



Briefing

Date:	5 December 2023
For:	Hon Penny Simmonds, Minister for Disability Issues
File reference:	REP/WHK/23/12/008
Security level:	In Confidence

Whaikaha functions and actions for safeguarding disabled people and ensuring the quality of disability supports

Purpose

This briefing provides an overview of:

- Quality and safeguarding issues for the disability community.
- Existing Whaikaha mechanisms to monitor the quality of disability supports and services.
- What Whaikaha does to improve the quality of disability supports and ensure the safeguarding of disabled people who are at risk of abuse or neglect.
- A recently published report into complaints management at IDEA Services, as an example of a recent Whaikaha action to improve the quality of services.

We would welcome the opportunity to discuss this work programme with you.

Executive summary

We know that disabled people and tāngata whaikaha Māori are much more likely to experience victimisation, violence, and sexual assault than other New Zealanders.



For example, disabled adults are 52% more likely than non-disabled adults to be sexually assaulted in their lifetime.¹

The Royal Commission of Inquiry into Abuse in State Care, the Waitangi Tribunal Inquiry Wai2575 and the cross-Government National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura) have all highlighted the high rates of violence against disabled people and the need for Whaikaha to strengthen the quality and safeguarding mechanisms for the disability support system.

Whaikaha is committed to enhancing the rights of disabled people and ensuring they are free from abuse, violence, and neglect, also known as safeguarding.

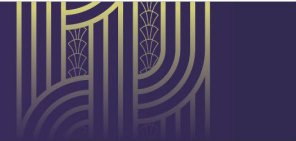
As the funder of disability supports, Whaikaha has a responsibility to ensure the supports and services we commission meet the quality expected by disabled people and their families and whānau, and that they are keeping disabled people safe from abuse and neglect. This responsibility is implemented through the commissioning and contracting roles that Whaikaha undertakes for the Crown. Whaikaha does not have any legislative powers to ensure quality and safeguarding of disabled people.

We also recognise that other agencies and organisations have a part to play, such as the Police, Oranga Tamariki, the Health and Disability Commissioner (HDC), and the Coroner. The Human Rights Commission (HRC) and the Office of the Ombudsman alongside disabled people through their membership organisations also have a role as independent complaints organisations, and together form an Independent Monitoring Mechanism (IMM). We have reporting requirements for the IMM and the United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment for Punishment (UNCAT).

The quality and safeguarding actions Whaikaha is taking are:

- Improving our capacity and capability relating to quality assurance and safeguarding, including increased audit, evaluation, and investigation capacity.

¹ [Te-Aorerekura-National-Strategy-final.pdf \(tepunaaonui.govt.nz\)](#)



- Making improvements to our existing quality mechanisms (complaints, critical incident reporting, death reporting, and audit, evaluation, and investigation processes).
- Improving data management and reporting, including developing non-identifying data analysis that can be published.
- New quality improvement and safeguarding services that focus on the voice and safety of disabled people, such as:
 - The Disability Abuse Prevention and Response team (DAPAR).
 - Growing Voice and Safety - People for Us (a disabled person-led peer monitoring service).
 - Growing Voice and Safety - Assisting Change (an improvement advisory service for providers).
 - Developing and implementing a safeguarding work programme for disabled adults as part of implementing Action 28 of Te Aorerekura – the cross agency National Strategy to Eliminate Family Violence and Sexual Violence.
 - Developing a new strategic quality framework for a transformed system (engagement and design for this to occur throughout 2024).

These actions will align with other system transformation actions across Whaikaha, such as the My Home My Choice programme, the Monitoring, Evaluation, Analysis and Learning (MEAL) programme, and the wider system transformation work programme.

Disabled people, tāngata whaikaha Māori and whānau will be closely involved in driving these actions.

An example of a recent action Whaikaha has undertaken to improve the quality of disability supports is the review of complaint management at IDEA Services. In 2023 Whaikaha commissioned a review, from an independent barrister, into the processes and practices for managing complaints about the delivery of disability support services by IDEA Services. The review also sought recommendations on how Whaikaha could improve its approach to responding to complaints about



service providers. The report made a number of recommendations for IDEA and for Whaikaha to improve complaint management and rebuild trust with the disability community.

Recommendations

It is recommended that you **note** the contents of this briefing.

Hon Penny Simmonds
Minister for Disability Issues
Date

Ben O'Meara
Deputy Chief Executive Policy, Strategy and Partnerships
Date

Actions for private secretaries:



Current quality and safeguarding issues

1. Tāngata whaikaha Māori and disabled people experience violence and abuse that is common with all abusive relationships - physical, sexual, psychological/emotional, and financial abuse, including patterns of power, control and coercion. In addition, tāngata whaikaha Māori and disabled people also experience other forms of abuse that are more specific to disabled people, such as discrimination and ableism, limited disability specific support options, services not being driven by or focused on a person's will and preference, restraint and control, human rights violations, abuse of authority by a legal representative, institutional abuse, discrimination and neglect.
2. As well as these issues, a range of other factors can increase a person's risk of being targeted for abuse and harm; for instance, the degree of autonomy that people have over their lives, and being reliant on others (who may misuse their position) for making decisions on vital needs, including mobility, access to information, control of finances, and provision of care and support.
3. There are significant gaps in terms of systems and policies to safeguard people in these situations. In addition to the support worker relationship, in cases of intimate partner violence and intrafamilial abuse, the primary aggressor can be the disabled person's primary carer. There is currently a gap in the knowledge and skills of the police and family violence systems to safely respond to these situations. There is limited data on the prevalence of abuse of disabled people, but what there is clearly indicates high levels of abuse and harm. See Appendix One for definitions of safeguarding, vulnerable adult and adult at risk.

Whaikaha quality mechanisms

4. The mechanisms Whaikaha currently has in place to monitor quality are implemented through the contracts between Whaikaha and disability providers. Whaikaha:
 - 4.1. **Receives and manages critical incident reports for all Whaikaha contracted services. During 2023 Whaikaha has received an average of 182 critical incident reports per month. [Reporting of critical incidents and deaths | Whaikaha - Ministry of Disabled People](#)**



- 4.2. **Receives and manages notifications of deaths of disabled people in Whaikaha funded residential care. During 2023 Whaikaha has received an average of 11 death reports per month. [Reporting of critical incidents and deaths | Whaikaha - Ministry of Disabled People](#)**
- 4.3. **Audits, evaluates and investigates Whaikaha contracted providers. [Audit and evaluation | Whaikaha - Ministry of Disabled People](#)**
- 4.4. **Manages complaints about the quality of Whaikaha contracted disability supports and services. During 2023 Whaikaha has received an average of 6 complaints per month. [Complaints and feedback | Whaikaha - Ministry of Disabled People](#)**
5. Data from the Whaikaha critical incident reporting shows that, in the seven months from March to September 2023²:
 - 5.1. **There were 1374 critical incidents reported by contracted providers.**
 - 5.2. **Of these, 573 (41.7%) were reports of abuse or assault (of disabled people or disability support staff).**
 - 5.3. **Of these, 214 (relating to 133 different individuals) were reports of abuse or assault of disabled people, (either by other disabled people, staff, or another group)**
 - 5.4. **Over 96% of these 214 incidents relating to abuse or assault of disabled people were reported by either residential services or High and Complex services under the Intellectual Disability (Compulsory Care and Rehabilitation) Act (IDCC&R).**
 - 5.5. **Demographic analysis of the 133 individual disabled people impacted by the incidents relating to abuse or assault of disabled people shows:**
 - **Their ethnicity distribution is similar to that of the ethnicity distribution of disabled people in Whaikaha-funded residential services.**

² On 1 March 2023 Whaikaha updated how critical incidents are categorised and provides identifiable data, which for the first time enables us to analyse the demographic breakdown of critical incidents. Therefore the data is taken from this time period.



Table 1: Prioritised ethnicity breakdown by count and percentage of the 133 disabled individuals assaulted compared with disabled people in Whaikaha funded residential services.

