Disability Support Services

Tier Two Service Specification

- **DSS1029 Specialist Services (Interpreter Services)**
- **DSS1029 Specialist Services (Sensory): Needs Assessment and Service Coordination for Deaf People**
- **DSS160 Disability Information and Advisory Service (National)**

Disability Support Directorate (DSD) Philosophy

The aim of DSD of the Ministry of Health (the Ministry) is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with disabilities can say they live in:

"A society that highly values our lives and continually enhances our full participation."

With this vision in mind, DSD aims to promote a person's quality of life and enable community participation and maximum independence. Services should create linkages that allow a person's needs to be addressed holistically, in an environment most appropriate to the person with disability.

Disability support services should ensure that people with disabilities have control over their own lives. Support options must be flexible, responsive and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

SERVICE SPECIFICATION

DSS1029 Specialist Services (Interpreter Services)

1 Definition

1.1 The Provider will supply all modes of interpretation services, e.g., oral, tactile, and signed English (identified as Interpreting Services) for deaf clients to enable them to access health and disability support services and information fully informed of their rights and responsibilities.

1.2 The Provider will operate a booking system that ensures that deaf clients will have available to them appropriate interpreting services when accessing health and disability support services or information. Once a booking is accepted, the Provider will honour that engagement unless a crisis requires support.

1.3 The Provider will endeavour to meet the needs of as many deaf clients as possible within the resources of this contract. The Provider will prioritise those who this service provides for and will be required to prioritise engagements if they receive more than one request for interpreter services at a particular time.

1.4 The Provider will utilise the services of qualified and experienced interpreters to provide this service. If suitable interpreters are not available, the Provider may utilise the services of trained communicators. Clients must be informed as to the level of experience of the person assigned to assist them.

1.5 The Provider may allocate interpreting services to group forums which they organise so that deaf people and their families/whanau and support people are kept fully informed on health and disability issue.

2 Service Objectives

To ensure that deaf clients can access public health and disability support services and information on equal terms with their peers.

3 Access

3.1 The Provider will ensure access to the service by:

- Distributing clear information about the service to ensure that it is widely known.
- Actioning all referrals promptly and appropriately.
- Having established procedures to deal with people in crisis.
- Ensuring it is accessible to people with disabilities.

- Having simple, efficient, and welcoming entry procedures.

3.2 Referrals to and from the Service

Referrals to the service will be accepted from any source including self-referrals.

3.3 Target Population

The target population is those clients who meet the eligibility criteria and require interpreting services.

3.4 Eligibility Restrictions

People whose needs are addressed through Accident Compensation Corporation (ACC) are not eligible for this service.

4 Service Components

4.1 Hours

The Provider will supply interpreting services during office hours (i.e., 8am to 5pm Monday to Friday). The Provider will also be available to meet clients' needs outside these hours if circumstances require this.

4.2 Location

Within the available resources, the Provider will provide fair and equitable access to services nationally.

4.3 Setting

The Provider will provide this service in the venue appropriate to meeting the needs of the client they are assisting.

4.4 Process

Interpreting services are provided to deaf clients so that they can be fully informed when discussing health and disability information and apply

informed consent when making decisions about accessing health and disability support services.

4.5 Staff

The Provider will employ qualified interpreters and experienced communicators who are able to deal with the technical details of health and disability procedures.

The Provider will ensure that interpreters are able to maintain their skill levels by appropriate in-service training. The Provider will also ensure that communicators are offered every opportunity to become qualified interpreters.

4.6 Equipment and Facilities

The service will have:

- A permanent address.
- Access to vehicles.
- A reliable answering service, guaranteeing prompt, an efficient access for clients wanting to access the services, and an after-hours contact should clients be in a crisis.

The Provider will ensure that they have available information in a format that enables clients to be fully informed on what the service is and what their rights are.

4.7 Administration

The Provider will ensure that they maintain up to date client records. The Provider will ensure that all staff are aware of the requirements of the Privacy Act in managing these records.

