannot be met by individuals would continue to be allocated through existing processes and criteria. This proposal

seeks funding for the additional management costs that a Community Housing Provider might incur in delivering this service.

- 21 This approach will start 'turning off the tap' of bundled housing arrangements, as a first step to exploring what a general move away from bundled service provision might involve.

Resource to work with Iwi/Māori

- 22 Work to design and develop alternative approaches to residential services for tāngata whaikaha Māori requires an intense level of collaboration with broader government agencies, community groups, and iwi and hapū organisations. This aspect of the work is complex and requires significant investment.
- 23 To progress this work, we are proposing the establishment of a dedicated resource within Whaikaha (1 FTE) to focus solely on designing and developing initial and alternative approaches to residential services with tāngata whaikaha Māori and their whānau.
- 24 Tāngata whaikaha Māori and their whānau need to be provided sufficient time to engage with the purpose and goals of this work. The sustainability of the solutions/approaches designed through this work will rely significantly on the effectiveness of engagement with tāngata whaikaha Māori.
- 25 If disabled New Zealanders' are to enjoy the full range of living situations their non-disabled peers might, then we need a spectrum of approaches that include:
 - 25.1 The options available to tangata Whaikaha Maori being relevant and accessible to them, including being welcoming of te reo and cultural practices important to individual tangata me o ratou whanau whaikaha; and
 - 25.2 tangata Whaikaha Māori being supported to engage in papakainga and other culturally grounded approaches where that is the choice of them and their whānau.

Facilitation of a practice network

- 26 Providers experience uncertainty about how to prepare for Enabling Good Lives. The proposed actions will address this challenge by establishing what best practice is and how it can be applied.
- 27 This proposal addresses immediate presenting challenges, defines and enables a shift in behaviour whilst system infrastructure is put in place to support longer term transformation. We expect facilitation of a practice network for those managing flexible living arrangements to:
 - 27.1 Build good practice around ensuring everyone is included in the decision-making process regardless of communication needs and capacity.
 - 27.2 Be clear what best practice around establishing 'home' looks like and how disabled people and families can be involved in appropriate decisions.

- 27.3 Broaden the ability of providers to support different lifestyles and living arrangements.
 - 27.4 Establish a culture of reflective practice where complaints and suggestions are seen as opportunities to learn and adjust.
 - 27.5 Consider innovations that align well with best practice and how these could be modelled elsewhere.
 - 27.6 Weigh the distinctions between duty of care and dignity of risk and work with the My Home My Choice programme to find the right balance.
- 28 We expect this would be foundational to supporting any potential roll-out of more flexible funding including Choice in Community Living and Person-Directed Disability Support contracts.

Expected benefits

The Intensive Response Team

- 29 It is anticipated that implementing an Intensive Response Team will:
- 29.1 Reduce the number of people entering, or remaining in, residential care over a 4-year period.
 - 29.2 Empower disabled people, families and whānau to propose and secure supports and services that sit outside the residential care model.
 - 29.3 Demonstrate innovative practice and build capability and capacity in local communities with a focus on disabled people, families, whānau and the key people in their lives.
 - 29.4 Build a pathway for systems change through educating and influencing the disability sector, with a focus on NASCs and service providers, to offer support and options that align with the Enabling Good Lives approach.

Initial investment to unbundle the provision of support from accommodation

- 30 Whaikaha considers that clearly separating the housing costs Whaikaha incurs from disability support provision:
- 30.1 Will enable more consolidated management of the modified housing stock used in 24/7 service provision.
 - 30.2 Will improve the security of tenure that disabled people experience.
 - 30.3 Is a necessary first step to establish how housing responsibilities to support disabled people are best arranged (in line with the principle of mainstream first).

Resource to work with Iwi/Māori

- 31 Whaikaha expects that dedicating resource to creating culturally grounded alternatives will:
 - 31.1 Begin to correct historic underinvestment in Māori leadership and support for Kaupapa Māori services.
 - 31.2 Address inequities experienced by Māori in the appropriateness of the support available to them and associated outcomes.

Facilitation of a practice network

- 32 The development of a practice network will also support the ongoing My Home My Choice work programme to:
 - 32.1 Respond well to flexible contracting, including more availability of Choice in Community Living.
 - 32.2 Create the conditions for the intensive response team to have alternative arrangements at their disposal and for NASCs, supported by Portfolio Managers, to have increased options for people looking to enter or move out of residential settings.
- 33 Key outcomes will include:
 - 33.1 Disabled people and families will experience more security and choice and control over everyday decisions within residential services and have more options other than residential care.
 - 33.2 Providers will have the knowledge and skills to deliver more choice and control within residential services and the ability to develop new services as alternatives to residential care e.g. Choice in Community Living.
 - 33.3 Aligning our practice to ensure we are meeting the guidelines on deinstitutionalisation provided by the UN in 2022 and supporting wider system transformation.
 - 33.4 Good information providers can offer to disabled people and families to know what is possible and how to access their preferred option.
- 34 The actions proposed in this paper are intended to re-balance the role of providers for those disabled people who remain engaged with them, reduce reliance on the disability support provider sector generally to function as an emergency housing option, and to enable the sector and community to better respond to future transformation initiatives.

Risks

If...	... then	Mitigation
... demand for the intensive response team (IRT) exceeds capacity	... some people may experience greater delays and frustrations as the system waits for the response team	<i>We will provide early certainty about when the IRT can engage so that it is clear who is taking responsibility to support a disabled person and their whānau at any given time.</i>
...work that can be handled in the current system is left up to the intensive response team	...demand for the team will exceed its' capacity, and some disabled people may wait for solutions longer than they need to	<i>We will create clear criteria and pathways for accessing the IRT so that the relative responsibilities of IRT and other parts of the system are clear.</i>
...there are an inadequate range of alternatives available to the intensive response team	...the intensive response team will struggle to put in place solutions that are different to what NASC would have done anyway	<i>We will monitor and evaluate IRT to identify next steps needed in ensuring its' success.</i>
...further engagement with Māori does not clearly define further support options	... we will have made less progress than intended in supporting growth in kaupapa Māori services	<i>We will monitor progress carefully and if needed create opportunities to engage in different ways, or with community leaders who can support greater progress occurring.</i>
...confidence is lost in the engagement process by Māori	... engagement will falter and it is unlikely that we will be able to specify with confidence alternatives	<i>We will ensure that there is appropriate cultural competence involved in shaping the engagement from the outset. We will monitor feedback on the experience of engaging carefully to adapt as necessary.</i>
...practice networks lose credibility with providers and/or the disabled community	... practice changes are unlikely to be supported by provider management and governance boards	<i>We will ensure that those facilitating the process have credibility with all relevant stakeholders. We will monitor the experience of engagement closely to ensure any loss in confidence in the value of the work is addressed early.</i>
...practice support does not translate through into changes on the ground	... investment in a practice network will have little impact on the lives of disabled people	<i>We will link shifts in practice to expectations in developmental evaluation to reinforce changes. Change may also be supported through expansion of peer monitors.</i>

If...	... then	Mitigation
...demand for houses to support flexible 24/7 solutions exceeds the supply that can be secured within available resources	... we will continue to rely on providers to secure further houses, and the pace of transformation may be slowed	<i>We will monitor and evaluate the effectiveness of this initiative, to better estimate what capacity is necessary for effectively delivery, and what the benefits of effective delivery will be.</i>
...providers resist unbundling of supports and housing	...the scale of change sought will not be realised	<i>We will monitor and evaluate the effectiveness of this initiative, to better understand what next steps need to be taken to support its' effectiveness.</i>

Financial implications

35 Costs for implementing these initiatives are sought in line with the costings set out below:

	4 year total
Intensive Response Team	\$2,824,854
Unbundle accommodation from supports	\$2,318,175
Te Ao Māori options	\$588,000
Practice network	\$812,500
Total:	\$6,543,529

36 These costs are not able to be funded from within Whaikaha baseline, and we are therefore seeking to meet these costs from system transformation funding.

37 Any costs associated with the accommodation of individual disabled people will be met through the usual funding streams - typically a contribution from funding made available via work and income, with some 'topping up' where there are additional disability related costs (e.g. the cost of renting a room for sleepovers, where this is required for disability related reasons). These costs are excluded from the funding sought by this paper.

38 As these are estimates that may be refined through implementation, we are seeking approval to spend up to \$6.550m across the four initiatives, allowing some movement between items of the work programme as actual costs are established.

39 Further information on these costs is available in Appendix One.

Implementation choices

- 40 There are a number of choices to be made about the implementation of these initiatives, including:
 - 40.1 Whether different components are contracted out, built out through the existing EGL sites, or delivered directly from Whaikaha.
 - 40.2 How feedback loops from these initiatives will support capability development generally.
 - 40.3 How the future of these initiatives will be influenced by future iterations of system transformation.
- 41 We expect these and other matters to be resolved through implementation planning, which we expect to include:
 - 41.1 Ensuring an integrated approach with existing systems and settings disabled people engage with.
 - 41.2 Keeping 'transaction costs' for disabled people and the system low, in line with the principle 'Easy to Use'.
 - 41.3 Aligning structural components with accountability to the disabled people receiving the supports, and ensuring there are effective ways for Voice to influence delivery.
 - 41.4 Implementation settings will be reviewed as any progressive expansion of the transformed system considers the most appropriate form of local delivery. The Transformation Management Board will be updated on the specifics of implementation and delivery as part of regular reporting to the Board on progress.

Evaluation

- 42 If agreed to, these initiatives will be monitored through regular contract management processes, as well as through an amount of funding to be set aside for enhanced developmental evaluation to provide evidence for future investment decisions.

Next steps

- 43 If the Transformation Management Board agrees with the these proposals:
 - 43.1 Whaikaha will progress implementation decisions.
 - 43.2 We will provide quarterly updates to this Board on progress.
- 44 Whaikaha will also come back to the Transformation Management Board with other initiatives that focus on improving outcomes for disabled people in residential care, including ones funded through baseline.



Appendix One – Cost breakdown

	2023/24	2024/25	2025/26	2026/27	4 year total	Initial assumptions
Intensive Response Team	s9(2)(j)					One lead facilitator and 6 facilitators.
Unbundle accommodation from supports						Management fee for up to two Community Housing Providers (CHPs) to source and manage social housing stock and supporting flexible options in existing EGL sites.
Te Ao Māori options						1 FTE and operating budget to support engagement and resource development. (The work undertaken will be used to develop future cases for investment in te ao Māori alternative options).
Practice network						1 FTE to support the practice network and continuous improvement. The development, production and dissemination of resources to support ongoing capacity building across the sector.
Total:	\$536,500	\$1,963,600	\$2,002,012	\$2,041,417	\$6,543,529	

Excerpt from Transformation Management Board Meeting 4 April 2024

Minutes: Transformation Management Board

Date:	4 April 2024	
Time	10.00-3.30	
Location:	Room 1.7, Level 1, 56 the Terrace, Wellington	
Present:	Community	Whaikaha
	Barry De Geest Delia Nolan Kellie McGrath Peter Allan Pati Umaga Renata Kotua Ray King	Paula Tesoriero, Chief Executive (Chair) Ben O'Meara, DCE Policy, Strategy and Partnerships Amanda Bleckmann, DCE Commissioning, Design and Delivery (online)
Apologies	NA	
Other attendees	Justine O'Reilly, Programme Director Transformation Jo Witko, Principal Analyst Transformation Matt Frost, Principal Advisor, Transformation	Ronelle Baker, Kaihautū Māori Esther Harcourt, Programme Lead Workforce Catherine Poutasi, Director Commissioning Lara Penman, Manager Quality and Performance

Projects/programmes funded through Budget '22

My Home, My Choice (paper for noting) – Justine

Update provided on one initiative 'Intensive Response Team' that will be nationally led and regionally present. The other three initiatives are currently being scoped. Reporting will occur quarterly.

Board discussion

Facility based residential care makes up half the Disability support budget, has the poorest outcomes and carries the highest safeguarding risks, but we have a small resource dedicated to working in this area.

There are some big policy issues across government that need to be understood and worked through. We can start to do this via the MHMC work that will help us understand better how we can work towards addressing the bigger policy issues.

Need to emphasise the MEAL approach used by the 'Insights Alliance' in this work.

Choice and community living has been around for 20+ years, but its provision has not changed over this time. If initiatives such as these are achieving outcomes, they could be expanded.

The Transformation Management Office is in the discovery phase with MSD to look at failure demand and reducing human and system costs within the system. We will be meeting with Barry soon to seek further advice/input.

It can be difficult to understand how these projects fit within the larger ecosystem. Providing more context to the papers such as articulating key messages before getting down to the detail could help.

Action:

- Ben and Amanda to discuss how to prioritise work around residential care – Ben/Amanda.
- Follow up with Barry on helping scoping failure demand work - TMO
- Show links between projects and wider Whaikaha work and objectives – TMO (ongoing).

Action Log

#	Action	Team	Status
5	Develop communications that signal the My Home My Choice initiatives but manage expectations once the more detailed design has been completed	CD&D	In progress
6	Provide quarterly updates on the four My Home My Choice initiatives' progress	CD&D	Ongoing



Memo

Date:	15/05/2024
For:	Executive Leadership Team
Lead Manager:	Terry Hibbert, Manager, Service Design 2
From:	Tom Penney, Principal Advisor, Service Design Kelly Woolston, Project Lead, My Home, My Choice Marama Parore, Principal Advisor, Service Design
Security level:	In confidence
For:	Noting

My Home, My Choice Nōku te Kainga Noho Nōku te Whakatau – update on the implementation of the Intensive Response Team

Purpose

1. This paper provides an update to ELT on the implementation of the My Home My Choice Intensive Response Team following funding approval from the Transformation Management Board on 9 February 2024.

Recommendations

It is recommended that you:

- | | |
|--|--------------|
| a) Note the Service Design Team has assessed four implementation options for the My Home My Choice Intensive Response Team for ELT feedback | Noted |
| b) Note all four options include a Programme Lead role that will be based in Whaikaha (with the potential to review after two years) | Noted |
| c) Note an ongoing role for the My Home, My Choice Steering Group in an oversight capacity will be explored when establishing the Intensive Response Team | Noted |
| d) Note recruitment for the National Lead role has started | Noted |

- | | | |
|----|---|--------------|
| e) | Note the Service Design team will lead a procurement process with the approach to be determined by feedback from ELT on implementation options | Noted |
| f) | Note Results Based Accountability criteria will be used to evaluate the expressions of interest along with outcomes developed by the Insights Alliance (still in development) | Noted |
| g) | Note the overall My Home My Choice work programme is supported by 1 FTE until 30 May 2024 | Noted |
| h) | Note there is a significant under investment in residential care across Whaikaha (noting it accounts for half of the overall budget and includes some of the most at-risk disabled people). | Noted |
| i) | Note while option 1 was the option preferred by the MHMC Patrons and Steering Group, the preferred option supported by this paper is option 2. Option 2 is the only option that achieves national consistency while also allowing cross pollination of MHMC principles into core NASC functions. | Noted |

Background

2. Whaikaha established My Home, My Choice / Nōku te Kāinga Noho Nōku te Whakatau to develop alternatives to residential services and to create better outcomes, security and choice and control for disabled people who live in residential services.
3. The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them and often, what they do during the day. While the cost of support is higher in residential care, this does not necessarily equate to an increased quality of life. Once someone starts residing in residential care, the opportunity to explore other possibilities for support tends to diminish.
4. Disabled people living in residential services are specifically excluded from the Residential Tenancies Act 1986. This creates inequity regarding the access to mainstream housing alternatives.
5. It is anticipated that inquiries currently being undertaken such as the Royal Commission into abuse in care and WAI2575 will find the need to improve equity for disabled people in or at risk of going into Residential Care.
6. There is currently only 1.0 FTE supporting My Home, My Choice until 30 May 2024. This role is limited to the establishment of the Intensive Response (Facilitation) Team. (The Transformation Management Office is progressing the remaining three projects while a more permanent solution is developed).
7. This is contrasted with the operational budget for Whaikaha (over \$1 billion a year) is used to support people in residential care. This equates to around 7,500 out of 50,000 disabled people we serve live in residential care, most commonly group homes.

8. There is also a significant gap in the policy work required to understand the disability social housing ecosystem, this is also reflected in a lack of capacity to support prototypes such as My Home, My Choice. This places a limit on the role of Whaikaha to manage the separation of accommodation from supports and to provide stewardship across government to progress the UN deinstitutionalisation recommendations.

Project funding

9. Funding of \$6.550m over four years was approved by the Transformation Management Board on 9 February 2024 for four time-limited projects to:
- Improve accommodation options for disabled people who require 24/7 support.
 - Build the evidence-base for longer-term social housing options for disabled people.
10. A portion of this overall funding \$2.825m (of the \$6.550m) was allocated to the establishment of the Intensive Response Team. This paper is concerned solely with this portion of funding.

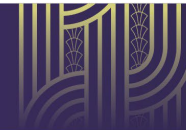
Expected Benefits

11. The purpose of Intensive Response Team is to work with disabled people and their family, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga whose housing situations are most compromised (either safety, security or the ability to make everyday life choices) and who have limited alternative housing options.
12. It is anticipated that implementing an Intensive Response (Facilitation) Team will:
- Reduce the number of people entering, or remaining in, residential care over a 4-year period.
 - Enable a specific Māori approach e for tangata whaikaha Māori and their whānau.
 - Empower disabled people, families and whānau to propose and secure supports and services that sit outside the residential care model.
 - Demonstrate innovative practice and build capability and capacity in local communities with a focus on disabled people, families, whānau and the key people in their lives.
 - Increase the number of young disabled people moving out of aged residential care.
 - Reduce avoidable returns to residential care.
13. The full benefits will not be realised until the other three projects are also implemented, and the disabled social housing policy work is developed, eligibility and funding criteria for accommodation supports reviewed and stewardship of deinstitutionalisation is progressed.

Implementation Options

14. System Design has undertaken a design process that sets out **four** options (detailed in the table below) for the implementation of the My Home, My Choice – Intensive Response Team.

15. The options incorporate feedback from the My Home, My Choice Steering Group to include community-based organisations in the procurement process. Recommendations included going beyond NASCs and seeking an expression of interest from community-based organisations including Whānau Ora Commissioning Agencies.
16. In addition, Paras 21 – 25 in this paper detail the specific roles and responsibilities for three different role types; a Programme Lead (1.0 FTE), Intensive Response Facilitators (6.0 FTE) and Administration Support (1.0 FTE).
17. **Appendix 1** sets out the Service Flow for a disabled person and their family, tangata whaikaha Māori me ō rātou whānau and Pacific disabled people and their aiga in need of a bespoke solution for their housing needs.
18. The table below sets out the option/s considered during the initial design phase.



Options	Provider type/s	Facilitators and admin	Programme Lead	Positives	Negatives
<p>Option 1 – Intensive Response Facilitators/Admin located in ‘Non NASC’ organisations, for example: iDPOs/Community Organisation/Iwi/Whānau Ora + Programme Lead in Whaikaha</p>	<p>Non NASC, for example Community Organisation/Iwi/Whānau Ora</p>	<p>Co-located</p>	<p>Located in Whaikaha (re-assess after 2 years)</p>	<ul style="list-style-type: none"> • Capacity and capability building • Targeted community-based response with a high trust aspect • Consistent with Te Tiriti o Waitangi principles including partnership and equality • Transformational design different to existing services • An independent voice designed to reach out and achieve individual specialised housing outcomes • Whaikaha maintains a stewardship role instead of an operational role 	<ul style="list-style-type: none"> • Time limit re: getting the money out the door • An expression of interest and procurement process will need to take place • Establishing a nationwide approach and providing oversight may prove challenging • Consistency in approach and application may vary with facilitators likely based in different locations
<p>Option 2 - Intensive Response Facilitators/Admin located in NASC + Programme Lead in Whaikaha</p>	<p>NASCs</p>	<p>Co-located</p>	<p>Located in Whaikaha (re-assess after 2 years)</p>	<ul style="list-style-type: none"> • Established in the community • Access to support budgets • They know the people within the region 	<ul style="list-style-type: none"> • Maintains the status quo • Lack of nationwide consistency in terms of rules criteria within NASCs • NASCs operate independently risking the vision of the programme being lost in translation
<p>Option 3 - Intensive Response Facilitators/Admin located in EGL sites + Programme Lead in Whaikaha</p>	<p>EGL sites</p>	<p>Co-located</p>	<p>Located in Whaikaha</p>	<ul style="list-style-type: none"> • Already have access to personalised budgets • Existing EGL aligned infrastructure and training • Ability to implement quickly 	<ul style="list-style-type: none"> • Reduces reach into communities that are less well served • Risk to national coverage as there are only three locations

			(re-assess after 2 years)		(Waikato, Christchurch, Mid-Central) <ul style="list-style-type: none"> Risks losing a community focused independent voice (EGL are now Whaikaha employees)
Option 4 – Intensive Response Team = Programme Lead located in Whaikaha	Whaikaha	Co-located	Located in Whaikaha (re-assess after two years)	<ul style="list-style-type: none"> Faster and easier to stand up Will not require EOI and procurement processes Helps Whaikaha build understanding of what is needed, to shape longer-term solutions. 	<ul style="list-style-type: none"> Reduces capability building across the sector. Loss of trust Lack of cultural capability

19. Risks and mitigations associated with implementation are detailed in the table below.

Risk	Risk Assessment			Planned mitigation
	Consequence	Likelihood	Rating	
Demand outstrips supply (not enough facilitators in the region they service)	Major	Likely	High	Evaluation criteria will collect data on demand metrics such as number of clients, and no of plans developed in each region
Regional inequities reinforced (includes urban v. rural inequities)	Major	Likely	High	Recommend commitment to national coverage in implementation and procurement.
Trust in Whaikaha following changes to the procurement guidelines	Major	Likely	High	Preferred implementation model includes EOI with community-based organisation
Suitable housing options/alternatives are not available in immediate vicinity	Major	Possibility	Medium	Tailored plans will consider a range of suitable housing services beyond residential care options
Conflict of interests in procurement process	Minor	Likely	Low	Procurement plan and process will carefully manage perceived conflicts. Very wide stakeholder engagement completed.