	Māori	Pacific	Asian	European / Other	Not stated
Reports of abuse or assault	24 (18.0%)	7 (5.3%)	6 (4.5%)	96 (72.2%)	-
Disabled people in Whaikaha funded residential services	1,174 (16.6%)	280 (4.0%)	194 (2.7%)	5,280 (74.8%)	127 (1.8%)

- 5.6. Approximately half of these incidents were abuse or assault of female disabled people and half related to male disabled people. This reflects the gender distribution of disabled people in Whaikaha-funded residential services.
- 5.7. Younger people are overrepresented in the abuse or assault incidents reported to Whaikaha. Nearly 60% of these incidents were of disabled people aged between 20-39 years old. Whereas the 20–39 years old age group makes up just over 26% of all disabled people in Whaikaha-funded residential services.
- 5.8. Almost all the disabled people with reported assault/abuse incidents have either an intellectual disability (69.2%) or are autistic (22.6%).
- 5.9. Autistic people are over-represented in the abuse or assault statistics. Autistic people had 22.6% of the reported assaults, compared with the approximately 8% of disabled people in Whaikaha-funded residential services who are autistic.
- 5.10. The percentage of people assaulted who have an intellectual disability is similar to the percentage of people with an intellectual disability living in Whaikaha-funded residential services.



6. Whaikaha is working to address the high proportion of critical incident reports in High and Complex services under the IDCC&R³. We will do this through:
 - 6.1. **The Whaikaha High and Complex Framework Strategy.** [High and Complex Framework Strategy | Whaikaha - Ministry of Disabled People](#)
 - 6.2. **Working with the Ministry of Health to investigate using the Health Quality and Safety Commission adverse event reporting framework used by hospitals.**

Improvements to quality and safeguarding mechanisms

7. Whaikaha considers that the existing quality mechanisms are not sufficient in terms of depth and breadth to provide monitoring oversight and service improvement to the standard expected by disabled people, tāngata whaikaha Māori and whānau.
8. There is an increased expectation from the disability community that the perspectives of disabled people, tāngata whaikaha Māori and whānau are stronger in the work of Whaikaha, including in the quality mechanisms.
9. The findings of the Royal Commission of Inquiry into Abuse in State Care and the Waitangi Tribunal Inquiry Wai2575 are expected to further highlight the need for Whaikaha to strengthen the quality and safeguarding mechanisms for the disability support system.
10. Whaikaha has made a commitment to broaden our approach to safeguarding and improving the quality of supports and services for disabled people and tāngata whaikaha Māori. Improvements in the disability support system will include:
 - 10.1. **Clearer authority to investigate and act.**
 - 10.2. **More independent checks on services.**
 - 10.3. **Trusted mechanisms for disabled people, tāngata whaikaha Māori and whānau to share their experiences and concerns.**
 - 10.4. **More support for providers to improve their services.**

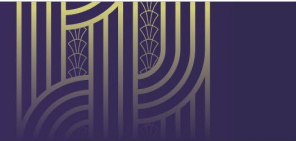
³ Refer to the High and Complex BIM



- 10.5. Improved capacity and capability in Whaikaha to respond to quality and safeguarding concerns, particularly allegations of abuse and neglect of disabled people and tāngata whaikaha Māori.**

Safeguarding work programme

11. Whaikaha is responsible for the implementation of Te Aorerukura Action 28 (Safeguarding Responses for Disabled and Vulnerable Adults). Budget 2023 allocated \$6.11 million over 4 years to increase access to specialist supports through the Waitematā Safeguarding response and expanding the initiative to other localities, while also supporting improved access to mainstream family violence and sexual violence services.
12. As part of this Whaikaha has developed a plan to implement a safeguarding approach that protects and promotes tāngata whaikaha Māori and disabled people's rights, culture, identity and wellbeing, prevents and responds to violence, abuse and neglect, and is aligned with Enabling Good Lives (EGL) principles. We will:
 - 12.1. Improve our established quality and monitoring mechanisms and processes so we prevent further abuse.**
 - 12.2. Develop and implement a Safeguarding approach that puts into practice the EGL approach and Te Tiriti o Waitangi principles.**
 - 12.3. Work in collaboration with other agencies to implement safeguarding Actions.**
13. To date Whaikaha has:
 - 13.1. Established a new community-led Disability Abuse Prevention and Response team (DAPAR). The team is disabled-led and made up of trained specialists in family violence and safeguarding adults from abuse. They respond to tāngata whaikaha Māori and disabled people who are experiencing violence or who are unable to protect or remove themselves from abusive situations because of their needs for disability support. DAPAR will implement a cross agency approach in Waitematā and begin to provide national coverage for people using Needs Assessment and Coordination Services (NASC), and those working with the EGL sites.**



- 13.2. Finalised the evaluation of the Waitemata Safeguarding Adults from Abuse pilot in collaboration with Te Puna Aonui.
 - 13.3. Established a Whaikaha Specialist Situations of Concern Panel to receive and consider referrals from disabled people, tāngata whaikaha Māori, and providers, relating to abuse, violence, neglect and any other form of human rights infringement and to make recommendations on action. Referrals arrive through the general Whaikaha email contact inbox, individual staff, and through quality mechanisms relating to individual situations of concern. This process will be further developed and opened to the community.
 - 13.4. Developed a draft road map for the implementation of the safeguarding framework.
 - 13.5. Funded and co-developed with tāngata whaikaha Māori a draft kaupapa Māori community approach to safeguarding. This aims to action the intention to ensure safeguarding is Māori focused with a whānau-centric, Māori-led model.
14. The foundation for this work was provided in part by the Waitemata evaluation. We are awaiting publication of this evaluation.

The implementation of new quality initiatives to build the voice and safety of disabled people

15. Whaikaha is currently implementing two new quality initiatives to build the voice and safety of disabled people. The initiatives are:

Growing Voice and Safety – People for Us

16. Whaikaha has designed this service to focus on the voice, good lives and human rights of disabled people and tāngata whaikaha Māori, while also reducing the risks and occurrences of neglect and abuse in services.
17. The People for Us service will partner with disabled people, tāngata whaikaha Māori and whānau for early identification of those most at risk of harm who are not living a good life. The initial priority groups are likely to be those living in residential services, who have little or no family or whānau contact, limited community engagement and may communicate in a variety of ways.



18. The service will sit externally from Whaikaha and be independent from service providers funded by Whaikaha. People for Us will provide another mechanism to seek the perspectives of disabled people and build a picture of concerns, issues and trends, that will be fed into the Whaikaha quality system.
19. People for Us will support disabled people and tāngata whaikaha Māori who are experiencing harm or who are at high-risk of harm to connect to the right support pathways. This could include referrals to the Disability Abuse Prevention and Response (DAPAR) Team, the Police, My Home My Choice project, independent advocates, community networks, EGL connectors/kaitūhono, or NASC.

Growing Voice and Safety – Assisting Change

20. Whaikaha has designed this initiative to provide targeted developmental support to service providers who support disabled people who are considered most at risk of abuse and harm, those identified to have a pattern of quality issues and who wish to develop their service in line with the principles of EGL.
21. Whaikaha intends to contract a provider for the improvement advisory service. The contracted organisation will source a pool of specialist advisors with a diverse range of skill sets and experience, then act as a broker, matching an advisor to work alongside a provider for a short time to support them to address their specific quality issue(s). This will include culturally appropriate matches for kaupapa Māori and Pacific providers. Whaikaha will also fund a contribution to the intensive advice.
22. The providers supported under this initiative could be identified through the existing Whaikaha audit/developmental evaluation programme, or through other existing quality mechanisms.

Improvements to existing quality mechanisms

23. We have made improvements to the reporting of critical incidents that occur in Whaikaha funded services and deaths that occur in Whaikaha funded residential services. These improvements have resulted in updates to the reporting forms, which can be found at [Reporting of critical incidents and deaths | Whaikaha - Ministry of Disabled People](#). **These improvements aim to gather useful information to inform decisions about triage and management of**



the incidents or deaths, to provide a clearer perspective from the disabled person and whānau relating to the incident or death, and to provide improved data for robust analysis.