The Provider will ensure that appropriate staff are aware of their responsibilities regarding legislation etc.

5 Service Linkages

The Provider will be able to demonstrate links with the following services:

- Cultural Specialists
- Consumer Support Groups
- Advocacy Services

- Health and Disability Service Provider
- Information Services

6 Exclusions

People whose needs are addressed through ACC are not eligible for this service.

7 Quality Requirements

The service is required to comply with the Standard Terms and Condition and the Provider Quality Specifications as set out in this Agreement.

8 Purchase Unit

ID	Description	Purchase Method
DSS1029	Specialist Services (Interpreter Services)	Hours

9 Reporting Requirements

9.1 Reporting Frequency

Reporting is carried out on a six-monthly basis. Note: Narrative reports can be submitted at any time if there are issues that the Provider wishes to raise (e.g., unmet need).

The report for each period is due by the 20th of the month following the end of the period. Delays beyond this date will be notified to the Ministry. The periods for reporting are:

- 20th October (1st April – 30th September)
- 20 April (1st October – 31st March)

9.2 Reporting Requirements

9.2.1 Quantity

- Number of service users who accessed the interpreting service and met the Ministry of Health criteria.
- Number of interpreting sessions completed.
- Number of interpreting hours completed in total.
- Number of interpreters who worked across the Ministry of Health cohort.

9.2.2 Quality

- Percent of new service users accessing the service.
- Percent of repeat service users accessing the service.
- Percent of service users referred to another service to access their interpreting remotely.
- Percent of group interpreting sessions completed which met the Ministry of Health criteria.

9.2.3 Effectiveness

- Number and percent of service users who accessed the interpreting for health-related matters (e.g., doctors, counselling, or another activity which involved the translation of health or disability information and advice).
- Number and percent of service users (who are deaf or hard of hearing) who felt their needs had been met on completion of interpreting.

SERVICE SPECIFICATION

DSS1029 Specialist Services (Sensory): Needs Assessment and Service Coordination for Deaf People

Philosophy Statement

The aim of Disability Services is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

"A society that highly values our lives and continually enhances our full participation."

With this vision in mind, disability support services aim to promote a person's quality of life and enable community participation and maximum independence. Services should create linkages that allow a person's needs to be addressed holistically, in an environment most appropriate to the person with a disability.

Disability support services should ensure that people with impairments have control over their own lives. Support options must be flexible, responsive, and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

Note: Subsequent references in this document to "the person" or "people" should be understood as referring to a person/people with impairment(s).

1 Definition

1.1 The Provider will supply needs assessment for deaf service users which involves consultation with service users, families/whanau, and other significant people to comprehensively identify the needs of individuals, prioritise those needs and then if required, service coordination will empower deaf service user to make choices to assist them in leading independent and productive lives as possible, including the provision of equipment.

1.2 The Provider will supply, as the need is identified, group forums so that deaf people and their families/whanau and support people are kept fully up to date on health and disability issues.

The Provider will designate staff as needs assessors and/or service coordinators who will undertake either or both roles as defined on behalf of the Provider's service users.

2 Service Objectives

2.1 General

To ensure needs are comprehensively assessed and appropriate support services identified.

2.2 Needs Assessment Services

2.2.1 The Provider will supply Needs Assessment in accordance with the Ministry of Health's National Standards for Needs Assessment for People with Disabilities. This will include:

- Easy entry.
- Written policies and procedures followed by all staff.
- A culturally safe process.
- A people orientated process.
- Appropriate people involved in the process.
- Information provided to the person being assessed and managed in a secure confidential manner.
- The outcome of the assessment will be an accurate identification of the service user's needs.

2.2.2 The Provider will complete an initial assessment and, if necessary, a comprehensive assessment. The Provider will coordinate all assessments to enable a service user's needs to be identified. The Provider will carry out such assessment as the skills and training their staff permit. This will include preliminary exploration of vocational options, but, if a specialist vocational assessment is required, every attempt must be made to arrange an appropriate assessment.