Some parts of the sector not willing to participate	Minor	Possible	Low	EOI will include a range of community-based organisations
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Team Structure/Roles

Programme Lead (1.0 FTE)

20. It is proposed that a Programme Lead is recruited that will be based in Whaikaha. This role is a nationally focused role, responsible for and accountable for delivering high quality leadership of the nationwide programme.

Administration (Facilitator Support) (1.0 FTE)

21. An administrator responsible will provide eligibility assessment, data collection, research, facilitator support and budget support. A point of contact for the team on a day-to-day basis.

Intensive Support Facilitator (6.0 FTE)

22. A regionally placed facilitator that plans, builds capacity of the disabled person and their family, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga to determine their alternative to residential care and enables the disabled person and whānau to lead a good life.

23. Works locally and regionally with government agencies/community services for disabled people and their whanau to improve choices to develop bespoke individual and whanau plans. Includes discussing budgeting requirements.

24. **Appendix 4 & 5** provides draft job descriptions for the Programme Lead and Intensive Support Facilitator roles.

Expressions of Interest

25. We have also talked to Te Aka Whai Ora about their commissioning approach. They have provided us with some information about an approach that differs from standard procurement by supporting the costs of developing proposals, rather than placing all the financial and time risks associated with developing proposals on to the applying organisations.

26. This approach would undertake a low-cost process to seek Expressions of Interest (EOI) from organisations that wished to build community capacity and capability, and then fund the most promising Expressions of Interest organisations to develop full proposals. It would also encourage successful EOI organisations to work with unsuccessful EOI organisations to build a proposal that encompassed multiple organisations within a specific area.

27. We recommend that we further explore this with the Director of Commissioning an alternative procurement approach for the next phase of capability and capacity building.

Evaluation

28. Service performance criteria has been developed according to Results Based Accountability methodology (**Appendix 2**). Evaluation will be ongoing over the course of the four-year time-limited funding period.
29. The team plan further engagement with the Insights Alliance which will result in the development of further measures to evaluate the programme based on MEAL (monitoring, evaluation, analysis and learning) criteria.

Implementation Timeline

When	What
March 2024	<ul style="list-style-type: none"> • Agree implementation approach for Intensive Response (Facilitation) Team (done) • Developmental evaluation approach plan developed (done) • Seek advice and feedback from steering group, patrons-sponsor, insights alliance (in progress) • Sprint to develop Service specifications, position descriptions, engagement strategy, recruitment timelines, escalation pathway and an Executive Leadership Team paper (done) • Begin EOI process based on Te Aki Whai Ora approach (in progress) • Meet with, NASCS, EGL sites, NEGL, Faiva Ora and Te Ao Marama Aotearoa (TAMA) (upcoming)
April 2024	<ul style="list-style-type: none"> • Implementation plan for Intensive Response (Facilitation) Team • Developmental evaluation plan • Draft communications plan • Start recruitment process for the Programme Lead • Develop training resources • Update transformation board on progress • Begin to undertake engagement with provider network
May 2024	<ul style="list-style-type: none"> • Recruit the Programme Lead • Begin a potential procurement process
June 2024	<ul style="list-style-type: none"> • A report back to the Transformation Management Board on all four projects funded through Budget 2022 at the June 7 board meeting.

Next steps

30. Stakeholders such as NASCs, DPOs, Community Organisations, EGL sites, NEGL, Faiva Ora and Te Ao Marama Aotearoa (TAMA), Te Matapihi, Te Puni Kokiri and other key Māori stakeholders will be communicated with prior to expressions of interest.
31. A communications plan including a stakeholder management plan is currently in development.
32. Recruitment for the National Lead role will continue including engagement with HR on this process.
33. The team will begin developing the expressions of interest process based on the Te Aka Whai Ora approach to commissioning.

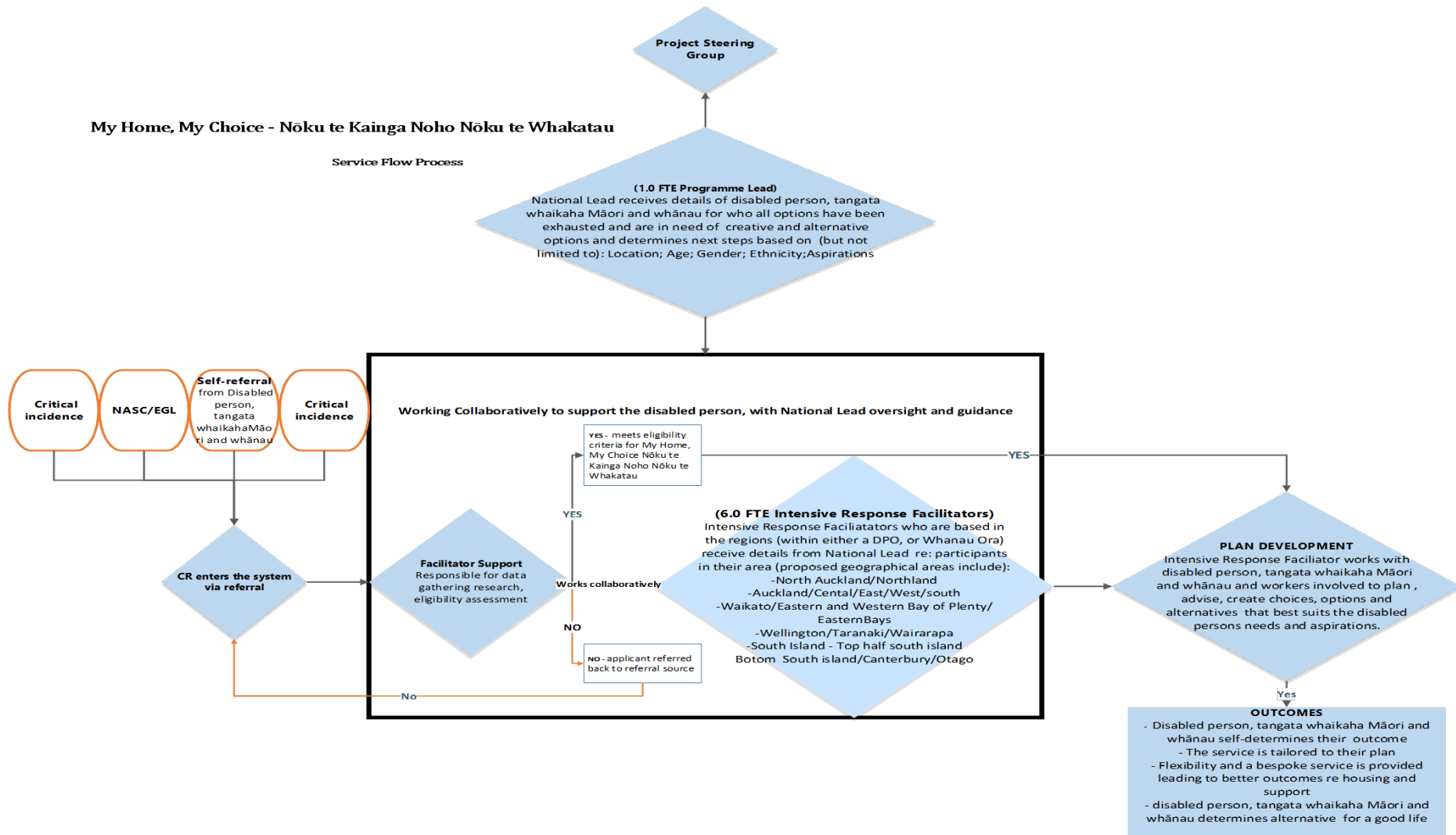
Paula Tesoriero

Chief Executive Whaikaha

Date: 15/05/2024

Appendices

Appendix 1: Intensive Response Service Flow



Appendix 2: Service Specification

Disability Support Services (DSS)**Tier Two Service Specification****DSSCCL MY HOME MY CHOICE - Nōku te Kainga Noho Nōku te Whakatau****1.0 Introduction**

This Tier Two Service Specification defines what service providers will deliver through My Home My Choice. The specification should be read in conjunction with the Outcome Agreement terms and DSS's Tier One Service Specification, which details requirements common to all services funded by Whaikaha – Ministry of Disabled People.

2.0 Service Definition

My Home My Choice provides individual bespoke support for a disabled person, who might otherwise need residential services, to plan for and live more independently in a home of their choice.

A Facilitator delivering My Home My Choice will work alongside and develop a plan for each Person to purchase and/or provide supports that are directed by the Person (and their representative/ family/whānau) to achieve this purpose.

3.0 Key Terms

The following are definitions of key terms used in this Service Specification:

Term	Definition
Approved Service Standard	The Provider is required to maintain Certification as required under the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. All overarching services must be compliant with partially new standards by 1 August 2023 and must be fully compliant with the new standards by 1 February 2024.
Budget Period	Is the period of time (usually a 12 month period) that a Person can expend their Personal Budget for My Home My Choice services. The NASC will give the Person a start date and a review date for the service. This duration is known as the Budget Period.
Direct Fund Holding	Is a service that administers a Person's budget when they purchase their own supports. It may also include supporting and coaching the Person on their employer responsibilities if they are

Term	Definition
	self-managing their supports as well as invoicing and monitoring the services they employ.
Disability Supports	Are supports provided to meet the additional needs of people living with a disability.
Facilitated Buying	Is where the My Home My Choice provider purchases disability support from a third party provider on behalf of the Person.
Flexible Support	Is when the Provider flexibly delivers some or all of the supports the Person requires to meet the identified outcomes in their Support Plan
Ministry	Whaikaha – Ministry of Disabled People (Funder)
Needs Assessment and Service Coordination (NASC)	NASCs are services funded by the Ministry. Their roles are to determine eligibility, assess the Person’s level of disability support needs, inform People / families / advocates of what the support package contains, discuss options and co-ordinate support services to meet those needs. NASCs co-ordinate such services, but do not themselves provide the services.
Independent Facilitator	Is someone who assists people to think about and plan for their lives and how to make this happen, including natural supports and involvement from the community. This term includes Local Area Coordinators and Navigators.
Nominated representative	Is an individual (nominated by the Person) who is able to make decisions on behalf of the Person. This may relate to the management of the Person’s supports.
Person/People	Is a disabled person(s) who is supported through My Home My Choice.
Personal Budget	Is the amount of funding a Person is allocated by their NASC to enable them to purchase their choice of disability supports. A Personal Budget has a start date, an end date and is usually a year long.

Term	Definition
Purchasing Guidelines	The Purchasing Guidelines set out what People can and cannot buy with their Personal Budget. (see Appendix 1)
Self-Managing	Is where the Person manages the acquisition and administering of their support services themselves. This may include directly employing their support workers, administering a payroll and meeting all of their employer obligations. Funding for services will be placed directly in a Person's bank account to pay for the services when the Host receives validation that they have been provided.
Support Plan	This plan records the desired outcomes the Person wants to achieve with both their funded and unfunded supports. It also documents what specific supports people will provide to the Person to achieve the recorded outcomes. It is developed with the Person by their NASC.
Support Agreement	A Support Agreement is between a Provider and the Person (or their nominated representative) that specifies the agreed terms and conditions of a service and how it will be delivered.
Support Worker	Is an individual who may be employed or contracted to perform support tasks for the Person. It also includes any volunteer who is accountable to a service provider.

4.0 Service Objectives

The objective of My Home My Choice is to support a Person to live as independently as possible in their community. This can be achieved by the My Home My Choice Provider observing the following principles when facilitating supports and services that assist the Person to meet this objective.

5.0 Principles

- The Person is supported to make informed choices about where they live, who they live with and how they are supported.
- All interactions enhance the life of the Person and their status in the community.
- Plans are in place to enhance independence and skills over time.
- What to do when things go wrong has been anticipated.
- The arrangement is affordable for all parties.

6.0 Outcomes

The intended outcomes from the supports will be specific to each Person and will be documented in their Support plan. They may include (but are not limited to) the following:

- moving to independent living or be supported to remain living independently
- improving skills and capabilities to support independence and participation
- having more opportunities for relationships
- having more opportunities for community access and participation
- having more opportunities for inclusion in cultural activities
- being able to carry out and contribute to family and whānau responsibilities.

7.0 Service Performance Measures

Performance Measures form part of the Results Based Accountability (RBA) Framework. They are detailed in a Data Dictionary, which defines what the Ministry means by certain key phrases.

The Measures in the table below represent key areas of the Provider’s service delivery that the Ministry will monitor. The ‘How much’, ‘How well’ and ‘Better off’ headings relate to different types of RBA Performance Measures. These may change over time to reflect Ministry priorities.

Full reporting requirements regarding these performance measures are detailed in Appendix 3 of the Outcome Agreement.

	How much	How well	Better off
1.	# of Support Agreements set up.	#/% of supports specified in the Support Agreements that were delivered	#/% of People who report that they are making progress towards their recorded outcomes.
2.	# of Support Agreements reviewed within three months of the start	% of Support Agreements reviewed within 3 months of their start.	
3.	# of Support Agreements reviewed within 12 months of their last review	% of Support Agreements reviewed within 12 months of their last review.	#/% of People who report that they are satisfied with the terms of the Support Agreement.
4.	# of People who are accessing Direct Fund Holding.	% of People who are accessing Direct Fund Holding.	

5.	# of People who are accessing Facilitated Buying.	% of People who are accessing Facilitated Buying.	
6.	# of People accessing Flexible Support.	% of People accessing Flexible Support.	
7.	# of complaints that have been received.	% of complaints that have been resolved.	
8.	# of satisfaction surveys sent	% of completed satisfaction surveys returned	#/% of People who reported satisfaction with their My Home My Choice service

8.0 Person/People

Guidance:

The outcomes a Person establishes in their planning can be broad but the supports and services they purchase from their Personal Budget need to be within the scope of what the Ministry of Health (as the funder) is mandated to fund. This scope is defined through a set of purchasing guidelines (see Appendix 1).

9.0 Independent facilitation

Prior to allocating or coordinating any funded services (including referral for My Home My Choice) a NASC may refer an individual to an Independent Facilitator¹. This role provides specialist support to assist a person and their family/whānau to access and utilise existing supports and services that are available in their local community. Some of these supports may be freely provided (such as natural support from family, friends, neighbours and community groups) and others may be mainstream services funded by other government or local body organisations.

As a consequence of independent facilitation the individual may be able to access alternative supports to DSS funded services that meet some or all of their disability related needs. Independent facilitation may also include assisting with finding suitable accommodation or housing in the community that a Person chooses to live in.

10.0 Eligibility

A Person is eligible for My Home My Choice if:

¹ This term includes 'Local Area Coordinators' or 'Navigators'

- They are 17 years or over and are assessed by their local NASC as eligible to receive disability support services funded by the Ministry and;
- They are either receiving services in a residential facility or their NASC has assessed them as being eligible for a funded residential service and;
- They choose (or are supported with their decision) to be supported through My Home My Choice.

11.0 Exclusions

Excluded from services under this service specification will be individuals who are ineligible for funded disability supports (as assessed by a NASC) or an individual whose disability supports are funded by a Whatu Ora - Health NZ or covered by ACC.

12.0 Access

To access My Home My Choice the Person will be offered a referral by their NASC. The Person can then choose which My Home My Choice Provider they want to support them. The chosen Provider will confirm with the Person's NASC their acceptance of the referral.

13.0 Supported decision making

The principles of supported decision making should be applied when both offering and delivering a My Home My Choice service.

*"Supported decision-making can take many forms. Those assisting a person may communicate the individual's intentions to others or help him/her understand the choices at hand. They may help others to realize that a person with significant disabilities is also a person with a history, interests and aims in life, and is someone capable of exercising his/her legal capacity."*²

14.0 Allocation of funded support

The NASC will allocate a fixed amount of funding for each Person. The choice of how this allocated funding is to be used to meet the outcomes in the Person's Support plan lies with the Person not the Provider. The My Home My Choice provider will administer and oversee the person's expenditure of their allocated funding. They can also advise and assist the Person with their choices and if requested use the funding to commission a range of disability supports and services on behalf of the Person according to the Support plan.

15.0 Costs

The cost of the My Home My Choice service come from the allocated funding that comprises the Person's Personal Budget. But the costs associated with

² Source: UN Enable, Chapter Six From provisions to practice: implementing the Convention – Legal Capacity and Supported Decision Making

purchasing, leasing or renting the Person's chosen accommodation as well as their day to day living expenses and other non-disability related costs are met by the Person and/or their family/natural supports.

16.0 Support plan

The Person is required to have their own Support plan completed with an Intensive Response Facilitator. This plan must describe the outcomes the Person wants to achieve from both their funded and unfunded supports. It must identify people that the Person wishes to be involved in their supports and what they are willing and able to contribute to meet the outcomes documented in the plan. These people could include the Person's family/whānau, friends, their NASC, an Independent Facilitator as well as the providers of their chosen support services. The Person's Facilitator can help the Person to prepare this plan or the person can request help with this from someone else.

The development of the plan should be led and signed off by the Person. The Facilitator should provide guidance to the Person and their family/whanau/nominated representative about this. The Facilitator will also consider the following factors before approving the Support plan and coordinating the My Home My Choice service:

- evidence the plan reflects the Person's preferences
- all essential information is presented in the plan and it is presented in a format that is accessible to the Person, other stakeholders, and auditors.
- the total cost of the supports proposed within the plan is less than or equal to the allocation of funding for the service.
- the proposed support that is specified is consistent with the Purchasing Guidelines (see Appendix).
- the plan includes contingencies in case things don't go as planned

The Provider will formally commit to the plan by signing the section that describes what they will do to support the Person. Other people specified in the plan who have committed to supporting the Person may also be asked to sign it.

The plan should be updated when required and reviewed at least annually.

17.0 Service components

Guidance:

Every Person who chooses My Home My Choice has different support needs and preferences about how they are supported. As much as possible these preferences should be accommodated by providing varied and flexible service options for the Person to choose what best suits them.

It is important that a service provider who provides any funded service for a disabled person clearly defines their responsibilities and obligations to the Person. The Provider should clearly identify and document what tasks they will do as part of the service and what other people may have committed to doing. This can avoid any confusion and/or assumptions amongst the parties about what supports people are responsible for so that there are no gaps in the essential supports required by the Person.

18.0 Support Agreement

The type and quantity of support that is to be delivered by the My Home My Choice Provider will be agreed between the parties. These supports will be recorded in a Support Agreement.

The Support Agreement records the particular responsibilities and roles of all parties³ involved in supporting the Person and should consider the supports that are documented in the Person's Support plan. This can involve identifying specific tasks that each will undertake and agreement about how the support will be reviewed and changed. The Provider must also disclose all service fees that will be deducted from the Person's Personal Budget prior to the parties signing the Support Agreement

In the event that the Person or any other stakeholder has concerns about the amount or type of support that has been provided, the Support Agreement should provide a clear record of what all parties agreed to.

There will be limits on what is practical and financially feasible under this service specification. The Provider must disclose any practical limits they believe exist including limitations on the range of options they offer to the Person and their family as soon as these limitations become apparent.

The development of the Support Agreement must also give consideration to a range of factors including:

- the outcomes identified as part of the assessment and recorded in the Support Plan

³ As well as the CiCL service provider, other parties could include family, friends, Independent Facilitator, community and natural supports.