24. We are also in the process of improving our standard operating procedures for our existing quality mechanisms. In particular, we are aiming to improve the ways that disabled people, tāngata whaikaha Māori and whānau can share their experiences and provide feedback on the quality of their disability supports. The updated standard operating procedures will be published as they are completed, and will cover complaints, critical incidents, deaths and audits, evaluations, and investigations.
25. Whaikaha is developing data analysis relating to the quality of disability supports to ensure the data is robust. Working in partnership with representatives from the disability community, relevant datasets will be published on our website.
26. We have also approved increased capacity for the audit, evaluation, and investigation programme to undertake independent checks of services against their contracts.

Development of a new quality framework that is fit for purpose for a transformed disability support system

27. Whaikaha is currently undertaking a procurement process to engage an organisation to design a quality framework that is fit for purpose for a transformed disability support system. The engagement and design of this framework will occur during 2024.
28. The outcome of the framework will be that Whaikaha, disabled people, tāngata whaikaha Māori and whānau have appropriate mechanisms and powers to ensure that disability supports are of high quality and enable disabled people to have a good life. This framework will need to:
 - 28.1. **Enable disabled people and tāngata whaikaha Māori to have greater choice and control over their lives and supports, including assessing the quality of their support.**
 - 28.2. **Clarify when Whaikaha will 'step in' where quality of support is a concern.**
 - 28.3. **Outline the range of quality mechanisms needed.**



- 28.4. Provide the appropriate authority for the actors and mechanisms to work effectively.
- 28.5. Drive better outcomes for disabled people, tāngata whaikaha Māori and whānau.

The Disabled Monitoring Evaluation Analysis and Learning (MEAL) Strategy

- 29. The MEAL Strategy models and mandates a partnership approach for all aspects of evaluating disability system transformation initiatives. The Strategy is overseen by an Insights Alliance, which is a tripartite arrangement between the Ministry, disabled people and tāngata whaikaha Māori.
- 30. Within the MEAL action plan, safeguarding is being evaluated in an integrated way using a developmental process. This will include a try learn and adjust approach to improving responses and approaches to support disabled people and tāngata whaikaha Māori who are at risk.
- 31. The intention is that all new projects for evaluating improvements to current disability supports are reviewed by the Insights Alliance to reflect the partnership approach for evaluation.
- 32. The aim is to gather data of all kinds including qualitative anonymised voice data. Outcomes will reflect the priorities that are defined by disabled people and tāngata whaikaha Māori alongside the government's monitoring requirements for public expenditure.

Report into the processes and practices for managing complaints about the delivery of disability supports by IDEA Services

- 33. In 2023 Whaikaha commissioned independent Barrister Rachael Schmidt-McCleave to undertake a review into the processes and practices for managing complaints about the delivery of disability supports by IDEA Services. This review was commissioned in response to concerns from family and whānau about the standard of disability support services provided by IDEA Services, and the way IDEA Services responded to complaints. IDEA Services is the largest provider contracted by Whaikaha.



34. The review made a number of recommendations for:
 - 34.1. **IDEA Services on how to effectively respond to complaints.**
 - 34.2. **Whaikaha on ways that we can strengthen processes and practices for managing complaints about service providers, including IDEA Services. Whaikaha has accepted all the recommendations that relate to our role.**
35. We will continue to work collaboratively with IDEA services, our other service providers and the disabled community so that there is predictability and transparency in how Whaikaha will respond to complaints about service providers. Associated with this is the need to rebuild trust with IDEA Services and the community when responding to complaints.
36. We will work with IDEA Services and the community to strengthen processes and practices for managing complaints.
37. We have proactively released the report on our **website**: [Cabinet Papers and information Releases | Whaikaha - Ministry of Disabled People](#)

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Appendix One: Definitions

38. Safeguarding: Being broader than child and adult protection, safeguarding relates to the actions taken to promote, enhance and protect a person's life outcomes, human rights, decision making, choice and control, safety, wellbeing and culture, citizenship, and quality of life.
39. Vulnerable Adults: Identifying 'Vulnerable Adults' and responding to changes in the Crimes Act 1961, introduced in 2012, mean that certain people are legally responsible for protecting 'vulnerable adults' from serious harm. The Act defines a 'vulnerable adult' as a person "who is unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw themselves from the care or charge of another person".
40. Adult at risk: The disability community and family violence experts prefer this term instead of vulnerable adult. An Adult at Risk is defined as someone who meets all three of the following criteria:
 - 40.1. A person (aged 18 years or over) who has an unmet need for appropriate support, and
 - 40.2. who is experiencing (or at risk of) harm, violence, abuse, and neglect, and
 - 40.3. because of an unmet need for support, is unable to protect themselves.
41. An adult at risk can be any person who meets the above definition, they may or may not be a disabled person.



Briefing

Date:	5 December 2023
For:	Hon Penny Simmonds, Minister for Disability Issues
File reference:	REP/WHK/23/11/007
Security level:	Legally Privileged

Whaikaha - Ministry of Disabled People Funded Disability Supports

Purpose

- 1 This briefing provides you with further information about disability supports funded by Whaikaha – Ministry of Disabled People (Whaikaha).

Executive summary

- 2 Whaikaha funds disability support for a relatively small part of the New Zealand population, but it is a diverse population with a wide range of needs. That diversity continues to grow, as our population mix changes, for example, there is a growing proportion of young people with autism.
- 3 Disability Support Services has developed a range of service options (about 36 different service lines) across the 30 years of its' existence and has around 800 contracts with 476 disability support providers. Whaikaha has inherited this service complexity from the Ministry of Health.
- 4 Updates and developments to these services have lagged behind the changing nature of the community we serve, and there is a view amongst parts of the community that effort put into improving existing services diverts effort away from introducing a transformed disability support system.
- 5 Several service lines are showing cost growth and are likely to cost more as the system struggles to meet the needs of the population we serve in the post-COVID environment. These are:
 - Residential Care, and particularly residential care individual rate services; and
 - Individualised Funding.
- 6 Both services are seeing growth in demand, and growth in the cost of meeting that demand, when other parts of the disability support system struggle to respond to the needs of disabled people and family/whānau more directly.

- 7 Individual rates in Residential Care occur when a disabled person requires 24/7 supports of a nature and intensity not well reflected by the contracted rate. Individual rates are growing faster than the general growth in Disability Support Service costs. Whaikaha is developing further advice on how this growth can be stabilised in the near term to manage fiscal risk within this financial year.
- 8 Flexible Purchase Guidelines were introduced to Individualised Funding and Carer Support in 2020 and became permanent in 2021. The Flexible Purchase Rules were introduced quickly during COVID, without all the features needed to manage this funding in the Enabling Good Lives sites. Service development has not been able to keep pace with uptake or the changes in use.
- 9 Whaikaha is preparing further advice on how a reset can provide greater certainty for disabled people and whānau in the use of flexible funding, as well as addressing the financial pressure that growth in Individualised Funding is putting on our financial position.
- 10 Growth in these service lines is likely to reflect challenges in other parts of disability support services. For example, a lack of access to respite for some families leads to use of a greater quantity of Individualised Funding. Limited availability of behaviour support will see families seeking flexibility in their Individualised Funding to live with difficult situations, or over time translate to higher costs in sustaining residential care arrangements.
- 11 We expect to update you on progress we are making on service development priorities early in the New Year.
- 12 Other areas requiring particular attention include:
 - Services under the High and Complex Framework¹ (compulsory care) where we have an ongoing work programme to respond to concerns raised in 2021 (prior to the establishment of Whaikaha – Ministry of Disabled People) by the Ombudsman about the planning and resourcing of forensic intellectual disability services under the High and Complex Framework;
 - Living options for disabled people, including residential care pricing issues and responding to concluding observations made by the United Nations, which recommended further deinstitutionalisation and a move away from the use of group homes; and
 - Pay Equity claims and upcoming settlement processes.