2.2.3 Specialist services will be accessed as necessary and may include services already purchased by the Ministry.

2.2.4 At first contact, the Provider will determine if the person is eligible to access the service in accordance with the eligibility criteria included in this service specification. If the person meets the criteria, an appointment must be

made with the person so that within two weeks of first contact, the needs assessment commences.

2.2.5 At the time of first contact, the Provider will ascertain whether the needs assessment is urgent, semi urgent, or non-urgent.

Urgent:

- Intervention is required within twenty-four hours.
- An example of would be to enable a person to access services on discharge from hospital or which will prevent urgent admission to a residential or hospital service.

Semi Urgent: Intervention is required within seven days.

Non-Urgent: Intervention is not required to meet immediate needs.

2.3 Needs Assessment Process

The needs assessment process comprises an initial assessment, a comprehensive assessment, or a reassessment.

2.3.1 Initial Needs Assessment Process

An initial needs assessment involves, but is not limited to:

- Providing the service user with information on:
    - The purpose of a needs assessment.
    - The process of a needs assessment.
    - Rights and responsibilities.
    - Who they can choose to have involved.
- Gathering information from the person being assessed that may affect their support needs which may include:
    - Basic personal information.
    - General description of home situation.
    - Social and support networks.
    - Work/education/leisure/spiritual activities.
    - Any needs currently being met by formal services or informal support.

The Provider will ensure that each service user completes any formal registration process required by the Ministry.

The Provider will identify any previous initial or specialist assessments and ensure that this information, if still valid, is used to prevent unnecessary repetition of assessments.

Based on the initial needs assessment, the Provider will identify with the service user the next step in the process, which can be:

- A comprehensive needs assessment
- A referral to service coordination
- The service user choosing to coordinate their own service or have their family/whanau, advocate, support group do this for them.

2.3.2 Comprehensive Needs Assessment

A comprehensive needs assessment involves but is not limited to an initial needs assessment.

In partnership with the service user, identify the relevant needs from the following list (this is taken from the Specific Guideline 4 in the Standards for Needs Assessment for people with disabilities):

- Personal care.
- Domestic and household assistance or support.
- Vocational and employment.
- Training and education.
- Communication.
- Mobility.
- Rehabilitation.
- Recreational, social, spiritual, and personal development.
- Income.
- Caregiver support.

The Provider will coordinate and arrange any specialist assessments required. It is expected that the Provider will access the Ministry's purchased specialist services. Where the Ministry's purchased specialist services are not available or appropriate, the Provider will purchase these specialist services for the service user:

- Assist the Provider's service user to decide the priority order of need.
- Ensure needs assessment reports are written up in the required manner (Specific Guideline 4 in the Standards for Needs Assessment for people with disabilities).
- Ensure the service user clearly understands the next steps to access services.
- With the service users' consent, pass on all relevant information to the service coordinator or service planner if required.

2.3.3 Reassessment

A reassessment of a service user results from some change in needs requiring reconsideration of the service they receive.

Therefore, if a service user's needs undergo major change or services no longer meet need, then a reassessment is required. The reassessment will either be an initial or comprehensive assessment. The Provider will reassess based on need and not on an annual basis unless there is a valid reason for doing so.

2.3.4 Review

A review of services will generally be done as part of the service coordination service resulting in an adjustment to the level of service provided or a change in provider. It does not include any reconsideration of the service user's clinical needs.

2.4 Service Coordination

2.4.1 The Provider will provide service coordination in accordance with the Ministry guidelines for Service Coordination.

2.4.2 Service Users will be referred to the service coordination service with a completed needs assessment report. Service Users may also access the service coordination service if their current service is not meeting their needs. The service coordinator will, in partnership with the service user, determine the most appropriate course of action which could either be a reassessment or a review of their current service. This will be decided by the complexity of need and what will eventually benefit the service user.