- evidence the Support Agreement is personalised and reflects the Person's preferences
- the cost of service provision is within the Person's Personal Budget
- the support provided is consistent with the Purchasing Guidelines
- the Support Agreement is presented in a format that is accessible to the Person, other stakeholders, and auditors
- the cost of any additional services / supports / fees (such as payroll services to be paid to the Provider from the Personal Budget
- contingencies for situations when things don't go as planned
- how the Person will identify and agree any changes they may want to their Support Agreement
- how often the Support Agreement will be reviewed
- the process for either party to give notice to terminate the agreement, including notice periods.
- accountability arrangements where the Person is self-managing their own supports or their Personal Budget (as per Direct Fundholding).

The Support Agreement must be viewed and signed by the Person's Facilitator before the Provider can commence delivery of My Home My Choice.

19.0 Personal Budget

The funding allocated to a Person who accepts this service is called their Personal Budget. The funds in this Personal Budget can be expended up to the allocated amount to purchase supports and services that achieve the outcomes specified in the Person's Support plan over the course of a budget period.

The budget period will have a defined start date and a date when it will be reviewed. This period is normally for 12 months. Unused funding cannot be saved up to purchase support in a subsequent budget period. At the end of a Personal Budget period any unused funding will lapse.

20.0 Purchasing Guidelines

The supports or services that are purchased from the Person's Personal Budget must be consistent with the Ministry's Purchasing Guidelines. These guidelines outline what can be purchased with the allocated funding (refer to Purchasing Guidelines in Appendix 1).

The Purchasing Guidelines may be subject to change or modification within the duration of the service contract. The Ministry will inform Providers in writing if there are proposed changes to these guidelines.

In instances when the purchase of a particular support is not clearly defined within the scope of the Purchasing Guidelines the Provider may seek confirmation from the Person's NASC.

21.0 *Purchasing mechanisms*

There are three options available for the Person to choose how the Provider will assist them to purchase their supports with their Personal Budget.

- Direct Fundholding
- Facilitated Buying
- Flexible Support

6.4.1 *Direct Fund holding*

Direct Fundholding is when the Person takes overall responsibility for self-managing their Personal Budget and purchasing or employing their own support services from it. If they choose to directly employ their support workers they must provide the Provider with their employed support workers' identification and contact details.

The Provider hosts the funding and administers the payments for the services the Person purchases or employs. The Provider may also provide some initial coaching to the person on their employment responsibilities as well as assist them with monitoring the quality of support services purchased.

Any tax, or employment related deductions that are required may be administered and paid by the Provider with funds from the Person's Personal budget.

The details are determined in the Support Agreement between the Provider and the Person.

Section 7.2 of this document relates specifically to the fee for this particular funding mechanism.

6.4.2 *Facilitated buying*

Facilitated buying allows the Provider to directly purchase some or all of the Person's chosen supports and services on the Person's behalf in line with the Purchasing Guidelines. The amount and type of services they purchase is determined in the Support Agreement between the Provider and the Person.

Administering the purchasing requirements will be the Provider's responsibility but any contractual obligations resulting from the contracting of a service will be the Person's responsibility. The Provider can assist the Person with understanding and meeting these requirements if needed.

6.4.3 *Flexible Support*

Flexible Support enables the Provider to directly provide some or all of the supports and services the Person requires from their Support Plan. The

Person and the Provider will discuss what support is required and how it can be delivered flexibly to meet the identified outcomes in the Person's Support plan. This will be documented in the Support Agreement and must be aligned to the Purchasing Guidelines and the Tier one Service Specification.

22.0 Staffing

The Provider will ensure that it has sufficient staff who are suitably qualified to provide CiCL supports as described in this specification. This will include support functions tailored to meet the Person's specified needs. The Provider will also ensure that staff have access to appropriate training.

23.0 Payments

Guidance

The Provider is responsible for invoicing the Ministry for both the supports purchased or delivered for the Person as well as for the cost of the My Home My Choice service itself with funding from the Person's personal budget.

The amount charged for the My Home My Choice service must be a fair and reasonable reflection of the costs expended by the Provider and be within any limits specified by the Ministry. The service fee must be agreed between the Provider and the Person and documented in the Support Agreement prior to the service commencing.

The Provider may directly provide, purchase or pay for supports for or on behalf of the Person as per the agreed purchasing mechanism(s) that supports the Person's Support plan. The funding for these supports comes from the Person's Personal Budget. The Provider must verify that the My Home My Choice supports have been delivered and are compliant with current Ministry policies prior to invoicing the Ministry for payment.

Each scheduled fortnightly period the Provider will electronically invoice the Ministry (as per Appendix 5 of the Outcome Agreement) for the expended costs of the Person's services provided or purchased within the previous fortnightly period.

24.0 Service fee

The invoiced amount will also include a service fee(s) that the Provider and the Person (along with their nominated representative if required) will have negotiated and agreed to prior to the commencement of the service. The amount of the fee will be reflective of the type and level of support that the

Person requires from the Provider including the particular purchasing mechanism(s) that the Person chooses.

The total service fee(s) must be documented in the Support Agreement and may be subject to audit and appraisal by the Ministry.

25.0 Fee for hosting direct fund holding

The Provider may claim payment from the Ministry for hosting the funding for a Person who has chosen to manage their supports through direct fund holding.

The hosting fee is a deducted percentage from the Person's Personal Budget (depending on the Budget's size see Table 1 below) and a fortnightly proportion of this hosting fee will be invoiced to the Ministry along with any expenditures the person has incurred from their Personal Budget each fortnight.

Table 1: Fee charged for hosting direct fund holding⁴

The weekly proportion of a Person's Personal Budget:	The percentage of a Person's Personal Budget that a Provider may deduct as a fee for hosting direct fund holding
\$0-527	6.00%
\$528-1161	5.50%
\$1,162 and over	4.75%

26.0 Quality Requirements

- The Service Provider must provide Services in accordance with:
 - the Code of Health and Disability Services Consumers' Rights 1996
 - the Health Act 1956
 - the Health Information Privacy Code 1994
 - the New Zealand Disability Strategy 2001
 - Health Practitioners Competence Assurance Act 2003
 - Ministry of Health Policy and Guidelines, as issued by the Ministry from time to time
 - all other relevant law relating to employment, health and safety, privacy.
- The Provider will have a set of documented policies/ protocols as part of its Risk and Quality Management framework including, but not limited to:
 - code of conduct, including professional boundaries

⁴ The fees for hosting direct fund holding may be subject for review and possible change

- conflict of interest
- complaints policy and processes
- an abuse policy that covers recognising and reporting physical or sexual abuse and preventing abuse (physical, sexual, financial and psychological) from staff
- confidentiality
- positive behaviour management
- a process to identify vulnerabilities in relation to specific people supported by the service, and intentional safeguards that respond.
- The Provider will be responsible for ensuring that their policies and protocols are adhered to when delivering the service to the Person.

27.0 Accountability

28.0 Accountability documented in the Support Agreement

In the event that the Person or any other stakeholder has concerns about the amount or type of My Home My Choice support that has been provided, the Support Agreement should provide a clear record of what all parties agreed to.

29.0 Record keeping

The Provider will keep records that document the provision of support to the Person as per the Support Agreement. These records will include but are not limited to:

- evidence of support being provided and by whom
- the cost of that support (including overheads)
- actual expenses being incurred where an item has been purchased or an aspect of the service subcontracted
- all related documentation, such as time sheets, invoices and receipts

All records will be maintained in an orderly way that is auditable and consistent with best practice. Where the person is purchasing their own supports (Direct Fundholding) the Provider should support the person to keep appropriate records.

30.0 Audits

The Ministry may conduct regular Quality Audits of the Providers activities under this Agreement, in accordance with the provisions of Annex B of the Outcome Agreement.

- a. A Quality Audit may relate to My Home My Choice supports provided in respect of a single Person (Single Person Quality Audit), or to the general practices of the Provider under this Agreement and not limited to the services provided a specific Person (a General Quality Audit).

- b. A General Quality Audit would not normally occur more than once a year, but multiple Single Person Quality Audits may occur in any year.
- c. The parties will work together with the timing of the Quality Audits to minimise any inconvenience to the Provider.

31.0 Accountability of Provider

Where an overpayment has been made, or funding has not been used for the purposes it was provided for, or not delivered in accordance with the requirements of this Service Specification, the Provider must ensure that it repays any such overpayment through a process that will be advised by the Ministry.

The Provider must immediately notify the Ministry in writing of any significant risk such as potential fraud, inappropriate use of My Home My Choice funding and safety risk to a Person. If any overpayment is due to fraud by the Person, and the Provider could not reasonably have discovered that when conducting its payment verification activities, the Provider must take all reasonable steps to recover the funds from the Person. This may include reduction of the equivalent amount of My Home My Choice support, or the Person may repay the monetary equivalent of the overpaid amount. Other consequences may also follow for the Person, including but not limited to a greater level of management that may remove some of the choices otherwise available to them.

32.0 Exiting the service

The Person may choose to exit My Home My Choice, or ask to be supported by another Provider. In the event the Person chooses to leave My Home My Choice or changes Providers, their NASC must be advised. The NASC must agree to the exit before the Provider stops supporting the person. This is to ensure the Person's decisions are being respected and that an appropriate transition plan has been put in place before the Provider stops supporting the Person.

33.0 Wash up on exit

If the Person exits the Provider, the Provider will need to put in place a wash-up payment process that takes into account any funding that the Provider or Person holds or has accrued that has not been spent such as for leave and tax/levy obligations.

Unspent funding that the Provider or Person holds that is not accrued for supports delivered or purchased must be refunded to the Ministry. This can be done through the regular invoicing process.

34.0 Linkages / Roles

35.0 The Person's role

The Person may be supported by a nominated representative/advocate, family/whanau member, their NASC, an Independent Facilitator or even the Provider to fulfil their role under this specification provided that supported decision making principles are adhered to when this support is provided and any conflict of interest is managed appropriately.

36.0 The Person's role is to:

- develop and review the Support Agreement along with the Provider
- make day- to- day decisions about how the documented support in the Support Agreement is provided
- lead/direct a regular review of their support arrangements
- ensure that the support purchased/received meets the outcomes identified in their Support plan
- manage their own home and living arrangements including tenancy (if they are renting)
- manage the support options they access in the community
- manage everyday costs of their daily living
- raise any concerns/complaints they may have with the service being provided with either the provider or the NASC
- If Direct fund holding, record and make available all necessary documentation to support expenditures related to their Personal Budget.

37.0 The Provider's role is to:

- develop and review the Support Agreement along with the Person (and where requested) other stakeholders the Person requests.
- purchase, provide and/or organise support according to the Person's Support plan and the Support Agreement
- where requested, support the Person to:
 - find a home
 - develop the skills and supports required to maintain a tenancy (or a different form of occupancy arrangement as appropriate)
 - manage everyday costs
 - manage support options they access in the community
 - ensure that the support purchased/received is the most cost effective and relevant way to support the Person to achieve outcomes identified in their plan
- support the Person to access any form of income assistance they may be eligible for
- support the Person to initiate a regular Person-directed monitoring process to ensure the Support Agreement is reviewed and revised regularly
- work with the Person to develop a contingency process in case the support arrangement (or aspects of it) don't work as planned

- report to the Ministry and the relevant NASC on the outcomes achieved against the Support Plan at the Person’s review date.
- participate in any evaluation of My Home My Choice commissioned by the Ministry
- ensure that expenditure of the Personal Budget complies with the purchasing guidelines and meets the requirements of the Support Agreement.

38.0 The family and whānau

The Person will decide how much of a role their family and whānau have in their life and in their support arrangements. The Person’s family and whānau may be involved in:

- assisting the Person to have a good life through ongoing, every day support
- helping to develop and review the implementation of both the Support Plan and the Support Agreement
- helping to identify suitable housing and support (where applicable)
- supporting the Person to assert their rights and meet their responsibilities
- monitoring the Person’s living and/or support arrangements
- participating, if they choose, in an evaluation of the demonstration commissioned by the Ministry.

39.0 Reporting requirements

The Provider will submit a six monthly report to the Ministry that outlines:

- what purchases and supports have been provided under the Purchasing Guidelines (in a Ministry supplied template)
- performance against the performance measures outlined in clause 4 of this Service Specification and Annex A of the Outcome Agreement terms.
- A breakdown of the fees charged for My Home My Choice.

Further Reporting Requirements (including any Provider specific reporting requirements) are included in Appendix 3 of the Outcome Agreement.

40.0 Purchase Units

Purchase Units are defined in the Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following table documents the Tier Two Purchase Unit Code and description associated with this service.

• Purchase Unit Codes	• Purchase Unit Description	• Measure	• Purchase Measure Definition
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● [REDACTED] DSSCC L	● [REDACTED] My Home My Choice	● [REDACTED] Unit	● [REDACTED] Personal Budget allocated by a Facilitator to a Person to assist the Person to achieve disability support outcomes in their Support Plan.
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Appendix 3: Communications Plan

Nōku te kainga noho, nōku te whakatau | My Home, My Choice Engagement and Communications Approach

March 2024

Background

Nōku te kainga noho, nōku te whakatau | My Home My Choice programme will explore and develop home and living options, which are driven by and with disabled people, tāngata whaikaha Māori and whānau. These options will reflect people's full human rights, citizenship, tino rangatiratanga/self-determination.

In this programme, we want to remove systemic barriers, drive improvements to current services, create and support community options and enable alternatives to residential services.

The programme is part of the overall system transformation work to implement the Enabling Good Lives approach and create more opportunities for people to live the life of their choice. It will align with our Te Tiriti of Waitangi commitments and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Whaikaha is committed to working in partnership with disabled people, tāngata whaikaha Māori, whānau, providers and other agencies to improve outcomes for disabled people. This approach is central to the success of this programme.

This document outlines who needs to be engaged with and the method that will be used. It is also worth noting that there will be separate engagement plans developed which will primarily focus on tāngata whaikaha Māori me ō rātou whānau and Pacific disabled people and aiga.

Purpose of the engagement

The purpose the engagement is to update the MHMC stakeholders on the progress of My home, My Choice:

The purpose of this engagement will be tailored to meet the needs of individual stakeholders.

In this work individuals, whānau and communities will direct, co-develop and co-create.

Context

This programme is guided by the experiences of people who have lived in residential support services and/or institutions. Sir Robert Martin and Gary Williams hold leadership positions in the My Home My Choice programme, as patrons.

A steering group has been formed that includes disabled people, tāngata whaikaha Māori, family/whānau, providers and Pacific people and those with Enabling Good Lives expertise.

This programme will be underpinned by:

- Te Tiriti o Waitangi. This includes enabling tino rangatiratanga / self-determination, working in a partnership approach, and making sure that people can protect the things that are important to them
- The Enabling Good Lives Principles and approach
- The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- The Abuse in Care Royal Commission of Inquiry
- The New Zealand Disability Strategy
- The MEAL Strategy
- Wai 2575 Health and Outcomes Inquiry
- Safeguarding framework and Te Aorerekura Action#28

Communications Objectives

- To reach a range of stakeholders to honour the commitment of Whaikaha to working with disabled people and families, tāngata whaikaha Māori, whānau, providers and other agencies
- To demonstrate how the work is underpinned by the Enabling Good Lives approach, UNCRPD and te Tiriti o Waitangi.
- To gain feedback from disabled people and allies that will support the design of improved options to residential homes for people who want change.
- To communicate the intent to improve outcomes in response to the United Nations Committee on the Rights of Disabled Persons' recommendations and Royal Commission of Inquiry Abuse in Care.

Engagement Principles

- Engagements will demonstrate our commitment to Te Tiriti o Waitangi
- Engagements will be evidence of what matters to disabled people and therefore what matters to Whaikaha
- Nōku te kainga noho, nōku te whakatau | My Home My Choice will ensure a specific focus on working with Māori and Pacific leaders and communities
- Nōku te kainga noho, nōku te whakatau | My Home My Choice will listen, hear and amplify the voices of disabled people and their whānau

- Engagements will be stakeholder tailored, inclusive, safe, accessible and equitable to the fullest extent possible
- Nōku te kainga noho, nōku te whakatau | My Home My Choice will engage early and with adequate time for the engagement to be meaningful
- Engagements will build on and strengthen existing relationships or establish new, enduring relationships, enhancing mutual mana and trust
- Nōku te kainga noho, nōku te whakatau | My Home My Choice will ensure the experiences and voices of disabled people with lived experience of institutional settings lead the work and involve whānau whose loved ones have experienced or be at risk of experiencing institutional settings

Engagement Approach

Nōku te kainga noho, nōku te whakatau | My Home My Choice will be collaborating with and using the experience of disability and whānau led groups with experience in leading this type of engagement.

The engagement will provide a platform for people to discuss barriers and enablers, and for Nōku te kainga noho, nōku te whakatau | My Home My Choice programme to listen, be aware and respond to:

- Ensure alternative options are available for people considering entering residential services
- Enable alternative options for people who want to leave residential services
- create a commissioning process that promotes a wider range of housing and living arrangements for disabled people who eligible for 24-hour support
- lend expertise and advice to Operational teams to improve choice, control and tino rangatiranga/self-determination within residential services
- lend expertise and advice to government agencies to support their alignment with UNCRPD Article 19 and 28 and EGL approach

More information on the groups who we will engage with and our priorities for engagement are set out in focus areas in Nōku te kainga noho, nōku te whakatau | My Home My Choice programme.

Engagement Timeline

Engagement activities will take place between March to June 2024.

Engagement Monitoring and Evaluation

During the engagement we will monitor who is participating to ensure the right voices are heard, ie we have a range of people responding and strong representation from as many people in residential situations as possible.

Nōku te kainga noho, nōku te whakatau | My Home My Choice will progressively analyse the anecdotal feedback from providers and/or whānau to ensure they influence the programme of work. Any emerging issues will be rectified quickly.

Engagement Risks and Mitigations

Risks	Mitigation
Not all audiences may be engaged with in the given timeframe	Offer communication channels to engage
We are not able to reach the people we need to hear from	Continuous review of respondents and upweighting where required to ensure a range of voices are heard
Some people we need to hear from refuse to engage with the mahi	We will use connections and a range of mechanisms to reach a diverse group of people and use trusted voices to demonstrate the value of this mahi
People most impacted are not able to freely exercise their right to give feedback safely	Different mechanisms for engagement, ie some direct and some via other people We will work closely with providers to ensure they understand our expectations
Instances of abuse or neglect that are raised as part of our engagements are not responded to appropriately	Facilitators will identify people who may need a debrief or follow up and connectors will be available to follow up as required. Work with the Disability Abuse Prevention and Response Team to manage situations of concern that emerge
Participants or questions raised that cannot be answered in the engagement are not responded to or followed up.	Facilitators will record any questions and notify co-leads who can escalate or resolve.
We fail to recognise the accessibility needs of participants	Information on the My Home My Choice programme has already been translated into alternate formats, which will be made available participants. We will work with disabled and whānau led organisations, and will take their guidance on any additional accessibility requirements for their hui or approach.

We do not have the budget / resources to complete all the engagement opportunities

We will prioritise key groups. It is important that we prioritise having quality engagement over quantity.

Key Messages

- Whaikaha established My Home, My Choice / Nōku te Kāinga Noho Nōku te Whakatau to develop alternatives to residential services and to create better outcomes, security and choice and control for disabled people who live in residential services.
- The purpose of Intensive Response Team is to work with disabled people and their family, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga whose housing situations are most compromised (either safety, security or the ability to make everyday life choices) and who have limited alternative housing options.

My Home My Choice Programme's Focus Areas:

- Reduce the number of people entering, or remaining in, residential care over a 4-year period.
- Enable a specific Māori approach e for tangata whaikaha Māori and their whānau.
- Empower disabled people, families and whānau to propose and secure supports and services that sit outside the residential care model.
- Demonstrate innovative practice and build capability and capacity in local communities with a focus on disabled people, families, whānau and the key people in their lives.
- Increase the number of young disabled people moving out of aged residential care.
- Reduce avoidable returns to residential care.
- Partner with disabled people, tangata whaikaha Māori, community and government to increase the home and living options that are available
- Provide equitable home and living options that align with the aspirations of disabled people, tāngata whaikaha Māori and whānau
- Enable tino rangatiratanga/self-determination for disabled people and tāngata whaikaha Māori
- Protect disabled people and tāngata whaikaha Māori's rights to autonomy, self-determination and citizenship

- Build confidence and capacity of Whaikaha to implement EGL principles, ensure equity and promote citizenship within the context of My Home My Choice
- Work with government agencies to enable easier transitions that align with EGL principles, ensure equity and promote citizenship

Additional key messages will be developed and tailored to specific audiences.