¹ The High and Complex Framework (HCF) supports people under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (the IDCCR Act) and other relevant legislation. It provides a diversionary pathway for offenders with intellectual disabilities who have been found unfit to stand trial or be convicted of an imprisonable offence. This includes providing more appropriate supports with a strong rehabilitative focus. About 200 to 300 people are supported under the HCF at any time

13 Officials are available to meet with you to discuss in more depth any of the service areas set out in this briefing.

Recommendations

It is recommended that you:

- | | |
|---|--------------|
| a) Note Whaikaha – Ministry of Disabled People serves a small but diverse population, with a wide range of support needs | Noted |
| b) Note that whilst supports play an important role in people’s lives now, overall service development has not kept pace with the changing needs of the population, or the ways that people seek to live in New Zealand | Noted |
| c) Note that challenges meeting needs are appearing in part as increased costs in some key service lines, such as Residential individual rates and Individualised Funding | Noted |
| d) Note that Whaikaha is reviewing: <ul style="list-style-type: none">• the residential care model and pricing,• capacity and fitness for purpose challenges in the High and Complex Framework, and• preparing for potential future pay equity settlements | Noted |
| e) Note that a separate briefing is being provided on current financial pressures in the disability support system | Noted |
| f) Note that a separate briefing is being provided on Disability System Transformation | Noted |
| g) Note that we will provide you with a fuller briefing on service development priorities | Noted |

Hon Penny Simmonds
Minister for Disability Issues
Date



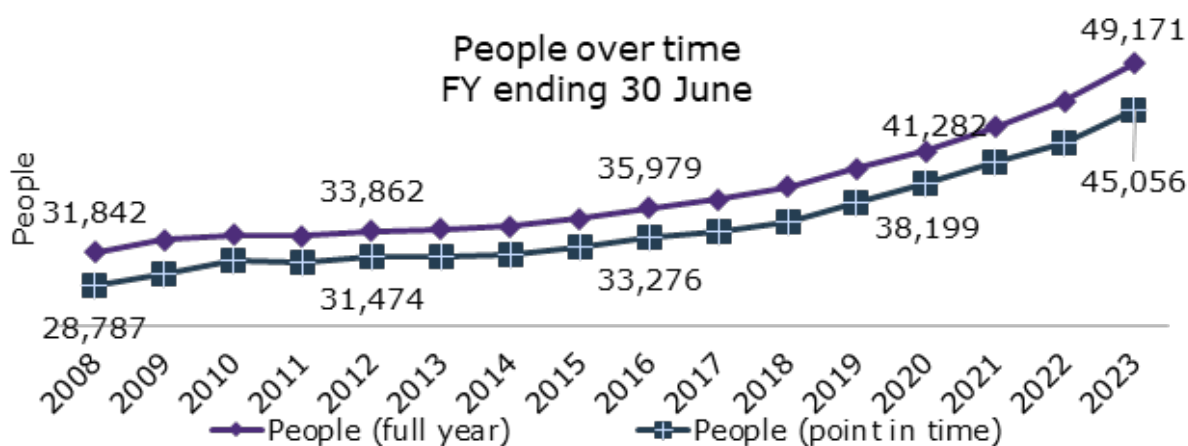
Signatory
Amanda Bleckmann, DCE Commissioning, Design, and Delivery
Date: 30 November 2023

About the Disability Support System

Eligibility

- 1 Disability Support Services (DSS) was separated from the health system in 2022 as part of the Health Sector Reforms. Whaikaha – the Ministry of Disabled People was established in July 2022 and responsibility for the delivery of DSS transferred from the Disability Directorate within the Ministry of Health - Manatū Hauora - (MoH) to the Ministry.
- 2 The establishment of the Ministry was a significant step towards moving the disability system away from the medical model of disability² to the social model which underpins the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and Enabling Good Lives vision and principles.
- 3 The Ministry commissions and in some instances delivers (through our Enabling Good Lives sites) disability supports for people with a long-term physical, intellectual, sensory disability or autism that arises before age 65 years. This is funded by a \$2.275 billion annual appropriation.
- 4 On any given day the Ministry commissions DSS for almost 50,000 disabled people, tāngata whaikaha Māori and their whānau. Figure 1 below shows the growth of the people supported through Disability Support Services since 2008. The Ministry annually supports around 100,000 people with equipment or modification services (all ages).

Figure 1



² In 1976 the London Union of the Physically Impaired Against Segregation challenged the 'medical model of disability' that viewed disability as a personal problem. This was part of the beginning of a new 'social model of disability' that recognised people might have impairments, but it was society that disabled them. Much later, in New Zealand, this need for a shift in models would finally be realised by moving disability support services from the Ministry of Health (MoH) to the new Ministry – Whaikaha - Ministry of Disabled People. <https://www.whaikaha.govt.nz/about-us/who-we-are/our-whakapapa/>

- 5 To be eligible to be assessed for Disability Support Services a person must:
 - have an intellectual, sensory disability, or physical disability or autism (or a combination of these); and
 - their impairments must be likely to continue for at least six months; and
 - their impairments must limit their ability to function independently, to the extent that ongoing support is required.
- 6 Of the almost 50,000 New Zealanders receiving disability support through the Ministry:
 - 42 percent have an intellectual disability as a principal disability (many of whom also have a physical disability)
 - 34 percent have autism as a principal disability
 - 20 percent have a physical disability as their main disability.
- 7 The prevalence of disability is proportionally higher among Māori and Pacific peoples than other ethnicities in Aotearoa New Zealand: 26 percent of Māori and 19 percent of Pacific peoples identify as disabled. Tāngata whaikaha Māori (Disabled Māori) are overrepresented compared to the portion of New Zealand's overall population who are Māori. For a range of reasons, including cultural perspectives on disability, under-reporting is likely among Pacific people.
- 8 Supports for disabled people are fragmented and do not form a coherent system. Disabled people and their family/whānau report that the disability system is difficult to navigate, and that they would like to see a more consistent system that aligns with the Social Model of Disability.
- 9 Specific supports for disabled people are commissioned, funded, or provided through various agencies, including Whaikaha – Ministry of Disabled People, Te Whatu Ora (Health New Zealand), ACC, Ministry of Social Development and the Ministry of Education.
- 10 New Zealand has five main different disability support systems for different populations. These are:
 - *Injury-acquired disabilities*, which are supported by ACC
 - *aged care related impairments*, which are supported by Te Whatu Ora services
 - *long term health conditions*, (eg. diabetes) where this leads to impaired independent functioning, which are supported by Te Whatu Ora services
 - *mental illness*, where this impairs independent functioning, is supported by Te Whatu Ora; and

- *Intellectual, Physical, and Sensory disability support for people who acquire their disability before age 65³*, which are supported by disability support services funded by the Ministry.

- 11 It is not always clear which disability support system an individual may be eligible for. For example, people with some rare disorders, can find it hard to find a system whose eligibility criteria they fit within.
- 12 As well, there are different levels of service provided by each of these systems, which has resulted in some communities of disabled people seeking expansion of eligibility criteria for supports funded by the Ministry.

Access to Disability Support Services

- 13 Most of the services we commission are allocated via a Needs Assessment and Service Co-ordination service (NASC). NASCs work with disabled people and their family/whānau to identify a disabled person's eligibility, goals, strengths, and support needs. They also assist with accessing other supports that might be needed.
- 14 There are ten NASCs across Aotearoa New Zealand, serving 15 regions.

Needs Assessment

- 15 A facilitated needs assessment is the process of working with the disabled person and their family/aiga/whānau/welfare guardian, to identify the disabled person's strengths and goals, priorities, and disability support needs.
- 16 Once the assessment is completed the disabled person and the facilitator agree on the identified goals and disability support needs and how they are to be prioritised.