Appendix 4: Programme Lead Job Description

National Lead

My Home My Choice - Nōku te Kainga Noho Nōku te Whakatau

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About Whaikaha - Ministry of Disabled People

Our Purpose

Whaikaha - Ministry of Disabled People is underpinned by Aotearoa New Zealand commitments under Te Tiriti o Waitangi, the United Nations Convention on the Rights of Persons with Disabilities along with the United Nations Declaration on the Rights of Indigenous Peoples the vision and principles of Enabling Good Lives. The goals of Whānau Ora are foundational to how the Ministry does its work.

Whaikaha focuses on listening to and partnering with disabled people and their families, tāngata whaikaha Māori me ō rātou whānau, Pacific disabled people and their aiga and communities so that their experiences can inform changes to the policies and practices which govern the disability sector. The goal is to enable disabled people and tāngata whaikaha Māori to make their own decisions on the

supports that will enable them to live their own good life, enhancing their mana and self-determination.

Whaikaha will provide strong and focused leadership of the disability system across government through:

- Driving better outcomes for all disabled people

- Leading and coordinating cross-government strategic disability policy

- Working to deliver and transform disability support services, and.

- Progressing work on the broader transformation of the wider disability system

Accessibility

We believe in a diverse and inclusive Ministry which reflects the communities that we serve. We care about the wellbeing and success of our people and provide a supportive and inclusive working environment where people can thrive and be who they are. We are committed to understanding and making available reasonable accommodations and accessibility for our people.

Te Tiriti o Waitangi

We have a firm commitment to Te Tiriti o Waitangi, which means we are committed to giving effect to Te Tiriti through building kāwanatanga, rangatiratanga and ōritetanga. Whaikaha works to partner with and give effect to the voice of Māori, tāngata whaikaha me ō rātou whānau. Whaikaha works to support tāngata whaikaha Māori, whānau, hapū, Iwi and communities to enable their good life and aspirations.

Your place in Whaikaha

The National Lead, My Home My Choice (Nōku te Kainga Noho Nōku te Whakatau) reports to the Group Manager, Enabling Good Lives, which sits in the Commissioning, Design and Delivery Business Unit. The National Lead, My Home My Choice (Nōku te Kainga Noho Nōku te Whakatau) leads the Intensive Response Facilitator service.

The purpose of the Commissioning, Design and Delivery Business Unit is to transform how supports are provided to disabled people and their whānau who need support to live the lives they choose.

About the role

The National Lead is responsible and accountable for delivering high quality, leadership of this fixed term funding of a new nationwide service.

My Home My Choice – Nōku te Kainga Noho Nōku te Whakatau

My Home My Choice - Nōku te Kāinga Noho Nōku te Whakatau is a Whaikaha work fixed term 4-year funded programme. The programme has been established to

create better outcomes, security and choice and control for disabled people who live in residential services, with a focus on developing alternatives to residential services. This works in partnership with stakeholders and communities to deliver the outcomes.

The key priorities are:

- To ensure that options are available for people considering entering residential services.
- To enable alternative options for people who want to leave residential services.
- To increase choice and control for disabled people within residential services.

To work with government agencies to enable easier transitions that align with EGL principles, ensure equity, and promote citizenship.

The programme is focused on ensuring that disabled people and tāngata whaikaha Māori have options, agency, choice, and control over where they live, who they live with, and who provides them with support. The work programme focuses on the systems that need to change to support the people in residential services.

Throughout the programme's development, Whaikaha will engage with networks and organisations representing disabled people, families, tāngata whaikaha Māori me ō rātou whānau, disabled Pacific people, and service providers.

How you will contribute

People Leadership

- Expert guidance, knowledge, and direction to a community-based team of providers that builds on the strengths of individuals to deliver results, shape change and contribute to our work programme.
- Work in partnership with community-based organization to build the capacity of people recruited into the community-based roles.

Set stretch goals for the team that align with the Whaikaha vision and our Three Pou, te Tiriti o Waitangi Enabling Good Lives principles and United Nations Convention on the Rights of People with Disabilities.

Ensure people's wellbeing and accessibility are at the forefront of decisions and approaches, including the provision of reasonable accommodations to enable our community-based providers to perform at their best.

Role models our values, vision, and standards to drive the commitment and engagement of our people.

Liaising with different stakeholders and reporting on progress.

Contribute to building an environment where professional and personal development is encouraged and supported.

Strategic Leadership

- Support your manager with the strategic direction and business planning activities of your team and contribute to the wider strategic planning of your group.
- Work across Whaikaha to ensure strong and appropriate linkages with and between projects, programmes, implementation, planning, funding, and monitoring.
- Ensure all work reflects the responsibilities of Whaikaha to the priority of equity through enabling and enacting Te Tiriti o Waitangi obligations.
- Represent Whaikaha in external forums and meetings.

Operational Leadership

- Advice and guidance to service providers on any reporting requirements internally and externally to stakeholders. Advice and guidance to support the delivery of the overall work programme, projects, and initiatives, translating strategy into action.
- Coach, mentor and advise on the workflows of the team, including resource allocation and prioritization of work with the service providers.
- Provide oversight and quality assurance where required.
- Identify, assess, and manage risks and issues associated with the implementation of the Intensive Response Team and wider program of works.
- Monitor and manage the budget.
 - Meet financial and budgeting requirements by adhering to approved budgets, addressing variances as required.
 - Complete financial and budget related tasks such as reporting and invoicing as required.
 - Undertake remedial action as required.

Service Delivery

- Ensure excellent service is delivered to meet quality and regulatory standards, and resources are allocated appropriately and efficiently to add best value.
- Ensure the day-to-day administration and financial requirements for the service are carried out effectively. Ensure these are consistent with Whaikaha processes.
- Ensure the coordination of residential care for tāngata whaikaha is well organised and closely monitored.

- Monitor service delivery to ensure effectiveness.
- Ensure appropriate key performance indicators are in place and measured as required.
- Lead and deliver projects for the service as required.
- Manage feedback and complaints as required.
- Standardise processes to minimise risk in the service.
- Develop an audit schedule and take corrective taken as necessary.
- Ensure the service is compliant with the reportable events policy and other policies and procedures as required.
- Oversee the development and implementation of support plans and alternatives to residential care, ensuring they are tailored to the unique needs of disabled people.
- Oversee the allocation of resources, including budgeting to ensure the efficient and effective delivery of services.

Continuous Quality Improvement

- Ensure all services and operations comply to relevant legislation, policies, and standards.
- Drive continuous quality improvement activities and initiatives within the service including:
 - Demonstrating consistent processes and procedures across the service.
 - Variations are promptly identified and corrected.
 - Improvement opportunities are identified and communicated.
 - Improvement plans are implemented.
 - Improved service user satisfaction.
 - Quality standards are met.
 - Completion of all necessary reports, including quarterly reporting.

Relationship Management

- Build and maintain collaborative and positive relationships across Whaikaha.
- Establish and maintain sound working relationships with key contacts at relevant government departments and agencies, the disability community, non-government organisations, interest groups and other key stakeholders.
- Lead relationships with stakeholders as applicable to your role.
- Work proactively with partners in ways that are most likely to deliver tangible benefits for disabled people and tāngata whaikaha Māori.

- Recognise and value the voice of the disability community. Work collaboratively with community groups, disabled people, tāngata whaikaha Māori, whānau and providers reflecting their concerns and aspirations.
- Partner with key stakeholders to ensure the work programme reflects the Crown's relationship with Māori and improves outcomes and equity and reflects our Te Tiriti o Waitangi obligations.

Risk Management

- Identify any organisational risks and act or seek support to minimise their impact.
- Keep your manager informed of any risk issues that may impact on the success of Whaikaha.

Embedding accessibility

Lead and embed a culture of genuine accessibility within teams and work to actively identify and remove barriers to people fully participating in the workplace and recognises individual strengths and needs.

Work with our people to ensure that reasonable accommodations needs are identified early, facilitated, and regularly reviewed to allow our people to work to their full ability and capacity.

Ensure work outputs and deliverables have accessibility at the heart and are available in alternate formats as much as possible.

Embedding te ao Māori

Advocate for, support and develop your understanding of our commitment to the application of the articles of Te Tiriti o Waitangi across all roles and activities and encourage others to do the same.

Enable and enact how Te Tiriti o Waitangi is considered and included across the course of your work activities and those of your team.

Contribute to our team - Whaikaha team leader.

Champion, promote and foster a safe, respectful, and accessible workplace culture. Embrace your role as a good Whaikaha team leader by inspiring and demonstrating genuine care for each other, our mahi and the disabled community we serve. Understand and adapt to our diverse team, enabling contribution from all.

Lead by example by taking personal responsibility for the wellbeing, health and safety of yourself and our people. Understand and fulfil your responsibilities as a leader for the wellbeing, health, and safety of our people. Follow safe working practices, report all incidents, hazards, and near misses, and familiarise yourself with how to respond in case of an emergency.

Take responsibility for understanding and implementing emergency management and business continuity plans relevant to your business unit and team. Ensure our people understand these plans well.

Familiarise yourself and comply with all Whaikaha policies, procedures, and guidelines.

Perform other duties as may be reasonably required from time to time.

What you will bring

We are committed to building and maintaining a diverse, inclusive, and accessible workplace. While this section contains guidance as to the potential requirements for the role, it is not determinative or a complete list. We value the unique skills, strengths, perspectives, and experiences that a diverse range of people may bring and will work with our people to make any reasonable accommodations needed to ensure they have a work arrangement suited to their specific needs.

To undertake this role successfully the incumbent will:

- Be a disabled person, or have lived experience whānau, or be able to establish credibility and trust with the disability community, as well as having empathy and a deep understanding of the unique and diverse experiences of disabled people.
- Have the ability to work in a tripartite relationship with disabled people and tāngata whaikaha Māori.
- Be willing to travel for work from time to time.
- Obtain a satisfactory Children's Worker Check.
- Have a current full driver's license.

Qualifications, experience, and knowledge

- Relevant tertiary qualification and or equivalent experience.
- Experience leading a team or has the desire to lead a team.
- Deep practical experience leading a complex service delivery or operational function.
- Experience providing strategic or operational advice to leaders.
- Significant experience in influencing, negotiating, and networking across several disciplines.
- In-depth knowledge of disability support services, funding options and relevant legislations and policies
- Strong analytical and problem-solving skills, with the ability to use data to inform decision-making.

- Experience working to a national framework (is desired but not essential).
- Knowledge and understanding of the High and Complex Framework.
- Knowledge and understanding of the New Zealand Disability Strategy.
- Understanding of the Machinery of government.
- Demonstrated knowledge and understanding of Te Tiriti o Waitangi.

Who you will be working with

Internal

Commissioning, Design and Delivery Business Unit

Group and team managers

Finance team

Whaikaha kaimahi

External

Disabled people and their families

tāngata whaikaha Māori me ō rātou whānau

Pacific people and their aiga

Manatū Hauora - Ministry of Health

Kainga Ora

Ministry of Social Development (MSD)

Oranga Tamariki

Te Puni Kokiri

Te Matapihi – Māori Housing PEAK Group

Iwi Housing Organisations

Disability service providers

Health And Disability Commissioner

Needs Assessment Service Co-ordination Association

Health professionals

Māori providers

Delegations

The following delegations apply to this position:

People and Culture – No

Financial – Yes

Working in the Public Service

Ka mahitahi mātou o te ratonga tūmatanui kia hei painga mō ngā tāngata o Aotearoa i āianei, ā, hei ngā rā ki tua hoki. He kawenga tino whaitake tā mātou hei tautoko i te Karauna i runga i āna hononga ki a ngāi Māori i raro i te Tiriti o Waitangi. Ka tautoko mātou i te kāwanatanga manapori. Ka whakakotahingia mātou e te wairua whakarato ki ō mātou hapori, ā, e arahina ana mātou e ngā mātāpono me ngā tikanga matua o te ratonga tūmatanui i roto i ā mātou mahi.

In the public service we work collectively to make a meaningful difference for New Zealanders now and in the future. We have an important role in supporting the Crown in its relationships with Māori under the Treaty of Waitangi. We support democratic government. We are unified by a spirit of service to our communities and guided by the core principles and values of the public service in our work.

Position Description Created: April 2024

My Home My Choice – Nōku te Kainga Noho Nōku te Whakatau Facilitator

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About Whaikaha - Ministry of Disabled People

Our Purpose

Whaikaha - Ministry of Disabled People is underpinned by Aotearoa New Zealand commitments under Te Tiriti o Waitangi, the United Nations Convention on the Rights of Persons with Disabilities along with the United Nations Declaration on the Rights of Indigenous Peoples, the vision and principles of Enabling Good Lives. The goals of Whānau Ora are foundational to how the Ministry does its work.

Whaikaha focuses on listening to and partnering with disabled people and their families, tāngata whaikaha Māori me ō rātou whānau, Pacific disabled people and their aiga, and communities so that their experiences can inform changes to the policies and practices which govern the disability sector. The goal is to enable disabled people and tāngata whaikaha Māori to make their own decisions on the supports that will enable them to live their own good life, enhancing their mana and self-determination.

Whaikaha will provide strong and focused leadership of the disability system across government through:

- Driving better outcomes for all disabled people
- Leading and coordinating cross-government strategic disability policy

Working to deliver and transform disability support services, and;

Progressing work on the broader transformation of the wider disability system

Accessibility

We believe in a diverse and inclusive Ministry which reflects the communities that we serve. We care about the wellbeing and success of our people and provide a supportive and inclusive working environment where people can thrive and be who they are. We are committed to understanding and making available reasonable accommodations and accessibility for our people.

Te Tiriti o Waitangi

We have a firm commitment to Te Tiriti o Waitangi, which means we are committed to giving effect to Te Tiriti o Waitangi through kāwanatanga, rangatiratanga and ōritetanga. Whaikaha works to partner with and give effect to the voice of Māori, tāngata whaikaha me o rātou whānau. Whaikaha works to support tāngata whaikaha Māori, whānau, hapū, Iwi and communities to enable their good life and aspirations.

Your place in My Home My Choice

The Facilitator, My Home My Choice reports to a Programme Lead who sits within Whaikaha.

About the role

How you will contribute

Assessment Needs

Engage with tangata whaikaha Māori me o rātou whānau to co-design and plan options when support needs are identified. .

Interact with Enabling Good Lives (EGL) sites to find alternative solutions to residential services for disabled people, tangata whaikaha Māori me o rātou whānau and Pacific disabled people and their fanau.

Ensure tāngata whaikaha understand their rights and the process to request a review.

Community collaboration

Coordinate with agencies including Kainga Ora and Iwi Māori housing providers to identify all options and create support options for disabled people tangata whaikaha Māori me ō rātou whānau and Pacific disabled people and their fanau.

Proactively identify and provide alternatives to residential care, ensuring the options are tailored to the specific needs of tangata whaikaha Māori me ō rātou whānau and Pacific disabled people and their fanau.

Working directly with disabled people, tangata whaikaha Māori me ō rātou whānau and Pacific disabled people and their fanau.

To assist them to achieve Enabling Good Lives outcomes.

Facilitate with community and residential agencies to educate them about the needs of disabled people and their family, tangata whaikaha Māori me ō rātou whānau and Pacific disabled people and their fanau to co-develop inclusive support plans.

Ensure that information about options including funding options support informed decision making that works for disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga

Empower disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga to actively participate in their support planning and decision-making processes.

Continually evaluate and improve support strategies and services, ensuring these are effective, inclusive, and aligned to with Enabling Good Lives principles.

Ensure appropriate processes are established with disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga to review their plans. Ensure these are in accordance with review guidelines and mandated requirements.

Planning for Enabling Good Lives outcomes

Understand the aspirations and preferences of disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga and assist them to think about the choices they have and what they could do that is new and different.

Working creatively and co-design with disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga to plan and develop the life that they want. Explore how opportunities in the community could be accessed, what current supports are working well and what new and different supports could be established.

Build awareness of the Enabling Good Lives principles and approach among disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga and service providers.

Working according to the Enabling Good Lives principles

Creatively develop localised options for disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga that can make a national impact.

Relationship management

- Build and maintain collaborative and positive relationships across Whaikaha.
- Establish and maintain sound working relationships with key contacts at relevant government departments and agencies, the disability community, non-government organisations, interest groups and other key stakeholders.
- Uphold, affirm value and elevate the voice of the disability community. Work collaboratively with community groups, disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga and providers reflecting their concerns and aspirations.

Embedding accessibility

Embed a culture of genuine accessibility within teams where people work actively to identify and remove barriers and recognise individual strengths and needs.

Embedding te ao Māori

Embed Te Ao Māori (te reo Māori, tikanga, kawa, Te Tiriti o Waitangi) into the way we do things at Whaikaha.

Continuously build more experience, knowledge, skills, and capabilities to confidently engage with whānau, hapū and Iwi. Champion and contribute to a safe, respectful, and accessible workplace culture. Showing genuine care for each other, our mahi and the disabled community we serve.

Take personal responsibility for the wellbeing, health and safety of yourself and others. Follow safe working practices, report all incidents, hazards, and near misses, and familiarise yourself with how to respond in case of an emergency.

Familiarise yourself and comply with all Whaikaha policies, procedures, and guidelines.

Perform other duties as may be reasonably required from time to time.

What you will bring

We are committed to building and maintaining a diverse, inclusive, and accessible workplace. While this section contains guidance as to the potential requirements for the role, it is not determinative or a complete list.

We value the unique skills, strengths, perspectives, and experiences that a diverse range of people may bring and will work with our people to make any reasonable accommodations needed to ensure they have a work arrangement suited to their specific needs.

To undertake this role successfully the incumbent will:

Be a disabled person, or have lived experience whānau, or be able to establish credibility and trust with the disability community, as well as having empathy and a deep understanding of the unique and diverse experiences of disabled people.

- Have the ability to work in a tripartite relationship with disabled people and tāngata whaikaha Māori.

Be willing to travel for work from time to time.

Qualifications, experience, and knowledge

Relevant tertiary qualification and or equivalent experience

- Specialist knowledge and understanding of service coordination (desired but not essential)

Experience working with the disability community

Demonstrated knowledge and understanding of the Enabling Good Lives approach and principles.

knowledge and understanding of tangata whenua Maori and whānau led approaches.

Knowledge of relevant legislation, policies, and funding options

- Experience using facilitation and problem-solving strategies.
- Understanding of the challenges faced by disabled people and their families, tangata whaikaha Māori me ō rātou whānau, Pacific people and their aiga.

Who you will be working with

Internal

Programme Lead – My Home, My Choice Nōku te Kainga Noho Nōku te Whakatau

NASC and EGL kaimahi

Whaikaha kaimahi

External

Disabled people and their families, tangata whaikaha Māori me ō rātou whānau. Pacific disabled people and their aiga

Families and whānau of disabled children, young adults, and adults

Disabled people's organisations, informal networks, and disability service providers

Contract of Services provider

Colleagues in Whaikaha and participating government agencies i.e. Oranga Tamariki, Kainga Ora, Ministry of Social Development

Wider disability networks and community

Iwi and hapū housing organisations

Community providers

Delegations

The following delegations apply to this position:

People and Culture – N

Financial – N

Working in the Public Service

Ka mahitahi mātou o te ratonga tūmatanui kia hei painga mō ngā tāngata o Aotearoa i āianeī, ā, hei ngā rā ki tua hoki. He kawenga tino whaitake tā mātou hei tautoko i te Karauna i runga i āna hononga ki a ngāi Māori i raro i te Tiriti o Waitangi. Ka tautoko mātou i te kāwanatanga manapori. Ka whakakotahingia mātou e te wairua whakarato ki ō mātou hapori, ā, e arahina ana mātou e ngā mātāpono me ngā tikanga matua o te ratonga tūmatanui i roto i ā mātou mahi.

In the public service we work collectively to make a meaningful difference for New Zealanders now and in the future. We have an important role in supporting the Crown in its relationships with Māori under the Treaty of Waitangi. We support democratic government. We are unified by a spirit of service to our communities and guided by the core principles and values of the public service in our work.

Position Description Updated: April 2024

Appendix 6: Programme Lead Advertisement

Programme Lead

My Home My Choice - Nōku te Kainga Noho Nōku te Whakatau

Ko wai mātou | About Us:

Whaikaha – Ministry of Disabled People has a unique mandate of having responsibility to steward change across Government, while commissioning disability support services; as well as transforming how these services are commissioned and delivered.

Disabled people expect to have greater choice and control over the supports and services they receive to lead their best life. We are committed to this by strengthening relationships and working in partnership with disabled people, tāngata whaikaha Māori, Pacific disabled people and their whānau.

Whaikaha presents an exciting opportunity to make a real difference. The call for “Nothing about us, without us” is an integral part of our operation.

Mō tēnei tūranga mahi | About the Role:

My Home My Choice - Nōku te Kāinga Noho Nōku te Whakatau is a Whaikaha four-year fixed term funded programme. The programme has been established to create better outcomes, security, choice and control for disabled people who live in residential services, with a focus on developing alternatives to residential services. This works in partnership with stakeholders and communities to deliver the outcomes.

The key priorities are:

- To ensure that options are available for people considering entering residential services.
- To enable alternative options for people who want to leave residential services.
- To increase choice and control for disabled people within residential services.
- To work with government agencies to enable easier transitions that align with EGL principles, ensure equity, and promote citizenship.

The programme is focused on ensuring that disabled people and tāngata whaikaha Māori have options, agency, choice, and control over where they live, who they live with, and who provides them with support. The work programme focuses on the systems that need to change to support the people in residential services.

Throughout the programme's development, Whaikaha will engage with networks and organisations representing disabled people, families, tāngata whaikaha Māori me ō rātou whānau, disabled Pacific people, and service providers.

The Programme Lead is responsible and accountable for delivering high quality leadership of this new nationwide service.

Ko wai koe | About You:

You will have an in-depth knowledge of disability support services, funding options and relevant legislations and policies. This will be paired with knowledge and understanding of the New Zealand Disability Strategy.

Your practical experience leading a complex service delivery or operational function will ensure you are comfortable providing strategic or operational advice to leaders.

Significant experience in influencing, negotiating, and networking across several disciplines.

Strong analytical and problem-solving skills, with the ability to use data to inform decision-making.

You will have knowledge and understanding of how people are supported in residential services in New Zealand, and experience working to a national framework would be an advantage but is not essential.

To undertake this role successfully, you will be a disabled person or be able to establish credibility and trust with the disability community, as well as having empathy and an understanding of the unique and diverse experiences of disabled people.

1) [Mō Te Tono, Mō Te Tirotiro Tātai Tūranga | Apply or View the Position Description:](#)

Salary Range:

Tono Mai | We encourage you to apply:

Joining Whaikaha means being part of a whānau that celebrates the diversity each individual brings. Currently, just over 40% of our people identify as disabled people and we want this number to grow. We care about the wellbeing and success of our people and provide a supportive and inclusive working environment where people can thrive and be who they really are. We are committed to the application of Te Tiriti o Waitangi in all levels of our work.

Me He Pātai Anō | Further Enquiries:

We encourage you to talk to us about any support you need. We want you to present this information in a way that plays to your strengths. For example, you may prefer to use video instead of a traditional CV and cover letter. You might want whānau or a friend to tell us about you or use social media or a PowerPoint presentation. Let's kōrero about what you need to feel supported in your application.

Contact us about the best way for you to apply by emailing us at:

PeopleandCulture@whaikaha.govt.nz.

Te Tono | Application:

Please click the '**Apply**' button to submit your application.

If you work for Whaikaha or MSD already - Please apply through the myHR portal. You can do this by clicking the '**Apply**' button to complete the online application form and upload your CV and cover letter. This will ensure that your employee profile is visible as an internal candidate.

Ka Kati Ngā Tono | Applications Close:

Whaikaha has adopted the Ministry of Social Development's (host agency) COVID-19 vaccination policy. This policy applies to all Whaikaha employees and encourages, but does not require, employees to be fully vaccinated for COVID-19 and its variants. Unless the role is identified as requiring vaccination at the time.



Funding Request: Improving outcomes and public value – residential care

Date: 26 May 2024

For: Transformation Management Board

CC: Whaikaha ELT

Security level: In Confidence

Executive summary

Purpose

This paper is seeking the Transformation Management Board’s approval to release Budget 2022 funding to understand the flow of disabled people into residential care to help understand where system changes can improve both outcomes for disabled people and public value.

Context

Whaikaha is a default social housing provider, and around half (\$1 billion) of its operating budget is spent on residential care each year. Creating alternatives requires addressing housing supply and accessibility, as well as separating accommodation from other supports, and ensuring disabled people have the same tenancy rights, access to accommodation supplements and pathways to home ownership as other New Zealanders.

In February 2024 the Transformation Management Board approved funding for four My Home My Choice projects:

- A time-limited Intensive Response Team – to work with those whose housing situations are most compromised
- Initial investment to unbundle the provision of support from accommodation
- Resource to work with Iwi/Māori on specific alternatives to residential care for tangata whaikaha
- Facilitation of a practice network to improve outcomes and support continuous improvement of residential care and alternative options.

These four projects will deliver improvements within the current system and insights on what is needed to transform housing options for disabled people.

Proposal

In addition to these projects, we need to understand:

- what maintains the current approach to residential and in-home care across the disability support system, and the health and social sectors
- the journey for disabled people end-to-end through the system and the underlying economics of this journey¹
- the barriers, waste and opportunities to deliver good outcomes for disabled people, while staying within the current fiscal envelope.

This funding request is for s9(2)(j) :

- employ System Improvement Coaches from the Ministry of Social Development to support disability community and Whaikaha leaders (including members of the Transformation Management Board) to apply a systems improvement method that has been successfully used internationally and in New Zealand.²
- contract data analysis support s9(2)(j)

The work will compare the journeys of disabled people who require 24/7 support and who end up entering residential care (including residential respite) and those who are able to stay in the community. This will help build understanding of the different pathways, contexts and circumstances of those entering care or remaining in the community, and the implications of these differences on outcomes (including safeguarding), public value and financial sustainability.

The funding requested supports the first phases of the system improvement method:

- **Familiarisation and scoping** – which has been completed.
- **Understand** – which builds on previous reviews and insights and involves working with a team of Disabled Leaders, Whaikaha managers and technical people to study current system performance, the real costs of the current process and specific levers for improvement (see appendix 1 for the team composition)
- **Redesign** – insights about the system are collated, and a high-level design for the future way of working is prepared, in alignment with existing EGL principles. This includes an initial set of system measures and a plan for testing and scaling the way of working.

These initial stages would be completed by the end of 2024, and inform a subsequent funding request to proceed to the next stages in the system improvement approach:

- **Test and Learn** – with a range of options to design, trial and refine changes that will improve outcomes for disabled people as well as improving public value. This stage includes developing plans on how to support, scale and make sustainable improvements. This stage will be informed by the insights gained by the Intensive

¹ The work will have a primary focus on people who enter residential care (including residential respite). It will, however, be desirable to compare and contrast the journeys of people who do not enter residential care so that we can understand the differences, and the implications of those differences.

² This funding would also cover travel, noting most work will be undertaken in Wellington to contain costs..

³ There is currently no internal capacity to undertake this work.

Response Team, who will be able to identify gaps in mainstream supports and how processes can be redesigned to improve outcomes for disabled people.

- **Make Normal** – scaling up what works so it becomes both business as usual and sustainable.

There are a wide range of examples of where the methodology applied by the systems improvement coaches has led to improved outcomes and public value (see Appendix 1).

The system improvement coaches have supported Manaaki Tairāwhiti, which brings together local iwi and social cross-sector leaders to work together on what is needed for whānau to flourish.⁴ Manaaki Tairāwhiti is currently working on what is needed to improve respite care in the Tairāwhiti region.

From the familiarisation work, the system improvement coaches appreciate the significant interdependencies the disability support system has with other systems, including and not limited to Education, Health, Work and Income and ACC.

While the work will initially focus on the Disability System, coaches will also aim to equip Disabled Leaders and Whaikaha managers to take a systems perspective to improve the interdependencies with other systems in the future.

Strategic alignment

Undertaking this 'understand' and redesign' stage of the system improvement work now will help position Whaikaha to prioritise action needed to respond to the:

- United Nations Convention on the Rights of Persons with Disabilities deinstitutionalisation recommendation report back
- recommendations from the Royal Commission of Inquiry into abuse in state care
- anticipated recommendations from the Waitangi Tribunal's kaupapa inquiry into health services and outcomes (WAI 2575)
- the independent review into the disability support services administered by Whaikaha – Ministry of Disabled People.

This work will also provide insights on how Whaikaha can strengthen safeguarding, independent voice mechanisms and take a systems-learning approach (including insights gained from the community of practice, and complaints). In turn this will help inform workforce capability requirements and pipeline planning.

Recommendations

It is recommended that the Transformation Management Board:

- a) **Agree** to release s9(2)(j) support the first stages **Agree | Disagree** ('understand' and 'redesign') of the system improvement approach focused on residential care.

⁴ [Home - Manaaki Tairāwhiti - Manaaki Tairāwhiti \(mt.org.nz\)](https://www.mta.org.nz/)

- b) **Note** that MSD system improvement coaches will work to build capability in the approach among disability leaders (including Transformation Management Board members) and Whaikaha staff involved. **Note**
- c) **Note** that, if the first stage proceeds successfully, a future funding request will be prepared with a range of options for the 'test and learn' and 'make normal' stages. **Note**
- d) **Note** the 'understand' and 'redesign' will provide insights that support a range of strategic priorities for Whaikaha. **Note**
- e) **Note** that any 'redesign' options explored will reflect the current fiscal envelope, with the aim of achieving better outcomes within current spend. **Note**

Amanda Bleckmann



Deputy Chief Executive:
Commissioning, Design and Delivery

Ben O'Meara

Deputy Chief Executive:
Policy, Strategy and Partnerships

Funding Request: Improving outcomes and public value – residential care

Context

- 1 Whaikaha is a default social housing provider, and around half (\$1 billion) of its operating budget is spent on residential care each year. Creating alternatives requires addressing housing supply, affordability and accessibility, as well as separating accommodation from other supports, ensuring disabled people have access to all tenancy rights, ensuring access to social housing and accommodation benefits, and pathways to home ownership.
- 2 Recent inquiries and strategies highlight the need to improve human rights and equity (of access, acceptability and outcomes) for disabled people in, or at risk of entering, residential care. These include:
 - 2.1 The NZ Disability Strategy - particularly the outcome relating to Choice and Control (Outcome 7).
 - 2.2 The Waitangi Tribunal Health Services and Outcomes inquiry WAI2575.
 - 2.3 The Royal Commission into Abuse in Care.
 - 2.4 NZ's 2022 periodic review under the United Nations Convention on the Rights of People with Disabilities.
- 3 In February 2024 the Transformation Management Board approved funding for four My Home My Choice projects:
 - 3.1 A time-limited Intensive Response Team – to work with those whose housing situations are most compromised and who typically have the fewest options for their living arrangement in the current disability support system.
 - 3.2 Initial investment to unbundle the provision of support from accommodation, through contracting with Community Housing Providers to bring on stream the level of housing that might be required where people are accessing flexible support, and move away from disability support providers being a housing solution in new arrangements.
 - 3.3 Resource to work with Iwi/Māori on specific alternatives to residential care for tangata whaikaha, culturally grounded in te ao Māori (noting this work will be used to develop a case for future investment in te ao Māori alternative options).
 - 3.4 Facilitation of a practice network that ensures that, within existing flexible contracting and supports, an appropriately broad approach to the kinds of 'home' and lifestyles people might be seeking are supported.

Proposal

- 4 What is needed in addition to these projects is understanding of
 - 4.1 what maintains the current approach to residential and in-home care across the disability support system, and the health and social sectors
 - 4.2 the journey for disabled people end-to-end through the system and the underlying economics of this journey⁵
 - 4.3 the barriers, waste and opportunities to deliver good outcomes for disabled people, while staying within the current fiscal envelope.
- 5 This funding request seeks s9(2)(j) to employ system improvement coaches from the Ministry of Social Development who will support Whaikaha leaders to apply a systems improvement method that has been successfully used internationally and in New Zealand.⁶ This includes work the systems improvement coaches have supported in Manaaki Tairāwhiti, which brings together local iwi and social cross-sector leaders to work together on what is needed for whānau to flourish.⁷
- 6 The system improvement method would focus on:
 - 6.1 Understanding the journey for disabled people end-to-end through the system and the underlying economics of this journey. The work will have a primary focus on people who enter residential care (including residential respite). It will compare and contrast the journeys of people who do not enter residential care so that we can understand the differences, and the implications of those differences.
 - 6.2 Identifying barriers, waste and opportunities to deliver good outcomes for disabled people, with an initial focus on residential care, specifically understanding:
 - the reasons for current cost increases over inflation
 - the flow into residential care at different life stages and for different types of disability (eg intellectual disability vs physical disability)
 - examples of where alternative options to congregate living have been successfully used, for example Choice in Community Living
 - the system conditions that create and/or sustain inequities or poorer outcomes for disabled people requiring 24/7 support in the current system
 - what system conditions (including cross-sector income-related policies) need to change to improve housing options for disabled people overall, and for those requiring 24/7 support.
 - Identifying poor value expenditure, to free up existing funding that can be used differently for better outcomes.

⁵ The work will have a primary focus on people who enter residential care (including residential respite). It will, however, be desirable to compare and contrast the journeys of people who do not enter residential care so that we can understand the differences, and the implications of those differences.

⁶ This funding would also cover travel, and data analysis and modelling.

⁷ [Home - Manaaki Tairāwhiti - Manaaki Tairāwhiti \(mt.org.nz\)](https://www.mta.org.nz/)

- 6.3 Supporting Whaikaha to plan one or more interventions that would test improvements to selected barriers and opportunities, building on existing EGL principles and learning and considering how to scale this work throughout Aotearoa New Zealand. This includes:
- helping inform the parallel projects funded through Budget 2022 to separate accommodation from other supports, develop te ao Māori alternative housing options for disabled people, and develop communities of practice to support continuous improvement (for existing residential care and for innovation)
 - insights on how to understand and manage demand and cost, to inform the financial sustainability work and the pricing tool for residential care to ensure spending stays within the fiscal envelope.
 - policy work being scoped on social housing options for people with disabilities.
- 6.4 Developing a measurement model for the Disability System. This would start with an understanding of the existing data, then Lead and Lag/Outcome measures would be developed based on the purpose of the system and what matters to clients. Outcome measures would include an initial view of the economics of the system, and why costs are currently escalating, provided the right technical support is available. The intervention plans would include testing of the measures. (This work will also provide insights into the data strategy for Whaikaha, and the action needed to implement the strategy).
- 6.5 To build capability in disabled leaders and Whaikaha managers to apply system thinking principles (appendix 1) to sustainably improve the system.

Initial focus

- 7 This funding proposal is for the 'understand' and 'redesign' stages which will provide Whaikaha with the information to make an informed decision about where and how you could make change, using a test and learn approach.
- 8 Undertaking this stage of the work now will also help position Whaikaha to prioritise action needed to respond to the:
- United Nations Convention on the Rights of Persons with Disabilities deinstitutionalisation recommendation report back,
 - recommendations from the Royal Commission of Inquiry into abuse in state care
 - recommendations from the Waitangi Tribunal's kaupapa inquiry into health services and outcomes (WAI 2575)
 - the independent review into the disability support services administered by Whaikaha – Ministry of Disabled People.
- 9 This work will also provide insights on how Whaikaha can strengthen safeguarding, independent voice mechanisms and take a systems-learning approach (including insights gained from the community of practice, and complaints). In turn this will help inform workforce capability requirements and pipeline planning.

How the MSD system improvement coaches will support Whaikaha

- 10 At a high level, there are four phases of work:
 - 10.1 **Familiarisation and Scoping** – Preparing for this initiative. Familiarisation has been completed. This is a short exercise for coaches to get a feel for the system and to complete scoping.
 - 10.2 **Understand** – Working with a team of Disabled Leaders, Whaikaha managers and technical people to study the current performance, the real costs of the work system and to identify specific levers for improvement. This work would build on the many reviews of parts of the Disability System that have taken place over recent years. The Understand and Redesign work includes transferring of system improvement knowledge and building capability in the team.
 - 10.3 **Redesign** – Collate the learning about the system and develop principles and high-level design for the future way of working, in alignment with existing EGL principles. This includes an initial set of system measures and a plan for testing and scaling the way of working.
- 11 On the successful completion of the first stages of the system improvement approach, a subsequent funding proposal could be developed for the next stages:
 - 11.1 **Test and Learn** – Design, trial and refine changes with a view to understanding what is required to be effective then efficient for disabled people. This includes how to support, scale and make sustainable improvement. New measures are tested and improved. Once testing has proven that the new way of working is effective IT design and prototyping could start. IT platforms will be significantly faster to develop, functional and cheaper if based on a proven way of working.
 - 11.2 **Make Normal** – Scaling up what works, including IT, making it business as usual and sustainable.
- 12 The system improvement method is complimentary and supportive of Whānau Ora and Te Ao Māori. The MSD business coaches have successfully supported Manaaki Tairāwhiti (MT), an Iwi led collective, to develop a way of working that they are starting to apply across all social sector systems.
- 13 A part of the MT team is currently applying the system improvement method to improve the local respite care system. Client and whānau voice are the foundation for their way of working. They respond to voice in a holistic way that builds on whakapapa and one agreed plan with the whānau. Manaaki Tairāwhiti leaders have offered to discuss their journey with you and how the system thinking approach supports Whānau Ora.
- 14 The MSD system improvement coaches are also working with ACC on their rehabilitation system. Leaders at ACC have also offered to discuss the work they are doing and results so far.
- 15 Appendix 2 provides references to related systems improvement work undertaken by the team and by teams across Europe using the same method.

- 16 From the familiarisation work, the system improvement coaches appreciate the significant interdependencies the disability support system has with other systems, including and not limited to Education, Health, Work and Income and ACC. The initial focus will be on the Disability System first. The system improvement coaches will also aim to equip Disabled Leaders and Whaikaha managers to take a systems perspective to improve the interdependencies with other systems in the future.
- 17 Following approval of this proposal by the board, work would start to record client needs, responses and journeys at:
- Your Way Kia Roha, Hutt valley, a NASC with an Intensive Response Team member and another NASC without this function (these roles will be in place from August 2024)
 - Some residential homes, to be confirmed
 - Choice in Community Living
 - Other innovative alternatives to residential care, such as flatting.
- 18 There would also be analysis performed on the existing complaints system.

MSD Coaches commitment

- 19 s9(2)(a) and another coach, to be determined, will be supporting this work. Coaching will be available onsite up to 4 days per week based on the needs of the work. s9(2)(a), the Director, Systems Improvement will support the coaches, including reviews with Whaikaha officials and the Transformation Management Board.

Agency commitment

- 20 The Engagement Lead, s9(2)(a) will work closely with the business coaches for the duration of the engagement. The Understand team will be made up of primarily fulltime personnel. There is also opportunity for personnel from policy, partnerships, data and insights, and commissioning to be closely involved in this work, to help build understanding of what is needed to improve half of the overall investment made by Whaikaha.
- 21 The MSD system improvement coaches have found that agencies will derive maximum value from this work if the Conditions for Success, outlined in Appendix 1, are adhered to.
- 22 It will be important for the Transformation Management Board to receive regular updates as the work progresses to provide a shared understanding of learnings and enable timely decisions about next steps.

Costs

- 23 The MSD system improvement coaches operate on a cost recovery basis. The cost of the Understand and Redesign phases is estimated to be 3 to 4 months long. The cost for coaches is estimated to be s9(2)(j) This is based on a cost recovery charge of s9(2)(j) per day and allows for some travel, most of this phase of the work is anticipated to be in Wellington to minimise costs.

- 24 An additional s9(2)(j) is requested for data analysis, noting there is currently no internal capacity to undertake this work. (Work is underway to potentially appoint a Principal Analyst – Strategic Insights. If this proceeds, the funding would be absorbed into the costs of the position).

Appendix 1

Key System Improvement principles

To be successful engagements designed to foster an environment of System Improvement within an organisation are underpinned by a number of principles. These are outlined below:

- *think customer* – the performance of the system is understood from the customer's perspective
- direct observation of customer interactions and work processes – *Go and See* to really understand the customer experience and how the service system works
- *leader led* – Systems Improvement is necessarily the work of managers within an organisation since managers are the key influencers of the overall system and culture
- *informed choice* at each stage – before moving to make change it is important that managers and staff get a shared understanding of the current state and make conscious decisions regarding how to proceed
- performance is primarily determined by the *work system* – to improve performance study the work to challenge and redesign the system
- *get knowledge* about the entire service system before prioritising improvement
- *learning by doing* – System Improvement principles and methods are not truly learned from books or training courses, but through application in real work situations. Consequently our approach to knowledge transfer is heavily action oriented, with minimal formal classroom training.

Note that one member of the team does provide a 2-day system thinking and intervention theory education course, which helps managers and specialists understand the origins of this approach and why these proven theories are so profound.