Service Coordination

- 17 Service coordination is the process of assisting the disabled person to have their needs met from all appropriate supports that are available in the community. This might include contributions made to the disabled person from friends, family and others in their life, services provided by other government agencies, and allocating supports and services that are funded by providers contracted by the Ministry. This combination of supports and services makes up the person's support package and is what assists them to meet the support needs and goals identified in their needs assessment.
- 18 Once the support package has been agreed the service coordinator then puts the disability support services in place. When the disabled person has chosen a service provider/s, the NASC service coordinator gives that service provider an authority to provide services so that they can deliver the service to the

³ On first presentation to NASC.

individual. Support Allocation information is also passed to the Ministry to activate provider payment.

- 19 NASCs review support packages every 1-2 years and a face-to-face reassessment of their disability support needs is carried out every 3-5 years to ensure the person is receiving the most appropriate services available.
- 20 A person or their family/whānau can request an earlier review if:
 - their disability support needs change
 - their eligibility has changed or expired (e.g. eligibility for a community services card)
 - they have high or complex needs
 - they are experiencing a crisis.
- 21 Over the past two years, NASC service demand has grown and the majority of NASCs are experiencing wait lists.
- 22 In the 2022/2023 budget NASCs received a significant increase of funding to reduce wait lists. However, NASCs are experiencing a 6 percent growth in referrals across the country.
- 23 Appendix 1 sets out further detail on the NASC process.

Accessing DSS support through Enabling Good Lives sites

- 24 Three [Enabling Good Lives](#) sites have been established to demonstrate the potential of the Enabling Good Lives approach or, in the case of Mana Whaikaha, to prototype a transformed disability support system. People can access disability support through these sites, in line with the eligibility criteria for each.
- 25 The three Enabling Good Lives sites are in the Christchurch (2013), Waikato (2015) and MidCentral (2018)⁴ regions:
 - Enabling Good Lives Christchurch works with school leavers, (defined as Ministry of Education Ongoing Resourcing Scheme-verified students who have left or are leaving a high school in the Christchurch, Selwyn, Rangiora or Kaiapoi areas from 2013 onwards)
 - Enabling Good Lives Waikato works with people who choose to opt into the site (within the limits of EGL Waikato's capacity to serve people), and has some priority criteria for young people, Māori and Pacific People
 - Mana Whaikaha, the MidCentral Enabling Good Lives site, works with any person eligible for disability support, within that region who wishes to access supports funded by the Ministry.

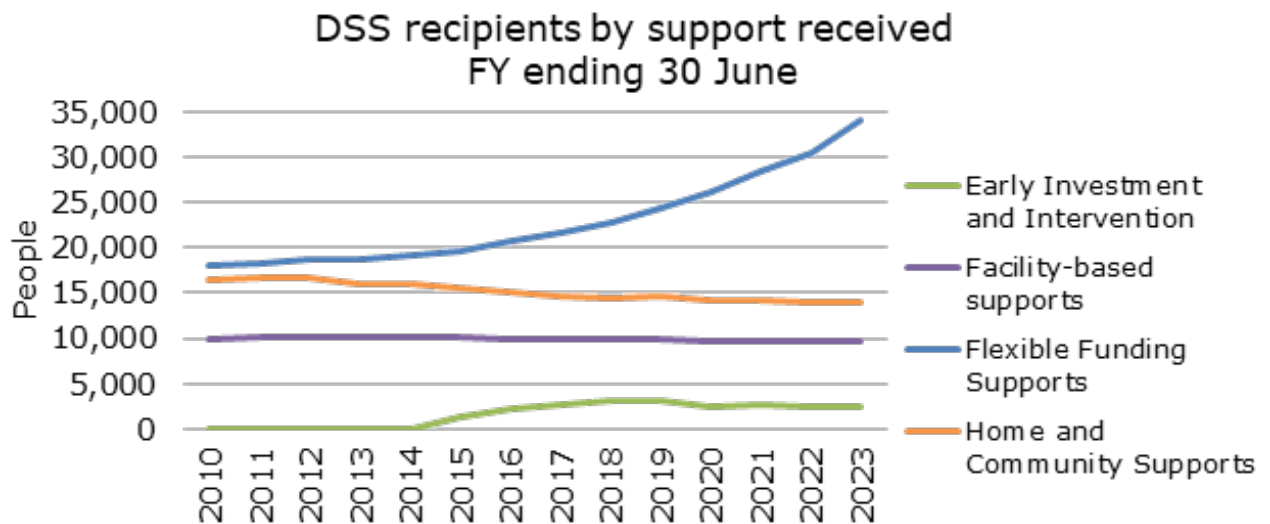
⁴ The MidCentral site was gifted the name Mana Whaikaha, under which it operates.

- 26 Across the three sites, the Enabling Good Lives teams work with over 4,000 disabled people and their families/whānau. While the three sites were set up with different mandates, the philosophy that underpins the approach is consistent across all three sites.
- 27 A key element of Enabling Good Lives is the investment in disabled people, tāngata whaikaha Māori and whānau leadership, both in community (through Regional Leadership Groups) and in individual lives and family/whānau. The Enabling Good Lives approach in the sites includes disabled people having access to a connector/kaitūhono and a flexible personal budget.
- 28 There is an emphasis on enabling the disabled person to build a good life in a community who values who they are and what they have to offer.
- 29 The Enabling Good Lives approach is for everyone. All people can express preference at some level – even if only to let others know that what they are doing right now does not work for the disabled person. The Ministry is increasing its expectations of the people and systems that serve disabled people to take the time to recognise and grow the way that all people form and express their will and preference.
- 30 The Enabling Good Lives approach is closely aligned with the UNCRPD, in particular Article 19 which focuses on Living in the Community.
- 31 Some of the outcomes evident in the current sites include:
- Equity of access in a system that can flex and shift with the community it serves. There has been increased engagement for tāngata whaikaha Māori and whānau, Pacific people, as well as families with young children.
 - There has been decreased use of congregate care. There are alternatives to taking a break and sustaining carer wellbeing, outside of facility-based respite.
 - The development of options for living outside of the family home that does not bundle accommodation with support. These options include flatting, boarding, life share, and home ownership arrangements. The aim is to ensure that the full range of living options available to non-disabled New Zealanders are available to disabled people. The overall number of people in full time residential care across the Mid-Central region has decreased by 15 percent.
 - Traditional day services across the three sites are either under-utilised or have changed to offer what people want as people move to expecting more flexible and meaningful options in their lives.
- 32 The experience for disabled people, tāngata whaikaha Māori and family/whānau results in more choice and control and higher aspirations.

Provision of Disability Support Services

- 33 Whaikaha – Ministry of Disabled People has around 800 contracts with 476 disability support providers. Some providers are small, and others deliver nationwide services. Services range from equipment to support and/or retain independence, support with daily activities (e.g. personal care and household management), through to residential support, as well as supporting family caregivers (respite and carer support).
- 34 Support takes place in communities, private homes, and residential facilities. Appendix 2 shows a demographic overview of disabled people funded by Whaikaha. Appendix 3 shows the cost of the support.
- 35 Figure 2 shows the number of people receiving support by support type.

Figure 2 ⁵



- 36 Disabled people received funded support through:
- Standard contract arrangements
 - Specialist supports and/or
 - Flexible options.
- 37 Support commissioned through standard contract agreements includes:
- Facility-Based Supports such as Residential Care for people to live in a group home, alone where required, or in an aged residential care facility – especially where people have higher medical needs requiring

⁵ As people may receive more than one type of support, the sum of figures in this graph will be greater than the number of people receiving DSS.

hospital level care. There is also facility-based respite, which is intended to provide short term relief support in a residential setting.

- There are approximately 7,550 disabled people living in Residential Care with the majority (6,550) in group homes. Around half of disability support appropriation is used for disabled people in Residential Care.
- Community Supports assist people to live in their community. This includes supported living, household management and personal care.
- Community Day Services include the Ministry funding day supports to enable disabled people to participate in their community through things such as social activities and daily living skills. MSD is currently the primary funder of day services.⁶
- Disability Information and Advisory Services provide independent information and advice to people and their family/whānau and support the activities of a number of disabled person and family/whānau-led organisations and networks.
- NASC organisations support people through allocating funding and advising on or co-ordinating supports for eligible people.
- The High and Complex Framework provides for the compulsory care and rehabilitation of intellectually disabled people in the criminal justice system. It supports around 200-250 disabled people, many of whom have committed serious offences.