Conditions for success

When building a sustainable culture of systems improvement, several factors should be present. They include:

- Managers and Transformation Board commitment
 - Sponsor and Managers undertaking structured *Go and See* activities, regular check-ins and being available where their decision-making authority is required
 - Transformation Board being available for the review/gateways for the Understand and Redesign phases
- Clarity of roles and responsibilities between Whaikaha and MSD Coaches
- No large-scale changes planned in the selected work areas during the period of the engagement.

Appendix 2 – Reference engagements

The following table provides references to relevant system improvement engagements undertaken by the team or from Europe using the same method.

Title	References	Comments
Manaaki Tairāwhiti	<p>Page 19 onwards of the Manaaki Tairāwhiti strategy</p> <p>Results for MSD and Corrections are not available for release currently, but can be presented.</p>	<p>Manaaki Tairāwhiti leaders have volunteered to discuss the work we have supported them with over the last 6 years. This could include the recent work on the local respite system.</p> <p>The Manaaki Tairāwhiti strategy shows how they intend to use system improvement to complement their devolution strategy.</p> <p>The Ka Awatea/Family Harm test and learn document discusses their approach to testing their new Way of Working. The programme was delayed by COVID and cyclone Gabrielle and work is underway to make this a common approach across the sector.</p>
ACC	No external reports are available at this time	We have an ongoing engagement with ACC assisting them to improve their rehabilitation system. There are no external reports available at this time, however an ACC leader is available to discuss this work should you wish.
Saving money by doing the right thing By Locality.org.uk	https://www.vonne.org.uk/sites/default/files/files/resources/Locality-Report-Diseconomies-web-version.pdf	Review of UK public services with Vanguard method examples.
Vanguard – improvements to UK health system	<p>Link to Video - Vanguard method applied in to UK health care from 34 minutes onward (25 minutes long). Requires login.</p> <p>Link to Video – 3 minute version of above</p>	Links to videos on improvement in a UK local-body health system.

Excerpt from Transformation Management Board Meeting 6 June 2024

Date:	6 June 2024	
Time	9.30-12.30	
Location:	On-line	
Present:	Community Barry De Geest Delia Nolan Kellie McGrath Pati Umaga Peter Allen Renata Kotua Ray King	Whaikaha Paula Tesoriero, Chief Executive (Chair) Ben O'Meara, DCE Policy, Strategy and Partnerships Amanda Bleckmann, DCE Commissioning, Design and Delivery
Apologies	Ronelle Baker, Kaihautu Chief Advisor Māori	
Other attendees	Justine O'Reilly, Programme Director Transformation Jo Witko, Principal Analyst Transformation John Wilkinson, Principal Analyst, Commissioning, Design and Delivery Tofa Suafole Gush, Programme Lead, Pacific Peoples Savaiinaea Alfredo Adams, Senior Strategic Advisor, Pacific Peoples	

My Home, My Choice (verbal update) – Justine

Recruitment is progressing for a preferred candidate to lead the 'Intensive Response Team' work. The remaining initiatives will be scoped building in insights from the systems improvement work (see later item).

Improving Outcomes and public value – residential care – Justine, John, Jo

- This is a funding request to fund system improvement coaches based in MSD to support the application of the Vanguard method to identify failure demand in the system – with a focus on residential care.
- This work will also help shape the My Home, My Choice initiatives.

Action log

#	Action	Team	Status
5	Develop communications that signal the My Home My Choice initiatives but manage expectations once the more detailed design has been completed	CD&D	In progress

6	Provide quarterly updates on the four My Home My Choice initiatives' progress	CD&D	Ongoing
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DRAFT My Home, My Choice Programme Report (inaugural)

Date: July 2024

For:

- Ben O'Meara, SRO and Chair of MHMC Programme Steering Group
- Members of MHMC Programme Steering Group (Members TBC)

CC: Justine O'Reilly, Director Transformation Office

Purpose

To provide the MHMC Programme SRO and the Programme Steering Group with a monthly update on the current projects and initiatives that contribute to the improved governance, management and delivery of housing options and supports within the disability system.

Executive summary

This inaugural programme report describes and reports on the current projects and initiatives that influence the governance, management and monitoring of housing options and supports within the disability system. It describes the programme's potential strategic contribution and the current programme risks.

Recommendations

It is recommended that you:

- a) Note this inaugural monthly programme report and provide feedback to the Programme Manager for future reporting purposes.

Noted

Sara Kidd

Programme Manager, Transformation Management Office

July 2024

My Home My Choice Programme Report

PART A - Introduction

- 1 Whaikaha is a default social housing funder – half (\$1B) of its operating budget is spent on residential care each year. While the number of people transitioning into residential care is not increasing, costs are.
- 2 The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them. And once in residential care, people tend to stay, and over time lose capacity to live in other circumstances. Recent enquiries have also demonstrated that disabled people who live in residential care are exposed to greater safeguarding risks.
- 3 Disabled people want access to the same range of living options as all people, with the same sense of home and choice – and under the current system this aspiration is not fulfilled. *"My experience was that people living in residential care were denied free will, preference, and prior and informed consent. For disabled people, the notion of choice and control was moot because they were at the end of the decision-making process"* – Gary Williams, Patron - My Home My Choice.
- 4 Whaikaha acknowledges that there is limited intelligence to govern both the residential care system and the broader systems that support disabled people to live independently. This impacts its ability to fulfil its role as steward and to commission effective housing and support solutions (supply side).
- 5 My Home, My Choice was established in May 2023 - to create better outcomes, security and choice and control for disabled people who live in residential services, with a focus on developing alternatives to residential services.
- 6 In June 2023 Sir Robert Martin and Gary Williams were appointed as Patrons for My Home My Choice and were supported by a Steering group with included subject matter experts and people with lived experience of residential services.
- 7 The key priorities developed by the Patrons and Steering Group were to:
 - 7.1 Ensure that options are available for people considering entering residential services.
 - 7.2 Enable alternative options for people who want to leave residential services.
 - 7.3 Increase choice and control for disabled people within residential services.
 - 7.4 Work with government agencies to enable easier transitions that align with EGL principles, ensure equity, and promote citizenship.

- 8 In October to November 2023 My Home, My Choice led a series of community conversation and engagements with disabled people, tangata whaikaha Māori, Pacific communities, family and whānau and providers to understand what would improve residential care.
- 9 On 9 February 2024, the Transformation Management Board approved fixed-term funding for four My Home, My Choice Initiatives. The funding comes from the Budget 2022 funding to support system transformation and improvement.

The four initiatives were:

Title	Description
Intensive (Facilitation) Response Team	To work with disabled people whose housing situations are most compromised (either safety, security, or the ability to make everyday life choices) and who have limited alternative housing options. During the trial period this service would be operated by Whaikaha (reflecting the approach taken by Education, which directly manages support for the most at-risk students).
Unbundle accommodation from supports	To invest in foundational steps to improve how 24/7 care is provided for those who need this support, by testing how to separate tenancy from other supports. Two Community Housing Providers would be contracted to source and manage appropriate housing stock. (This will help identify potential longer-term options for social housing provision for disabled people).
Te Ao Māori options	To support Iwi - Māori alternatives to residential care, as well as understanding how existing supports can be improved to better meet support tangata whaikaha Māori and their whānau. (This work will support a future case for investment in te Ao Māori alternative options).
Practice network	To build and broaden understanding of how flexible funding can be used to support alternative housing options that work well for disabled people. (This includes continuous improvement and resource development to support ongoing capability building across the system).

- 10 A more detailed description of these initiatives and their progress can be found in Part B of this report.
- 11 Since February 2024, the My Home My Choice Programme has sought to expand its visibility of all projects and initiatives across Whaikaha (and beyond) that either directly or indirectly aim to improve housing and associated care and safeguarding systems for disabled people.

- 12 The programme's aim **as of August 2024**, is to enable improved oversight of all these initiatives to support inter-project coordination. Developing an integrated programme will also support Whaikaha to engage in the longer-term thinking required to support future investment in this area.
- 13 The programme's aims may also need to be updated to reflect any priorities emerging from the first stage of the Independent Review recommendations.



What projects / initiatives make up the My Home, My Choice Programme (August 2024)

Fund Source	Project / Initiative Name	Outcome sought	Sponsor / Owner	Current Stage	Link to MHMC PSG Priorities (23/24)	R/E/C*	All Previous Years Actuals	24/25 EAC – Actuals plus Forecast	25/26	26/27	Total	Status	Notes
Reporting and Monitoring													
Baseline	Reporting on Government-wide response to UNCRPD recommendations	Whaikaha's contribution to UNCRPD recommendations is visible.	Ben O'Meara	N/A	Create Options	-	-	-	-	-	-	Not initiated	
Governance													
Budget 22	Programme Advisory Group	Disabled voice is integrated into investment decision-making and planning till December 2025.	Justine O'Reilly	N/A	N/A	E	\$24,536.07	s9(2)(j)				Amber	Awaiting approval – expected September 24
Not specified	MHMC - Long Term Investment Roadmap / Programme Business Case	Whaikaha has a mid-long-term investment direction to influence housing solutions and supports	Ben O'Meara	N/A	Create Options	C	-	-	-	-	-	Not initiated	
Resourcing													
Budget 22 and Baseline	Resourcing <ul style="list-style-type: none"> Programme Manager (6mo) Business Case Lead (5mo) Data Analyst (2y) 	Programme is resourced to progress at the desired pace.	Justine O'Reilly		N/A	E	-	-	-	-	-	Red	Resource not approved 23/07/24
Strategy Policy & Partnerships													
Baseline	Disability housing – current state	Minister has improved knowledge of housing for disabled people	Ben O'Meara	N/A	N/A	R	-	-	-	-	-	Complete	
Baseline	Response to Ministry of Housing and Urban Development Recommendations	TBC	Helen Walter	N/A	N/A	TBC	-	-	-	-	-	Not initiated	
Baseline	Response to Inquiry of Abuse in State Care	TBC	Helen Walter	N/A	N/A	TBC	-	-	-	-	-	Not initiated	
Research and Evidence													
Budget 22	Improving Outcomes and Public Value	Improved understandings of system dynamics and	Ben O'Meara	Stage 3 - Design	N/A	E	-	s9(2)(j)			s9(2)(j)	Red	Procurement not approved.

		their contribution to current outcomes.											
Budget 22	Te Ao Maori alternatives	Agreed pathway for Maori housing options	Trish Davis	Stage 1 – Concept	Create options	C	s9(2)(j)				\$588,000	Amber	ILMS scheduled for August. Coordination resource available.
Budget 22	Separating accommodation from supports	Agreed pathway to enable choice between housing and support.	Ben O’Meara	Stage 1 – Concept	Create options	C	s9(2)(j)				\$812,500	Amber	ILMS scheduled for August. Coordination resource available.
Budget 22	Delivering choice in the community Practice Networks	Consistent application of practice across community care provision.	Trish Davis	Stage 1 - Concept	N/A	E	s9(2)(j)				\$2,318,175	Amber	ILMS scheduled for August. Coordination resource available.
Baseline	Research <65 years in aged Residential Care	Pathway to prevent <65 flow into ARC	Amanda / Ben O’Meara	Stage 1 - Concept	N/A	C	-	-	-	-	-	Not initiated	
Baseline	Delivering Care in the community Business Case	Assessing and recommending approaches to deliver care into the community	Viv Ruth	Stage 1 – Concept	Create options	E	-	-	-	-	-	Not initiated	
Baseline	Performance Heat Map of Residential Care facilities across New Zealand.	Improved intelligence of current residential services – location and performance.	Amanda / Ben O’Meara	N/A	Create options	R	-	-	-	-	-	Not initiated	
Commissioning													
Budget 22	Intensive Response Team	Improved support for disabled people wishing to reside outside of residential care	Amanda Bleckman	Stage 4 - Implement	Change the Flow	C	s9(2)(j)				\$2,824,854	Amber	Implementation plan and schedule now place. Lead appointed. Governance TBC
Monitoring and evaluation													
-	No specific projects specified												
Continuous improvement													
Not specified	Residential Pricing Tools	Reduction in the number of pricing tools (TBC).	Rachel Daysh	Stage 2 - Initiate	N/A	E	Not specified	Not specified	Not specified	Not specified	Not specified	Red	No PM allocated to the project. Not progressing.

R – Investments that enable the system to continue to run safely and effectively

E – Improvements in systems to lift efficiency and/or effectiveness of existing services.

C- Initiatives intended to transform existing or create new services that will resolve priority unmet need, improve disabled people’s outcomes or deliver significant efficiencies.

Associated projects and deliverables

Commissioning													
Not specified	People for Us	Improved peer support for disabled people who are at risk of abuse.	Trish Davis	Stage 3 - Design	Choice and control within Residential	C	-	Not specified	Not specified	Not specified	Not specified	Green	
Not specified	DAPAR contract extension / re-tender	Improved support for disabled people who are experiencing abuse	Trish Davis	Stage 4 - Implement	Choice and control within residential	R	-	-				Green	
Not specified	Assisting Change	Increased support for existing providers to achieve contractual compliance	Trish Davis	Stage 3 - Design	-	E						Green	



My Home, My Choice Programme Benefits

- 14 The adoption of programme management is expected to immediately improve project synergies, oversight and delivery confidence of the current projects or initiatives that influence the governance, management and monitoring of housing systems and supports within the disability system.
- 15 Broader programme outcomes and benefits are not yet developed. Until this is established, the drivers for change (as they are currently understood) are expressed in the form of an indicative investment logic map (ILM) below. This investment logic was developed as a desktop exercise by the Programme Manager. It requires further interrogation, and it may be beneficial to use an Independent ILM Facilitator to support executive stakeholders with this thinking.

PROBLEM STATEMENT	BENEFIT / OUTCOME	STRATEGIC RESPONSE
<p>Whaikaha is a default social housing funder - around half (\$1 billion) of its operating budget is spent on residential care each year. Whaikaha has no <u>coordinated</u> capability dedicated to influencing, intervening and monitoring in social housing systems and solutions. This prevents Whaikaha from effecting its stewardship and commissioning role in the creation of alternative social housing options for disabled people (supply-side). Links to Outcome 1.</p>	<p>Outcome 1. Whaikaha has improved influence over New Zealand’s residential infrastructure, supply, systems and supports and the care provided. Strategic alignment:</p> <ul style="list-style-type: none"> Establishing Whaikaha’s foundations <p>Links to Response 1 and Response 2.</p>	<p>Response 1. DEVELOP WHAIKAHA Implement stable, long term organisational structures, strategy, data collection and learning processes within Whaikaha to enable long term leadership, intervention and monitoring over housing options and support systems for disabled people.</p>
<p>While the number of people flowing into residential care is stable, costs are increasing. Individualised contracts are contributing to some cost increase, but other drivers need to be better understood to inform remedial action. Links to Outcome 1 and Outcome 2.</p>	<p>Outcome 2. Reduced financial risk associated with residential infrastructure, supply, systems and supports. Strategic alignment:</p> <ul style="list-style-type: none"> Financial Sustainability <p>Links to Response 2.</p>	<p>Response 2. CONTINUOUSLY IMPROVE EXISTING LEVERS Use and develop existing tools, such as intelligence gathering on existing residential facilities performance, the commissioning framework, residential pricing tools, workforce programme and practice networks to improve monitoring and to drive continuous improvement of existing services and approaches.</p>
<p>The current system conditions expect family carers to continue providing support at a level that may not be realistic and this can lead to ‘burn-out’. If investment is not made into the workforce that provides care and support, disabled people’s choice of home may not be implementable or sustainable. Links to Outcome 3 and Outcome 4.</p>	<p>Outcome 3. Reduced risk of avoidable entry into residential care / institutionalised settings Strategic alignment:</p> <ul style="list-style-type: none"> UNCRPD (Article 19 – Recommendation 40 B, C) EGL Vision and principles Inquiry into the quality of care and service provision for people with disabilities (2006) <p>Links to Response 3 and Response 4.</p>	<p>Response 3. CHANGE THE FLOW Intervene early to reduce the likelihood of avoidable entry into residential care and support exits from residential care where these are sought by disabled people and their whānau.</p>
<p>Approximately 486 disabled New Zealanders younger than 65 years are living in aged residential care as a consequence of limited living options that provide the required level of support. This living arrangement is not intended or appropriate for people within this demographic because it does not provide the social interaction and stimulation required. Links to Outcome 3 and Outcome 4</p>	<p>Outcome 4. Disabled people have more choice and control in their living arrangements. Strategic alignment:</p> <ul style="list-style-type: none"> EGL Vision and Principles Honoring Te Tiriti o Waitangi UNCRPD (Article 19 – Recommendation 40 B,C) NZ Disability strategy Waitangi Tribunal Health Services and Outcomes WAI2575 Rights of Children Inquiry into the quality of care and service provision for people with disabilities (2006) HDC Report on complaints about residential support services (2024) <p>Links to Response 3, Response 4 and Response 5.</p>	<p>Response 4. CREATE, EXPAND AND SUSTAIN ALTERNATIVE LIVING ARRANGEMENTS Creating alternatives to residential care requires working with others (eg Kāinga Ora, Te Puni Kōkiri and Te Matapiti) to address housing supply, affordability and accessibility (universal design) as well as expanding the supports that can be delivered in people’s homes. Other work includes policy changes to ensure disabled people have the same tenancy rights as others, the same access to social housing and accommodation benefits, and pathways to home ownership. It must also consider the direction and needs of the care workforce and the models of care that better meet these needs.</p>
<p>The dominant model of congregate living for disabled people in New Zealand does not allow disabled people choice in who they live with, or who supports them. And once in residential care, people tend to stay, and over time lose capacity to live in other circumstances. On average, disabled people in residential care experience poorer outcomes and have greater safeguarding risks than other disabled people. Links to Outcome 4 and Outcome 5.</p>	<p>Outcome 5. Reduced risk of disabled people experiencing harm Strategic alignment:</p> <ul style="list-style-type: none"> Royal Commission of Inquiry into Abuse in Care Te Aorerekura national strategy to eliminate family and sexual violence, action 28. HDC Report on complaints about residential support services (2024) 	<p>Response 5. IMPROVE SAFEGUARDING AND PERFORMANCE WITHIN RESIDENTIAL CARE Create effective means of responding to situations where disabled people in residential care may be at risk of abuse. Identify what ‘good’ looks like for people who require 24/7 care.</p>

•Review for Whaikaha of policies, processes and practices for managing complaints about IDEA services Limited (2023)

Links to Response 5.

My Home, My Choice Programme Delivery Risks

- 16 **Programme Resources:** There are limited resources supporting the programme. This is a result of individuals being redirected to other parts of Whaikaha’s business, or because a project resource management plan was not developed when funds were approved. The Programme Manager supporting the My Home, My Choice programme is only contracted or “borrowed” to December 2024. A request to recruit a Business Case Lead to support the project definition of My Home, My Choice initiatives will be considered by ELT on 22 July. Recruitment of this role will begin imminently after.
- 17 **Project Management Capability:** There is a broad continuum of project management skills and experience across the programme. For some project managers and governance groups support may be required to initiate, business case and plan the project. The PMO released a project delivery toolkit on 1 July which should have some influence. Commissioning, Design and Delivery are also releasing commissioning framework which should also support project delivery.
- 18 **Independent Review:** Recommendations delivered from the review may influence the programme’s future direction of travel, its level of priority or executive attention received. The full recommendations are expected to be released in August 2024.
- 19 **Programme Governance:** The current My Home, My Choice Steering Group ended in June 2024. A funding extension is being drafted to ensure that the disabled voice continues to be integrated into programme delivery arrangements. The programme’s broader governing arrangements are currently under reflection and review as well. These have been sent to ELT for endorsement and approval. These thoughts will be discussed with Patron Gary Williams following the release of the Independent Review findings.
- 20 **Programme Communications:** Projects and initiatives across the programme are delivered by separate business units across Whaikaha. There is no formal communication mechanism in place to ensure that projects are aware of all the other projects, their relationships and their progress. This is likely to result in inefficiency or lost opportunities for collaboration and synergy. Communications are currently being delivered by the Programme Manager. It is expected that a more formal approach to communication can be established once foundational governance decisions have been made by the Programme Steering Group, expected to convene in August 2024.
- 21 **Programme Stakeholders:** There is a high level of interest in the scope and progress of initiatives that contribute to housing / living arrangements for disabled people – from the Minister and the United Nations, to housing and residential care providers, as well as individual disabled people and their whānau. The stakeholder network is extensive and the programme does not yet have a formalised stakeholder approach. A Stakeholder Map is being developed with the support of Whaikaha SMEs. A draft should be available for review near mid to end of August 2024.

My Home, My Choice Programme Schedule

An indicative 15-month calendar of programme activities is presented below:

Workstream	Initiative	Q1 24/25 (Jul – Sep 24)	Q2 24/25 (Oct – Dec 24)	Q3 24/25 (Jan – Mar 25)	Q4 24/25 (Apr – Jun 25)	Q1 25/26 (Jul – Sep 25)	Dependencies / Interfaces
Broader Whaikaha	<i>Various</i>	Independent Review Phase 1	Independent Review Phase 2	Autism NZ – first stage plan			
Monitoring and Reporting	<i>UNCRPD Reporting</i>						
Governance	<i>Governance Review</i>	Updated governance arrangements		Review		Review	Any broader Whaikaha governance changes.
	<i>Stakeholder Management</i>	Stakeholder Identification and Analysis					Will be influenced by the scope of the programme.
	<i>Future MHMC Roadmap</i>	Resourcing approach to be decided.	ILM Strategic Assessment			Long Term Investment Roadmap / MHMC Programme BC	Will refer to and incorporate parallel business case development processes, business activities and system performance. Will incorporate recommendations from Independent Review and Vanguard.
Organisational Development	<i>Programme Resourcing</i>	Programme Manager (6mo) Data Analyst (2y) Business Case Lead (5mo)					
Strategy, Policy and Partnerships	<i>Disability Housing – Current State</i>	Completed					
	<i>Response to Ministry of HUD Recommendations</i>						
	<i>Response to the Inquiry of Abuse in State Care</i>	Recs released 24 July 24					Programme Lead is being appointed to lead the Whaikaha response.
Research, Evidence and Investment	<i>Performance Heat Map of Residential Care facilities and supported living arrangements across New Zealand.</i>	Create geographical map of all residential facilities with expiry dates.	Interview Portfolio Managers to gather tacit knowledge of quality issues.	Incorporate wait list data	Incorporate Assisting Change insights Incorporate HQSC SAC rating.	Incorporate IRT findings.	Further developed by Assisting Change and IRT insights.
	<i>Te Ao Maori alternatives</i>	ILM Concept Brief	Business Case				
	<i>Separating Accommodation from Supports</i>	ILM Concept Brief	<i>Policy development (TBC)</i>	<i>Concept Brief</i>		<i>Business Case</i>	
	<i><65 years in aged residential care</i>		Concept Brief				Expanding of Community Delivery (will likely influence flow for those seeking rest-home level care).
	<i>Delivering choice in community – Practice Network</i>	ILM Concept Brief	Business Case				Informs Community Delivery Expansion Business Case
	<i>Vanguard Systems Thinking</i>	Procurement	Findings delivered				Supports future investment analysis.
	<i>Community Delivery Expansion – Business Case Development</i>			Business Case			Delivery of findings from Vanguard systems thinking Delivery of Business Case for Practice Network
Commissioning	<i>Intensive Response Team</i>	Resource secured 1 August. Pilot objectives Implementation Plan. Evaluation Plan Pilot procurement process EOI kick off	NASCS appointed Staff recruited	Detailed Service Design Completed Formal implementation activities end.	Service Launched Service monitoring	Service monitoring / remedial actions	May receive referrals from People for Us and DAPAR.
	<i>People for Us</i>		Service implementation				May refer clients to the IRT and / or the DAPAR team.
	<i>DAPAR contract extension</i>	Implementation		Re-tendering.			Service may refer clients to IRT.
	<i>Assisting Change</i>	Contract approved		Service Implementation (18 weeks in duration)			Informs Performance Heat Map
Improvement	<i>Residential Pricing Tools</i>						<i>Waiting on project plan</i>



PART B - Individual Project Status Reports (*this section is blank and will be completed closer to the time of the August Steering Group meeting*)

22 The following status reports only apply to all projects with a whole-of-life cost exceeding \$100,000. Refer Appendix 1 for Project Delivery RAG status definitions.

Project: Improving Outcomes and Public Value

23 Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: Jo Witco, Transformation Office			

Date:

Project: Residential Pricing Tools

24 Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: Amber Carline, Systems Design			
Date:			

Project: Intensive Response Team

25 Description:

Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: Kelly Woolston, Operations			
Date:			

Project: Te Ao Māori Alternatives

26 Description:

Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: x			
Date:			

Project: Practice Development – Community Delivery

27 Description:

Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: x			
Date:			

Project: Separating tenancy from other supports

28 Description:

Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: x			
Date:			

Project: Delivering Care in the Community (not initiated)

29 Commentary:

Indicators			
Dimension	This period	Last period	Comments
Overall Status			
Scope			
Schedule			
Finance			
Issues / Risks			
Benefits			
Governance			
Report prepared by: s9(2)(a)			
Date:			

Author: Sara Kidd, Programme Manager, Transformation Management Office

Responsible manager: Justine O'Reilly, Transformation Director

Appendix – PMO Project Delivery RAG status definitions

Determine Risk Rating				
1. Determine the Project Risk Consequence				
	Time	Scope	Budget	Quality and Benefits
Minor	Slippage to project deliverable of between 5-10%.	Negligible impact (5-10%) to the delivering the planned project scope. Minor portion of currently approved scope regarded as non-essential by the SRO is impaired.	Budgetary overruns of 3% or less of project budget. Deviation can be managed withing current funding with some replanning	Negligible reduction and delay in realising agreed baseline benefits; and/or Minor quality degradation
	Slippage to project deliverable timeframe of between 10-20%.	Delay or noticeable change to the delivery (10%-20% change) of the planned project scope. Moderate portion of scope regarded as essential by the SRO is impaired. Minor dispute/issue with single interested party that can be resolved within a short timeframe.	Budgetary overruns >3%-5% of Project Budget. Deviation can be manged through contingency.	Moderate reduction and delay in realising agreed benefits; and/or Quality reduction noticeable and needs organisational/ community approval
Major	Slippage to project deliverable of between 20-40%.	Significant change/impact (20-40%) to delivering the planned scope. Significant portion of scope regarded as essential by the SRO is seriously impaired. Pressure from Stakeholders to make significant scope changes.	Budgetary overruns greater than 5% but less than 10% of Project Budget. Deviation can be managed at business group level.	Significant reduction and/or delay in realising agreed benefits; and/or Quality reduction is unacceptable to intended organisational group/community.
	Slippage to project deliverable of >40%.	>40% change or complete failure to deliver the planned scope. Breakdown of relationship between contracting parties and key stakeholders.	Budgetary overruns greater than 5% but less than 10% of Project Budget. Significant additional funding required.	Complete failure to realise agreed benefits, and/or Output is unusable
Substantial				
2. Determine the Risk Likelihood				
Rating	Description			
Almost Certain	The risk event has a >80% chance of occurring in the agreed timeframe of the project.			
Likely	The risk event has a 60-80% chance of occurring in the agreed timeframe of the project.			
Possible	The risk has a 30-60% chance of occurring in the agreed timeframe of the project.			
Unlikely	The risk has a 5-30% chance of occurring in the agreed timeframe of the project.			
Rare	The risk has <5% chance of occurring in the agreed timeframe of the project.			
3. Plot the Risk				
	Minor	Moderate	Major	Substantial
Almost Certain				
Likely				
Possible				
Rare				
Risk Rating	Escalation & actions			
Low	Risk managed within business unit/project team Project and business manager informed			
Medium	Risk managed by project manager and/or business manager Escalated to PMO Oversight by project SRO			
High	Risk managed by project SRO Escalated to PMO ELT/governance group informed through project reporting			
Extreme	Risk managed by project governance group/ELT Escalated to PMO Ministry/governance groups informed through performance reporting			



My Home, My Choice Programme Report

Date: August 2024

For:

- Ben O’Meara, SRO and Chair of MHMC Programme Steering Group
- *Members of MHMC Programme Steering Group (Members TBC)*

CC: Justine O’Reilly, Director Transformation Office

Purpose

To provide the current and future MHMC governance group with a monthly update on the current projects and initiatives that contribute to the improved governance, management and delivery of new and existing housing options and supports within the disability system.

Executive summary

This programme report describes and reports on the status of the current projects and initiatives that influence the governance, management and monitoring of new and existing housing options and supports within the disability system. It describes the programme’s contribution to Whaikaha strategy and the current programme risks.

Recommendations

It is recommended that you:

- a) Note this monthly programme report and provide feedback to the Programme Manager for future reporting purposes.

Noted

Sara Kidd

Programme Manager, Transformation Management Office

August 2024

My Home My Choice Programme Report

PART A - Introduction

- 1 Whaikaha is a default social housing funder – half (\$1B) of its operating budget is spent on residential care each year. While the number of people transitioning into residential care is not increasing, costs are.
- 2 The dominant model of congregate living does not allow disabled people choice in who they live with, or who supports them. And once in residential care, people tend to stay, and over time lose capacity to live in other circumstances. Recent enquiries have also demonstrated that disabled people who live in residential care are exposed to greater safeguarding risks.
- 3 Disabled people want access to the same range of living options as all people, with the same sense of home and choice – and under the current system this aspiration is not fulfilled. *"My experience was that people living in residential care were denied free will, preference, and prior and informed consent. For disabled people, the notion of choice and control was moot because they were at the end of the decision-making process"* – Gary Williams, Patron - My Home My Choice.
- 4 Whaikaha acknowledges that there is limited intelligence to govern both the residential care system and the broader systems that support disabled people to live independently. This impacts its ability to fulfil its role as steward and to commission effective housing and support solutions (supply side).
- 5 My Home, My Choice was established in May 2023 - to create better outcomes, security and choice and control for disabled people who live in residential services, with a focus on developing alternatives to residential services.
- 6 In June 2023 Sir Robert Martin and Gary Williams were appointed as Patrons for My Home My Choice and were supported by a Steering group with included subject matter experts and people with lived experience of residential services.
- 7 The key priorities developed by the Patrons and Steering Group were to:
 - 7.1 Ensure that options are available for people considering entering residential services.
 - 7.2 Enable alternative options for people who want to leave residential services.
 - 7.3 Increase choice and control for disabled people within residential services.
 - 7.4 Work with government agencies to enable easier transitions that align with EGL principles, ensure equity, and promote citizenship.

- 8 From October to November 2023 My Home, My Choice led a series of community conversation and engagements with disabled people, tangata whaikaha Māori, Pacific communities, family and whānau and providers to understand what would improve residential care.
- 9 On 9 February 2024, the Transformation Management Board approved the recommendation to allocate fixed-term ring-fenced funding from Budget 22 to support the progress of four My Home, My Choice Initiatives.

The four initiatives identified were:

Title	Description
Intensive (Facilitation) Response Team	To work with disabled people whose housing situations are most compromised (either safety, security, or the ability to make everyday life choices) and who have limited alternative housing options. During the trial period this service would be operated by Whaikaha (reflecting the approach taken by Education, which directly manages support for the most at-risk students).
Unbundle accommodation from supports	To invest in foundational steps to improve how 24/7 care is provided for those who need this support, by testing how to separate tenancy from other supports. Two Community Housing Providers would be contracted to source and manage appropriate housing stock. (This will help identify potential longer-term options for social housing provision for disabled people).
Te Ao Māori options	To support Iwi - Māori alternatives to residential care, as well as understanding how existing supports can be improved to better meet support tangata whaikaha Māori and their whānau. (This work will support a future case for investment in te Ao Māori alternative options).
Practice network	To build and broaden understanding of how flexible funding can be used to support alternative housing options that work well for disabled people. (This includes continuous improvement and resource development to support ongoing capability building across the system).

- 10 A more detailed description of these initiatives and their progress can be found in Part B of this report.
- 11 Since February 2024, the My Home My Choice Programme has sought to drive through these initiatives as well as expand its visibility of all projects and initiatives across Whaikaha (and beyond) that either directly or indirectly aim to improve housing and associated care and safeguarding systems for disabled people.
- 12 On 14 August 2024 the recommendations from the Independent Review were announced, alongside Cabinet’s decision to transition the Commissioning, Design and Delivery (CDD) unit of Whaikaha into a branded unit within Ministry of Social Development (MSD).

- 13 Relevant to My Home, My Choice, the Independent Review's second recommendation proposed to; "*Freeze current levels of funding for facility-based care for 2024/25 pending commissioning and completion of a detailed review of the contract and pricing models.*" In practice this will require NASCS to immediately start prioritising and limiting new entries to residential care. Consequently this is increasing the demand and need for alternative arrangements and approaches to residential care.
- 14 Following the Minister's announcement, the My Home, My Choice programme was paused. The ring-fenced funding within the 24/25 financial year for the programme, was reallocated to the transition effort.
- 15 As **of August 2024**, the programme's objective is to continue progressing the four My Home, My Choice initiatives within baseline funds, and to maintain oversight to support both CDD's transition effort to the Ministry of Social Development (MSD) as well as the immediate and long-term thinking required to resolve existing and future challenges relating to facility based residential care.



What projects / initiatives make up the My Home, My Choice Programme (August 2024)

- Status reports for projects over \$100,000 can be found in Part B of this report.

Fund Source	Project / Initiative Name	Outcome sought	Sponsor / Owner	Current Stage	Link to MHMC PSG Priorities (23/24)	R/E/C*	All Previous Years Actuals	24/25 EAC – Actuals plus Forecast	25/26	26/27	Total	Status	Notes
Reporting and Monitoring													
Baseline	Reporting on Government-wide response to UNCRPD recommendations	Whaikaha is demonstrating progress against UNCRPD recommendations.	Ben O'Meara	N/A	Create Options	-	-	-	-	-	-	Not initiated	The concluding observations will be considered as part of the Disability Support Strategy refresh in 2026. Next report to UN is 2030.
Governance													
Budget 22	My Home, My Choice Programme Steering Group	Disabled voice is integrated into investment decision-making and planning till December 2025.	Justine O'Reilly	N/A	N/A	E	s9(2)(j)					Red	Paused.
Not specified	MHMC - Long Term Investment Roadmap / Programme Business Case	Whaikaha has a mid-long-term investment direction to influence housing solutions and supports	Ben O'Meara	N/A	Create Options	C	-	-	-	-	-	Not initiated	.
Resourcing													
Budget 22 and Baseline	Resourcing <ul style="list-style-type: none"> Programme Manager (6mo) Business Case Lead (5mo) Data Analyst (2y) 	Programme is resourced to progress at the desired pace.	Justine O'Reilly		N/A	E	-	-	-	-	-	Red	Resource not approved 23/07/24
Strategy Policy & Partnerships													
Baseline	Disability housing – current state	Minister has improved knowledge of housing for disabled people	Ben O'Meara	N/A	N/A	R	-	-	-	-	-	Complete	
Baseline	Response to Ministry of Housing and Urban Development Recommendations	TBC	Helen Walter	N/A	N/A	TBC	-	-	-	-	-	Not initiated	

Baseline	Response to Inquiry of Abuse in State Care	TBC	Helen Walter	N/A	N/A	TBC	-	-	-	-	-	Not initiated	
Research and Evidence													
Budget 22	Improving Outcomes and Public Value	Improved understanding of residential system demands, failings and conditions and their contribution to current outcomes as they relate to disabled people living independently within their community.	Ben O'Meara	Stage 3 - Design	N/A	E	s9(2)(j)					Red	Procurement not approved.
Budget 22	Te Ao Māori alternatives	Agreed pathway for Māori housing options	Trish Davis	Stage 1 - Concept	Create options	C						Red	Paused. Funding ringfenced for 24/25 year has been re-allocated.
Budget 22	Separating accommodation from supports	Agreed pathway to enable choice between housing and support.	Ben O'Meara	Stage 1 - Concept	Create options	C						Red	Paused. Funding ringfenced for 24/25 year has been re-allocated.
Budget 22	Delivering choice in the community Practice Networks	Consistent application of practice across community care provision.	Trish Davis	Stage 1 - Concept	N/A	E						Red	Paused. Funding ringfenced for 24/25 year has been re-allocated.
Baseline	Research <65 years in aged Residential Care	Pathway to prevent <65 flow into ARC	Amanda / Ben O'Meara	Stage 1 - Concept	N/A	C						-	-
Baseline	Delivering Care in the community Business Case	Assessing and recommending approaches to deliver care into the community	Rachael Burt	Stage 1 - Concept	Create options	E	-	-	-	-	-	Not initiated	
Baseline	Performance Heat Map of Residential Care facilities across New Zealand.	Improved intelligence of current residential services - location and performance.	Amanda / Ben O'Meara	N/A	Create options	R	-	-	-	-	-	Not initiated	
Commissioning													
Budget 22	Intensive Response Team	Improved support for disabled people wishing to reside	Kelly Woolston	Stage 4 - Implement	Change the Flow	C	s9(2)(j)					Red	Lead appointed. Funding ringfenced for 25/25 year has



My Home, My Choice Programme Benefits

- 16 The adoption of programme management is expected to immediately improve project synergies, oversight and delivery confidence of the current projects or initiatives that influence the governance, management and monitoring of housing systems and supports within the disability system.
- 17 Broader programme outcomes and benefits are not yet developed. Until this is established, the drivers for change (as they are currently understood) are expressed in the form of an indicative investment logic map (ILM) below. This investment logic was developed as a desktop exercise by the Programme Manager. It requires further interrogation, and it may be beneficial to use an Independent ILM Facilitator to support executive stakeholders with this thinking.

PROBLEM STATEMENT	BENEFIT / OUTCOME	STRATEGIC RESPONSE
<p>Whaikaha is a default social housing funder - around half (\$1 billion) of its operating budget is spent on residential care each year. Whaikaha has no coordinated capability dedicated to influencing, intervening and monitoring in social housing systems and solutions. This prevents Whaikaha from effecting its stewardship and commissioning role in the creation of alternative social housing options for disabled people (supply-side). Links to Outcome 1.</p>	<p>Outcome 1. Whaikaha has improved influence over New Zealand’s residential infrastructure, supply, systems and supports and the care provided. Strategic alignment:</p> <ul style="list-style-type: none"> Establishing Whaikaha’s foundations <p>Links to Response 1 and Response 2.</p>	<p>Response 1. DEVELOP WHAIKAHA Implement stable, long term organisational structures, strategy, data collection and learning processes within Whaikaha to enable long term leadership, intervention and monitoring over housing options and support systems for disabled people.</p>
<p>While the number of people flowing into residential care is stable, costs are increasing. Individualised contracts are contributing to some cost increase, but other drivers need to be better understood to inform remedial action. Links to Outcome 1 and Outcome 2.</p>	<p>Outcome 2. Reduced financial risk associated with residential infrastructure, supply, systems and supports. Strategic alignment:</p> <ul style="list-style-type: none"> Financial Sustainability <p>Links to Response 2.</p>	<p>Response 2. CONTINUOUSLY IMPROVE EXISTING LEVERS Use and develop existing tools, such as intelligence gathering on existing residential facilities performance, the commissioning framework, residential pricing tools, workforce programme and practice networks to improve monitoring and to drive continuous improvement of existing services and approaches.</p>
<p>The current system conditions expect family carers to continue providing support at a level that may not be realistic and this can lead to ‘burn-out’. If investment is not made into the workforce that provides care and support, disabled people’s choice of home may not be implementable or sustainable. Links to Outcome 3 and Outcome 4.</p>	<p>Outcome 3. Reduced risk of avoidable entry into residential care / institutionalised settings Strategic alignment:</p> <ul style="list-style-type: none"> UNCRPD (Article 19 – Recommendation 40 B, C) EGL Vision and principles Inquiry into the quality of care and service provision for people with disabilities (2006) Royal Commission of Inquiry into Abuse in Care <p>Links to Response 3 and Response 4.</p>	<p>Response 3. CHANGE THE FLOW Intervene early to reduce the likelihood of avoidable entry into residential care and support exits from residential care where these are sought by disabled people and their whānau.</p>
<p>Approximately 486 disabled New Zealanders younger than 65 years are living in aged residential care as a consequence of limited living options that provide the required level of support. This living arrangement is not intended or appropriate for people within this demographic because it does not provide the social interaction and stimulation required. Links to Outcome 3 and Outcome 4</p>	<p>Outcome 4. Disabled people have more choice and control in their living arrangements. Strategic alignment:</p> <ul style="list-style-type: none"> EGL Vision and Principles Honoring Te Tiriti o Waitangi UNCRPD (Article 19 – Recommendation 40 B,C) NZ Disability strategy Waitangi Tribunal Health Services and Outcomes WAI2575 Rights of Children Inquiry into the quality of care and service provision for people with disabilities (2006) HDC Report on complaints about residential support services (2024) <p>Links to Response 3, Response 4 and Response 5.</p>	<p>Response 4. CREATE, EXPAND AND SUSTAIN ALTERNATIVE LIVING ARRANGEMENTS Creating alternatives to residential care requires working with others (eg Kāinga Ora, Te Puni Kōkiri and Te Matapiti) to address housing supply, affordability and accessibility (universal design) as well as expanding the supports that can be delivered in people’s homes. Other work includes policy changes to ensure disabled people have the same tenancy rights as others, the same access to social housing and accommodation benefits, and pathways to home ownership. It must also consider the direction and needs of the care workforce and the models of care that better meet these needs.</p>
<p>The dominant model of congregate living for disabled people in New Zealand does not allow disabled people choice in who they live with, or who supports them. And once in residential care, people tend to stay, and over time lose capacity to live in other circumstances. On average, disabled people in residential care experience poorer outcomes and have greater safeguarding risks than other disabled people. Links to Outcome 4 and Outcome 5.</p>	<p>Outcome 5. Reduced risk of disabled people experiencing harm Strategic alignment:</p> <ul style="list-style-type: none"> Royal Commission of Inquiry into Abuse in Care Te Aorerekura national strategy to eliminate family and sexual violence, action 28. HDC Report on complaints about residential support services (2024) 	<p>Response 5. IMPROVE SAFEGUARDING AND PERFORMANCE WITHIN RESIDENTIAL CARE Create effective means of responding to situations where disabled people in residential care may be at risk of abuse. Identify what ‘good’ looks like for people who require 24/7 care.</p>

•Review for Whaikaha of policies, processes and practices for managing complaints about IDEA services Limited (2023)

Links to Response 5.