38 The Ministry also contracts for specialist services. These are:

- Child Development Services to provide specialised services to support tamariki to reach their developmental milestones
- Equipment and Modification Services to provide free or subsidised equipment and modifications
- Behaviour Support Services to provide people with access to specialists in addressing behaviour that is harmful to the disabled person or others
- Specialised interventions within the High and Complex Framework.

High and Complex Framework

39 The High and Complex Framework (the Framework) supports people under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and other relevant legislation. It provides a diversionary pathway for offenders with

⁶ Whaikaha – Ministry of Disabled People has a residual role in funding some day services for people who were de-institutionalised from large facilities e.g. the Kimberly Centre

intellectual disabilities who have been found unfit to stand trial on, or be convicted of, an imprisonable offence.

- 40 The statutory and regulatory responsibilities for the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 remain with Manatū Hauora, Ministry of Health (MOH). MOH has commenced the policy work to determine the long-term location of the statutory functions under the Act. Since 1 July 2022, Whaikaha has been responsible for the commissioning, planning, and funding functions of the Framework.
- 41 There are around 250 disabled people supported under the High and Complex Framework. Tāngata whaikaha Māori are overrepresented in the Framework with approximately 40 percent of the people being Māori. The inpatient forensic services commissioned under the Framework are delivered by Te Whatu Ora in Waitemata, Waikato, Capital, Coast and Hutt Valley, Canterbury, and Southern districts. The forensic community services are commissioned through seven non-governmental organisations.
- 42 MOH and Whaikaha – Ministry of Disabled People have a Memorandum Of Understanding (MOU) setting out the arrangements for the ongoing operation of the Act and an agreed joint workplan.

Flexible funding supports

- 43 In addition to contracted supports there are also more flexible options for people who are seeking more choice and control over their supports.

Individualised Funding

- 44 Individualised Funding is a mechanism to purchase Household Management, Personal Care and Respite. Individualised Funding is accessed through a NASC and allocated to a disabled person so they can engage their own support.
- 45 Individualised Funding is an option people can choose, where
- they do not consider contracted Household Management, Personal Care and Respite services will effectively support them, and are seeking to create more tailored support; and/or
 - choice and control over who and how that support is delivered is particularly important to the disabled person and their family/whānau.
- 46 Enhanced Individualised Funding (EIF)⁷ was introduced in 2011 to provide more flexible support. Flexible Purchasing Guidelines were developed to support disabled people in how they use EIF.
- 47 In 2020, new Flexible Purchase Guidelines were applied to Individualised Funding in 2020 and made permanent in 2021.

⁷ Available in the Bay of Plenty only

- 48 The Flexible Purchase Guidelines were introduced quickly during COVID, without all the features found useful to manage this funding in the Enabling Good Lives sites, such as Connectors and planning. Service development has not been able to keep pace with uptake or the evolution of service use.
- 49 There has been increasingly high uptake of the flexible funding arrangements due to the additional benefits they can provide.
- 50 The Ministry is preparing further advice on how a 'reset' can provide greater certainty for disabled people and family/whānau in the use of flexible funding, and managing within our financial appropriation.

Carer Support

- 51 Carer Support is a subsidy for the disabled person or their family/whānau to organise relief support to give the main carer a break.
- 52 Many families and carers find it difficult to find someone else who can, or is willing to, provide support whilst they take a break. The Flexible Purchase Guidelines were also applied to Carer Support from 2020 to assist families to have greater options about how they take breaks and sustain whanau resilience and wellbeing.

Choice in Community Living

- 53 Choice in Community Living (CiCL) is an alternative to residential services and is for people with high disability support needs. It aims to provide disabled people more control over where they live, who they live with and how they are supported.
- 54 CiCL is a type of hosted support based on a person's plan. Funding is managed by the disabled person and their family/whānau and with the person's chosen CiCL provider. The Flexible Purchasing Guidelines apply to CiCL.
- 55 CiCL is currently available in the Auckland, Waikato, Hutt Valley, Otago and Southland regions.

Personal Budgets

- 56 Enabling Good Lives Personal budgets are available in the Enabling Good Lives sites.
- 57 A Personal Budget is allocated to support people to achieve the outcomes outlined in their plan they have developed with their kaitūhono/connector.
- 58 Unlike Individualised Funding, which involves 'cashing up' hours of support that might otherwise be allocated, Personal Budgets are set as amounts for implementing a specific plan. Personal Budgets are 'plan led' rather than 'assessment led'. The final allocation is informed by a benchmarking tool to ensure that fair allocation to people in broadly similar situations,
- 59 Disability funding can be deposited directly into a specific bank account established for this purpose with some oversight by the Enabling Good Lives

team. The disabled person may choose to have a Host to help manage their Personal Budget.

Issues

60 Disability supports provide essential services that many disabled people and family/whānau could not do without. However, many service lines are outdated, service gaps have emerged, and there is significant work required to ensure that the disability support system is fit for the future.

Financial pressures

61 Over multiple financial years Disability Support Services has experienced:

- Growth in the number of people supported.
- Changes to the cost of labour, particularly the remuneration of support workers, and settlements that change support worker remuneration.
- Growing waiting lists for specialist services, Residential Care, Needs Assessment and Service Coordination, and increasing pressure on services supporting autistic people.
- Changes in the role of families in providing care as financial pressures on families and whānau have increased.
- Ongoing increases in the cost of Residential Care, especially an increasing proportion of prices being agreed case-by-case basis (through individual rates), rather than contracted rates.
- Increased flexibility of funding has enabled disabled people to overcome some of the quality and/or supply constraints in the traditional system and to make greater use of service allocations, which has come at an increased cost to the Ministry.

62 Providers continue to express concern that they are not sufficiently funded for the services they deliver, and that pricing is not equitable across contracts and funders, stating that:

- Whaikaha – Ministry of Disabled People, Te Whatu Ora, and ACC pay different rates for similar services, which are often delivered by the same providers, using the same workforce. Our rates have often lagged behind those of other funders.
- Historical price increases provided by Manatū Hauora from 2016/17 onwards were consistently lower than underlying inflation and wage pressures.
- Recent price increases are not sufficient to cover wage and other cost increases. Wages, the largest part of most providers' costs, are growing at around 4 percent per annum; general inflation is at around 7 percent; price uplifts provided by the Ministry for 2023/24 were between 3 and 4 percent.
- Oncost rates underestimate actual provider costs by around 5 percent.

- Current provider funding levels are not sustainable, as evidenced by providers exiting the market or showing poor financial positions.
- 63 We have prepared a more detailed briefing on our analysis of the cost and volume pressures on Disability Support Services, and our suggested approach to these in the lead up to Budget 2024.

Residential Services

- 64 Whaikaha – Ministry of Disabled People wants all eligible disabled New Zealanders to enjoy the full range of living situations that are available to their non-disabled peers. Currently, the support system is overly reliant on Residential Care to respond to situations where disabled people require an accommodation solution.
- 65 Residential Care provides reassurance to many families that their disabled family/whānau members are in a structured environment that intended to support and care for them, and provides continuity in the life of the disabled person when family/whānau becomes less available to them.
- 66 At the same time, the Royal Commission into Abuse in State Care, and the Ministry’s own complaint and quality review systems call into question the safety of these settings.
- 67 The United Nations has recommended that New Zealand create and resource a comprehensive deinstitutionalisation strategy. The recommendations explicitly note group homes as a form of institution.
- 68 Where the service provider is also the landlord, the ability to appropriately manage complaints about their services can be affected. This may result in the disabled person feeling that they are unable to complain about the service for fear of losing their home.
- 69 Whilst an ‘all in one’ service can provide reassurance to families that things won’t fall through the cracks, it also brings together significant control over the life of the disabled person. As a bundled service model, there are obvious conflicts of interest between, for example, the same people that supports your routines also setting what those routines might be.
- 70 The Ministry is leading residential reform through a multi-year project with disabled people, tāngata whaikaha Māori, family/whānau and providers called – My Home My Choice; Nōku te kāinga noho, nōku te whakatau.
- 71 My Home My Choice is working to transform the way people in residential services are assisted so they have more choice and control in their lives. This means ensuring a range of options are available for people who want alternatives to residential care, and increasing the control that disabled people, who choose to live in residential services, have over how they live day to day.
- 72 While the number of people accessing residential services has remained reasonably consistent over time, the cost of providing residential services has

increased significantly. For example, in 2016 there were 7,500 people in Residential Care at a cost of \$650m. In 2023, the same number of people are supported in Residential Care at a cost over \$1bn.

- 73 There is a longstanding lack of suitable residential services for disabled people under the age of 65 years in the Auckland region. Lacking alternatives, wait lists around the country, particularly in Auckland, are growing.
- 74 Given the ongoing shortages for suitable living arrangements, in some cases, disabled people aged under 65 years may be inappropriately placed in aged residential care facilities.

Residential Pricing

- 75 Residential Care is the costliest category of disability supports services. There are 14 different pricing tools used by NASCs across the country, inherited from historical contracting approaches. This results in different pricing paid for similar services, and sometimes for the same person when they move, which in turn results in inequitable and potentially unsustainable funding received by providers.
- 76 Current prices do not necessarily reflect the costs of providing the service.
- 77 There is a strong case for a new single pricing model. Since 2012, there have been several attempts to introduce a single pricing mechanism to achieve equitable funding. The estimated cost of implementation, however, has been unaffordable.
- 78 Payment for Residential Care is split across multiple funding mechanisms:
 - the contract price (usually a day of service)
 - Advance Interim Payments for pay equity costs (reflecting pay equity costs have not yet been included directly in prices across all residential providers)
 - the residential support subsidy to support living costs (paid by MSD as an alternative to benefit and other income support options)
 - client contributions, where applicable
 - sleepover costs (bulk funding for the cost of providing support through the night).
- 79 We are working to reduce the range of payment mechanisms. Multiple payment mechanisms complicate the process of establishing the true cost of service for any individual, or house.
- 80 We are scoping a project with a renewed focus on the pricing of Residential Care. While the work will commence as soon as practical, we will take a staged approach across financial years.

High and Complex Framework

- 81 Due to the separation of the statutory functions from the commissioning functions of the Framework, there is a Memorandum of Understanding (MOU) between Manatū Hauora and Whaikaha – Ministry of Disabled People. The MOU sets out the arrangements for the ongoing operation of the Act and an agreed joint workplan.
- 82 In 2021, the Ombudsman’s Office released an investigation report ‘Oversight: An investigation into the Ministry of Health’s stewardship of hospital-level secure services for people with an intellectual disability’. The Oversight Report identified that the current Framework does not always meet the needs of all the people it supports. A range of issues were identified including:
- living environment and infrastructure deficits
 - workforce shortages
 - Te Tiriti o Waitangi principles are not well embedded into the approach
 - funding and capacity challenges which can result in critical issues.
- 83 The Ministry has developed a work programme to respond to the key issues identified in the Oversight Report and in the wider Framework.
- 84 We released the High and Complex Framework Strategic Intent in June 2023 in response to the Ombudsman’s Oversight Report. Work has commenced on implementing the Strategic Intent, noting that new funding will have to be sought for some of the key initiatives. The Ministry is working closely with Treasury on investment into infrastructure and support to improve the living environment and infrastructure issues identified in the Oversight Report.
- 85 The current situation for the High and Complex Framework is extremely challenging due to a national workforce shortage. The impact of this is that there are bed shortages in both Te Whatu Ora-funded forensic hospitals and community-based accommodation for people who require secure care and rehabilitation. The most acute area is the Te Whatu Ora, Capital, Coast and Hutt Valley District.
- 86 In addition, the performance of the Forensic Coordination Service (FCS): Intellectual Disability⁸ has declined significantly over the last 18 months. This contract is currently held with Te Whatu Ora, Capital, Coast and Hutt Valley District.
- 87 Due to its significant concerns, the Ministry is not renewing the contract for the Forensic Coordination Service, which expires in early March 2024. Due to the specialist nature of the service and much of the expertise sitting within Whaikaha

⁸ national service coordination service for people under the High and Complex Framework

– Ministry of Disabled People, it has been decided to bring the FCS into the Ministry, with an intention of it being recommissioned via the All of Government (AOG) procurement process and returning to the community in 2025.

Pay Equity

- 88 The Support Workers (Pay Equity) Settlements Act 2017 formalised the settlement of a legal claim that support workers were paid less than other workforces because the workforce is predominately female. The Act specified minimum hourly wage rates payable by employers to support workers from 1 July 2017. The Support Workers (Pay Equity) Settlements Act was amended in mid-2022 to extend the expiry date to 31 December 2023, and update the minimum wage rate.
- 89 In July 2022 the PSA, E tū and the New Zealand Nurses Organisation (NZNO) raised a pay equity claim representing care and support workers employed in the funded sector. The claim holds significant financial implications. There is an estimated 61,500 care and support workers across the health and disability workforce.
- 90 Concern has been raised about the claim process. This means a settlement is unlikely to occur before December 2023.
- 91 Te Whatu Ora as lead funding agency has commissioned a technical review of the pay equity process that has occurred to date. The review will inform a report to Ministers ahead of endorsement of the next milestone in the process, with an update on the proposed outcome of the claim, funding level and methodology, and any potential flow-on impacts to Te Whatu Ora employed and funded workforces and workforces of other funders.

Next Steps

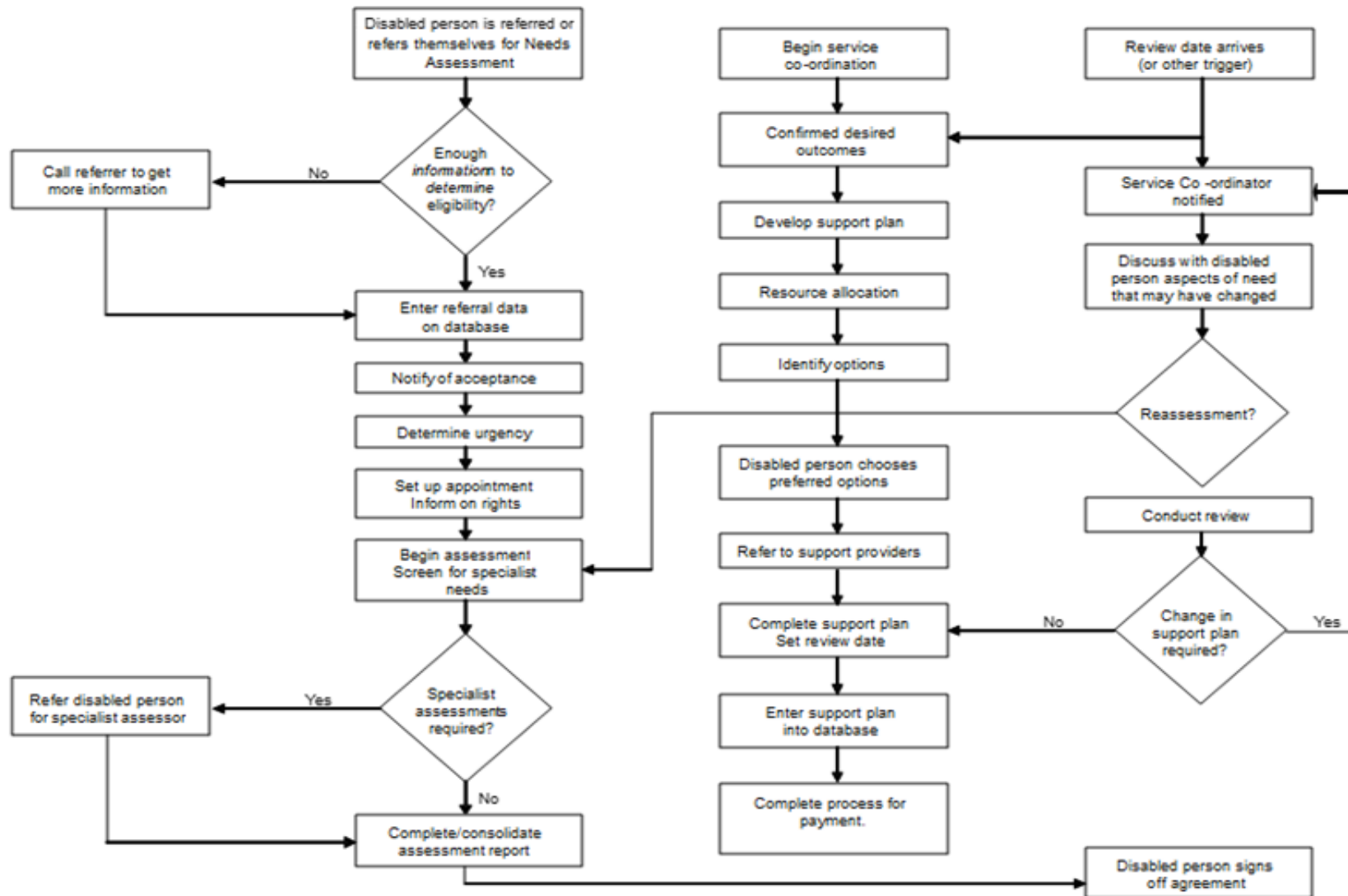
- 92 The Ministry is working with Treasury to ensure the sustainability of Disability expenditure through a joint programme of work (Disability Financial Sustainability Review), with a particular focus on maintaining expenditure within fiscal expectations.
- 93 We will provide you with further briefings on the implications for service change or service delivery in the near term.
- 94 Officials are available to brief you further on any of the matters contained in this report.