My Home, My Choice Programme Risks

- 18 **Independent Review:** Recommendations delivered from the review have had a significant influence on the programme's future direction of travel, its level of priority and the level of executive attention. The programme is effectively paused until it is re-evaluated as part of CDD's transition process to MSD. The Independent Review's second recommendation – to freeze current levels of funding for facility based residential care – is now creating a higher level of interest and desire for the programme.
- 19 **Programme Resources and Schedule:** There are limited resources supporting the programme. This is a result of individuals being redirected to other parts of Whaikaha's business, or because requested project resources were not approved. The Programme Manager supporting the My Home, My Choice programme is only contracted or "borrowed" to December 2024. A request to recruit a Business Case Lead to support the project definition of My Home, My Choice projects was not approved. Approval to contract MSD resources to support and progress systems thinking work was not approved. Operational resource is less likely to be available with significant change planned over the immediate term.
- 20 **Project Management Capability:** There is a broad continuum of project management skills and experience across the programme. For some projects, support may be required to initiate, business case and plan the project. The Whaikaha PMO released a project delivery toolkit on 1 July which may have some influence. CDD are also releasing commissioning framework which should also support project delivery going forward.
- 21 **Programme Governance:** The current My Home, My Choice Steering Group ended in June 2024. A funding extension was proposed to ensure that the disabled voice continues to be integrated into programme delivery arrangements however it was decided to halt engagement with the advisory group until the Independent Review recommendations were released. The Steering Group is expected to be consulted in September when more is understood regarding the future of the programme.
- 22 **Programme Stakeholders:** There is a high level of interest in the scope and progress of initiatives that contribute to housing / living arrangements for disabled people in New Zealand – from the Minister and the United Nations, to housing and residential care providers, as well as individual disabled people and their whānau. The stakeholder network is extensive and the programme does not yet have a formalised stakeholder approach. A Stakeholder Map is being developed with the support of Whaikaha SMEs. This will be under ongoing development as new entities envisaged under the Independent Review recommendations are progressed. Internal stakeholder support for the programme and its objectives continues to grow.

My Home, My Choice Programme Schedule

An indicative 15-month calendar of programme activities is presented below:

Workstream	Initiative	Q1 24/25 (Jul – Sep 24)	Q2 24/25 (Oct – Dec 24)	Q3 24/25 (Jan – Mar 25)	Q4 24/25 (Apr – Jun 25)	Q1 25/26 (Jul – Sep 25)	Dependencies / Interfaces
Broader Whaikaha	<i>Various</i>	Independent Review Phase 1	Independent Review Phase 2	Autism NZ – first stage plan			
Monitoring and Reporting	<i>UNCRPD Reporting</i>						Recommendations considered as part of the Disability Strategy refresh
Governance	<i>Governance Review</i>	Updated governance arrangements		Review		Review	Any broader Whaikaha governance changes.
	<i>Stakeholder Management</i>	Stakeholder Identification and Analysis					Will be influenced by the scope of the programme.
	<i>Future MHMC Roadmap</i>	Resourcing approach to be decided.	ILM Strategic Assessment			Long Term Investment Roadmap / MHMC Programme BC	Will refer to and incorporate parallel business case development processes, business activities and system performance. Will incorporate recommendations from Independent Review and Vanguard.
Organisational Development	<i>Programme Resourcing</i>	Programme Manager (6mo) Data Analyst (2y) – NOT APPROVED Business Case Lead (5mo) – NOT APPROVED					Finance required.
Strategy, Policy and Partnerships	<i>Disability Housing – Current State</i>	Completed					
	<i>Response to Ministry of HUD Recommendations</i>						
	<i>Response to the Inquiry of Abuse in State Care</i>	Recs released 24 July 24					Programme Lead is being appointed to lead the Whaikaha response.
Research, Evidence and Investment	<i>Performance Heat Map of Residential Care facilities and supported living arrangements across New Zealand.</i>		Create geographical map of all residential facilities with expiry dates. Interview Portfolio Managers to gather tacit knowledge of quality issues.	Incorporate wait list data	Incorporate Assisting Change insights Incorporate HQSC SAC rating.	Incorporate IRT findings.	Further developed by Assisting Change and IRT insights.
	<i>Te Ao Maori alternatives</i>	PAUSED					
	<i>Separating Accommodation from Supports</i>	PAUSED					
	<i><65 years in aged residential care</i>	PAUSED					Expanding of Community Delivery (will likely influence flow for those seeking rest-home level care).
	<i>Delivering choice in community – Practice Network</i>	PAUSED					Informs Community Delivery Expansion Business Case.
	<i>Improving Outcomes and Public Value</i>	PAUSED – ARRANGEMENTS WITH MSD ARE BEING DISCUSSED.					Supports long term investment thinking.
	<i>Community Delivery Expansion – Business Case Development</i>	PAUSED.					Delivery of findings from Vanguard systems thinking Delivery of Business Case for Practice Network
Commissioning	<i>Intensive Response Team</i>	PAUSED.Resource secured 1 August. Pilot objectives Implementation Plan. Detailed Service Design	Detailed Service Design.				May receive referrals from People for Us and DAPAR.
	<i>People for Us</i>		Service implementation				May refer clients to the IRT and / or the DAPAR team.
	<i>DAPAR contract extension</i>	Implementation		Re-tendering.			Service may refer clients to IRT.
	<i>Assisting Change</i>	Contract approved		Service Implementation (18 weeks in duration)			Informs Performance Heat Map
Improvement	<i>Residential Pricing Tools</i>						<i>Waiting on project plan</i>

Transfer to MSD



PART B - Individual Project Status Reports

23 The following status reports only apply to all projects with a whole-of-life cost exceeding \$100,000. Refer Appendix 1 for Project Delivery RAG status definitions.

Project: Improving Outcomes and Public Value

24 **Commentary:** In June 2024, the Transformation Management Board approved a funding request to procure MSD coaching services however the Whaikaha Procurement Board did not approve the Procurement Plan Opt-Out request to proceed with this work. Some engagement with MSD coaches and stakeholders proceeded however due to flights and accommodation having already been booked. The project is now on pause till further notice. Future service and support arrangements between the project and MSD are being discussed as part of the transition process.

Indicators			
Dimension	This period	Last period	Comments
Overall Status	Red		Procurement not approved.
Scope	Red		Procurement not approved,
Schedule	Red		Delayed due to procurement not approved.
Finance	Red		Procurement not approved.
Issues / Risks	Red		Independent Review has resulted in a pause of major projects.

Benefits	Amber		Benefits may not align with new organisational direction or priorities set by the Independent Review.
Governance	Red		Governance not established due to organisational change process.
Report prepared by: Jo Witco, Transformation Office Date: 16 August 2024			

Project: Intensive Response Team

Description:

Commentary: The Programme Lead commenced in the role on 1 August 2024. Ringfenced funding for the project for 24/25 has been reallocated. The project is responding to the recent announcement that CDD will transition across to MSD.

Indicators			
Dimension	This period	Last period	Comments
Overall Status	Red		Significant delays are expected due to upcoming transition to MSD.

Scope	Amber		The full detailed scope of the project is still being defined.
Schedule	Red		The schedule is likely to be delayed due to the transition to MSD.
Finance	Red		Due to delays caused by transition, available budget may not be fully spent within the fixed term timeframe.
Issues / Risks	Red		Transition process creates many uncertainties with respect to timelines, procurement and budget.
Benefits	Amber		High Level Benefits are defined. A benefits management plan is not in place.
Governance	Red		Sponsor in place, although this may need to change following the transition to MSD.
<p>Report prepared by: Sara Kidd, Programme Manager</p> <p>Date: 16 August 2024</p>			

Project: Te Ao Māori Alternatives

25 Description:

Commentary: Project paused. A problem statement workshop is being scheduled for 5 September to support transition activities.

Indicators			
Dimension	This period	Last period	Comments
Overall Status	Red		Project paused.
Scope	N/A		
Schedule	Red		Project paused.
Finance	Red		Project budget for this financial year has been re-allocated
Issues / Risks	Red		Transition process creates many issues and risks.
Benefits	Red		Benefits are not defined.
Governance	Red		Sponsor in place, although this may need to change following the transition to MSD.

Report prepared by: Sara Kidd, Programme Manager

Date: 16 August 2024

Project: Practice Development – Community Delivery

26 Description:

27 **Commentary:** Project paused. A problem statement workshops is being scheduled for mid September to support transition activities.

Indicators				
Dimension		This period	Last period	Comments
Overall Status	Red			Project paused.
Scope	N/A			
Schedule	Red			Project paused.
Finance	Red			Project budget for this financial year has been re-allocated
Issues / Risks	Red			Transition process creates many issues and risks.
Benefits	Red			Benefits are not defined.
Governance	Red			Sponsor in place, although this may need to change following the transition to MSD.
Report prepared by: Sara Kidd, Programme Manager				

Date: 16 August 2024

Project: Separating tenancy from other supports**28 Description:****Commentary:** Project paused. A problem statement workshop is being scheduled.

Indicators			
Dimension	This period	Last period	Comments
Overall Status	Red		Project paused.
Scope	N/A		
Schedule	Red		Project paused.
Finance	Red		Project budget for this financial year has been re-allocated
Issues / Risks	Red		Transition process creates many issues and risks.
Benefits	Red		Benefits are not defined.
Governance	Red		Sponsor is not appointed.

Report prepared by: Sara Kidd, Programme Manager

Date: 16 August 2024

Project: Delivering Care in the Community (not initiated)

29 Commentary: Project paused / not initiated.

Indicators				
Dimension		This period	Last period	Comments
Overall Status	Red			Project paused.
Scope	N/A			
Schedule	Red			Project paused.
Finance	Red			Project budget for this financial year has been re-allocated
Issues / Risks	Red			Transition process creates many issues and risks.
Benefits	Red			Benefits are not defined.
Governance	Red			Sponsor is not appointed.
Report prepared by: Sara Kidd, Programme Manager				
Date: 16 August 2024				

Author: Sara Kidd, Programme Manager, Transformation Management Office

Responsible manager: Justine O'Reilly, Transformation Director

Appendix – PMO Project Delivery RAG status definitions

Determine Risk Rating								
1. Determine the Project Risk Consequence				2. Determine the Risk Likelihood				
	Time	Scope	Budget	Quality and Benefits	Rating	Description		
Minor	Slippage to project deliverable of between 5-10%.	Negligible impact (5-10%) to the delivering the planned project scope. Minor portion of currently approved scope regarded as non-essential by the SRO is impaired.	Budgetary overruns of 3% or less of project budget. Deviation can be managed with current funding with some replanning	Negligible reduction and delay in realising agreed baseline benefits; and/or Minor quality degradation	Almost Certain	The risk event has a >80% chance of occurring in the agreed timeframe of the project.		
	Moderate	Slippage to project deliverable timeframe of between 10-20%.	Delay or noticeable change to the delivery (10%-20% change) of the planned project scope. Moderate portion of scope regarded as essential by the SRO is impaired. Minor dispute/issue with single interested party that can be resolved within a short timeframe.	Budgetary overruns >3%-5% of Project Budget. Deviation can be managed through contingency.	Moderate reduction and delay in realising agreed benefits; and/or Quality reduction noticeable and needs organisational/ community approval	Likely	The risk event has a 60-80% chance of occurring in the agreed timeframe of the project.	
		Major	Slippage to project deliverable of between 20-40%.	Significant change/impact (20-40%) to delivering the planned scope. Significant portion of scope regarded as essential by the SRO is seriously impaired. Pressure from Stakeholders to make significant scope changes.	Budgetary overruns greater than 5% but less than 10% of Project Budget. Deviation can be managed at business group level.	Significant reduction and/or delay in realising agreed benefits; and/or Quality reduction is unacceptable to intended organisational group/community.	Possible	The risk has a 30-60% chance of occurring in the agreed timeframe of the project.
			Substantial	Slippage to project deliverable of >40%.	>40% change or complete failure to deliver the planned scope. Breakdown of relationship between contracting parties and key stakeholders.	Budgetary overruns greater than 5% but less than 10% of Project Budget. Significant additional funding required.	Complete failure to realise agreed benefits, and/or Output is unusable	Unlikely
					Rare	The risk has <5% chance of occurring in the agreed timeframe of the project.		
3. Plot the Risk								
		Minor	Moderate	Major	Substantial			
Almost Certain								
Likely			MEDIUM	HIGH	Extreme			
Possible		LOW						
Rare								
Risk Rating	Escalation & actions							
Low	Risk managed within business unit/project team Project and business manager informed							
Medium	Risk managed by project manager and/or business manager Escalated to PMO Oversight by project SRO							
High	Risk managed by project SRO Escalated to PMO ELT/governance group informed through project reporting							
Extreme	Risk managed by project governance group/ELT Escalated to PMO Ministry/governance groups informed through performance reporting							

Update to the Transformation Management Board following the Independent Review of Whaikaha and subsequent Cabinet decisions

Purpose

This document provides an update on the disability support system transformation work programme funded from Budget 2022, and the impact of decisions on the Independent Review of DSS on this work programme.

Context

The Independent Review of the DSS found that Whaikaha was not established in a way that allowed it to fulfil its delivery, transformation and stewardship functions particularly given its \$2.6b allocation and complexity of work, compounded by a lack of robust and mature data and insights needed to manage demand, budgets and performance.

The review also noted that demand on DSS had increased by 43% since 2019 (mainly due to more people with autism accessing DSS, and increased support for people with intellectual disabilities). Around 80% of cost growth over this period was driven by price increases in residential care, and from the expansion of flexible funding (starting in the Covid-19 pandemic).

Changes

As a result, Cabinet agreed to:

- transfer Disability Support Services into a branded business unit in MSD
- move the rest of Whaikaha into a stand-alone department with a stewardship role to improve outcomes for the 1 million New Zealanders with a disability
- establish a cross-agency taskforce to implement the Independent Review's recommendations.


The cross-agency taskforce will focus on three stages of work, with an immediate focus on financial controls, followed by improved criteria for assessment, allocation and flexible funding decisions. The final stage will focus on improving shared services with Health and MSD, and improved monitoring. Appendix 1 has more details on these stages. Operational guidance has now been provided to NASCs.

All of the Budget 2022 allocation of \$15.6m for the 2024/25 financial year to support system transformation has been moved to a new budget line, focused on supporting the sustainability of the Disability support system. [Cabinet paper, 12 August 2024 | Whaikaha - Ministry of Disabled People](#)

Content

This document provides an overview of the paused Transformation Management Board approved projects that are affected by Cabinet's decision to reallocate 2024/25 transformation funding to DSS sustainability.

Out of scope



Investments from Budget 2022 endorsed by the Transformation Management Board, by meeting date

Out of scope



Funding endorsed Feb 2024	2023/24	2024/25	2025/26	2026/27	Total for four years
My Home, My Choice: Intensive Response Team	s9(2)(b)(ii)				\$2,824,854
My Home, My Choice: Te Ao Māori alternative options					\$588,000
My Home, My Choice: Practice Network to improve outcomes and performance					\$812,500
My Home, My Choice: Separate accommodation from other supports to improve costs and safeguarding					\$2,318,175
Total:	\$536,500	\$1,963,600	\$2,002,012	\$2,041,417	\$6,543,529

Out of scope



Initiatives impacted by Cabinet’s decision to reallocate 2024/25 funding from Budget 2022 to DSS sustainability

Before the August 2024 Cabinet decision, \$5.57m from the 2024/25 Budget 2022 allocation had been committed. Funding supported FTE roles to support implementation of initiatives, including **My Home, My Choice**, which aims to reduce avoidable entry into residential care, create alternative options, and improve outcomes for disabled people in residential care and better public value across the residential care ecosystem. Out of scope

The table below shows the 2024/25 funding that has been reallocated following the Independent Review and subsequent Cabinet decisions [CAB-24-MIN-0301 refers].

Initiatives impacted by Cabinet decisions [CAB-24-MIN-0301 refers]	2024/25	Updates
Out of scope		
My Home, My Choice: Intensive Response Team	s9(2)(j)	1 fixed term role (DE) appointed , and 6 fixed-term roles located in NASCs. Roles approved by ELT and Expression of Interest process was about to start. Now paused.
My Home, My Choice: Te Ao Māori alternative options		No contract – not progressed
My Home, My Choice: Practice Network to improve outcomes and performance		No contract – not progressed
My Home, My Choice: Separate accommodation from other supports to improve costs and safeguarding		No contract – not progressed
Out of scope		

Appendix 1: Stages to implement the Independent Review of Disability Support Services (DSS)

Following the Independent Review of Whaikaha, the Government has decided to:

- Implement the review findings in relation to DSS in three stages (this programme of work replaces phase two of the review), including:
 - Transferring DSS and associated functions to the Ministry of Social Development (MSD).
 - Establishing the Ministry of Disabled People as a standalone public service department [CAB-24-MIN-0301 refers].

A three-stage work programme will be undertaken by an interagency taskforce of senior officials as follows

- Stage One will focus on:
 - Setting budgets for Needs Assessment and Service Coordination organisations (NASCs), Enabling Good Lives (EGL) demonstration sites and Equipment and Modification Services (EMS) providers (with no price increase for 2024/25).
 - Freezing current funding for residential facility-based care for FY 2024/25, until completing an urgent review of the contract and pricing models.
 - Shifting DSS functions into MSD as a branded business unit.
 - Establishing the Ministry of Disabled People as a standalone department (see below).
- Stage Two will focus on (with Government decisions by the end of the year):
 - Eligibility, access to, and use of DSS supports – goals are to improve fairness, prioritise those with the highest need, reduce regional variability:
 - Updating the assessment and allocation settings for disabled individuals based on level of need.
 - Establish criteria for access to flexible funding and review the flexible funding guidelines to improve clarity and consistency.
- Stage Three will focus on (with decisions by the end of the year):
 - Establishing an effective function to monitor the assessment and allocation performance of NASCs and EGL demonstration sites:
 - This means increasing visibility of financial and non-financial performance and reviewing service lines to improve simplicity and national consistency.

Stages two and three to be undertaken in consultation with the disability community.

Establishing the Ministry as a stand-alone department

- Strong leadership across Government on disability matters to help improve outcomes for disabled people.
- Roles and functions include:
 - System leadership and societal change – provide system-level leadership and stewardship that aligns priorities and focus across government. This includes accessibility, the New Zealand Sign Language Board; the New Zealand Disability Strategy; and compliance with the UN Convention on the Rights with Persons with Disabilities.
 - Strategic policy – provide strategic policy advice on matters affecting disabled people such as education, health, employment, transport and housing.
 - System level monitoring – evaluate and monitor progress and outcomes for disabled people against key government goals.
 - Disability information and advice – provide an integrated source of government information for disabled people including the coordination of alternate formats.
 - Manage government relationship with disabled people – support other government organisations to connect with the diverse needs of disabled people.

The Government's considerations in making these decisions

- Disabled people deserve certain and consistent DSS, no matter where they live.
- Funding should be prioritised for those with the highest needs, and who would benefit most from early intervention.
- Remain committed to the EGL vision and principles.
- Important to strengthen the long-term sustainability of DSS to provide disabled people and carers with services that are both fair and affordable.
- Need to deliver effective public services and improved fiscal management.