Author: Rachel Daysh, Group Manager, System Design. Commissioning, Design and Delivery

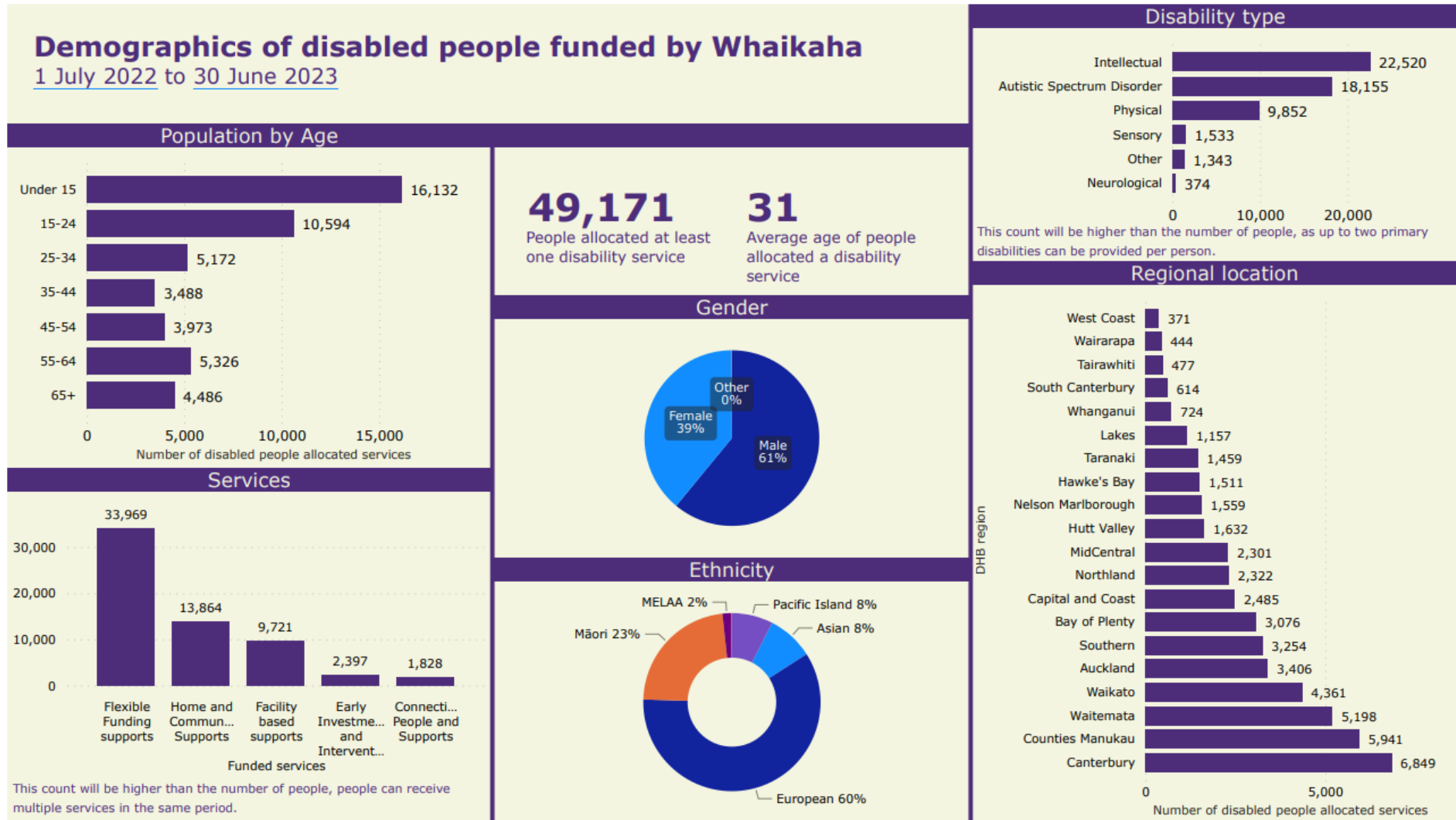
Responsible manager: Amanda Bleckmann, Deputy Chief Executive, Commissioning, Design and Delivery



Appendix 1- The NASC Process



Appendix 2– Demographic overview



Appendix 3– Annual Actuals, Budget, and Full Year Forecast

Whaikaha Non-Departmental Expenditure

	2022/23	2023/24	2023/24
	Full Year Actuals	Full Year Budget	Full Year Forecast
Community Based Support			
6630- Home Support	62.5	65.9	69.2
6631- Personal Care	300.7	338.7	339.9
6632- Enhanced Individual Funding	66.0	75.8	76.1
6635- Caregiver Support	49.3	52.1	58.4
6637- Caregiver Support - Supported Living	90.1	93.9	102.7
6680- Respite Care	96.6	112.2	126.0
Other Community Based Support	26.5	31.2	36.9
Community-based Support Services	691.6	769.9	809.3
Connect & Strengthen Disability Community			
6620- NASC Management Fee	28.9	34.5	34.5
Other Connecting & Strengthening	29.6	38.7	36.6
Connecting and Strengthening Disability Communities	58.6	73.2	71.1
Early Intervention Support Services			
6685- Child Development	31.7	32.7	32.7
6695- Specialist Support	19.1	16.8	17.9
8330- ASD Initiative.	5.7	5.8	5.9
Early Intervention Support Services	56.5	55.4	56.4
Environmental Support Services			
6660- Environmental Support: Mobility and Sensory Aids	213.4	228.5	240.7
Environmental Support Services	213.4	228.5	240.7
Residential Based Support Services			
6640- Residential Care: Rest Homes	9.4	11.4	11.5
6645- Residential Care: Community	853.8	913.2	920.2
6650- Residential Care Hospitals	52.2	60.2	60.9
6654- High and Complex/Compulsory Care	37.1	39.1	39.1
6661- Day Programmes	26.9	25.8	28.8
Other Residential Support	10.2	9.6	12.8
Residential-based Support Services	989.6	1,059.3	1,073.3
Total Expenditure	2,009.6	2,186.1	2,250.8