2.4.3 The service coordination process must commence within two weeks of the service users first contact with the service. At the first meeting the service user will:

- Receive full information in a culturally appropriate format about the process and the function of service coordination.
- Receive full written information regarding their rights and responsibilities, including details from Privacy legislation, Personal and Property Rights legislation, Human Rights legislation, Health and Disability Commissioner legislation, Advocacy services and other relevant material, some of which will be available from the Ministry.

2.4.4 In consultation with the service user, and if necessary, their family/whanau or advocate, select a service coordinator to work with the service user during the service coordination process.

2.5 Service Plans

2.5.1 The service coordinator will develop an individualised service plan for each service user. This will be done in collaboration with each individual service user and, if necessary, will involve family/whanau or carer. The process of developing the service plan will:

- Establish eligibility for services.
- Establish eligibility for financial assistance.
- Identify the range of cost effective, quality services that are available and that meet the needs identified and prioritised in the service user's needs assessment report.

2.5.2 The service coordinator will consult with the family/whanau (when this is appropriate, and the service user has been informed) on what informal (unpaid) service they might realistically be able to offer. Services which might be available from outside the family/whanau will also be identified.

2.5.3 The service plan will consist of a description of a comprehensive package of formal and/or informal assistance that may include but is not limited to:

- Informal assistance from family and friends.
- Services from voluntary organisations that are paid from non-Government funds.
- Privately funded purchased services.
- Government funded services including those purchased by the Ministry.

2.5.4 The service plan will indicate who is responsible for accessing the services and/or support identified in the service plan. If the service coordinator has this responsibility, they will assist by:

- Contacting the relevant service provider.
- Negotiating agreed delivery/access times.
- Recording these on the service plans.

2.5.5 The service coordinator will ensure that wherever possible the service user has a choice from a range of service options. When appropriate services are

unavailable the service coordinator and the service user will consider other options. The service coordinator must evaluate the implementation and the suitability of the service plan. This may mean negotiating a change in service provision, a change of provider or linking back to the needs assessment process if required. The Provider will develop procedures that clearly identify when the service users' needs are unmet and continue to be unmet.

2.5.6 The Provider will document the choices identified, discussed and the decision agreed to by the service user.

2.6 Service Users

Service Users are those who meet the eligibility criteria and require a needs assessment. This also includes those Service Users who, having had their needs assessed and prioritised, require the assistance of a service coordinator.

Service Users who meet the eligibility criteria and whose current services are not meeting their needs.

3 Access

3.1 Entry Criteria

3.1.1 Referrals to these services will be accepted from any source including self-referral.

3.1.2 Referrals to associated service will be actioned and coordinated by the needs assessors to the service coordinator as appropriate.

3.1.3 Referrals between the needs assessment process and the service coordination process will be actioned and coordinated as appropriate.

3.1.4 The Provider will ensure access to the service by:

- Distributing clear information about the service to ensure that it is widely known.
- Actioning all referrals promptly and appropriately.
- Having established procedures to ensure that people in crisis are referred to service which can provide immediate assistance.

- Ensuring it is accessible to people with disabilities.
- Having simple, efficient, and welcoming entry procedures.

3.2 Eligibility Restrictions

3.2.1 People whose needs are addressed through ACC are not eligible for this service.

3.2.2 The Provider will establish an effective screening process at the first point contact to ensure that service users presenting to these services are eligible. The Provider will advise those who do not meet the criteria of the appropriate agency they should contact.

3.3 Exit from Services

3.3.1 Needs Assessment

Discharge from needs assessment service will be on completion of the needs assessment report.

Should the service user wish to complain that the needs assessment report does not accurately identify and prioritise their needs, the Provider will have in place procedures to deal with such complaints.

3.3.2 Service Coordination

The Provider will have formal written policies regarding terminations and transfers from the service coordination service.

Discharge can occur any time after the service user, their family and the service coordinator have identified appropriate service and arranged for service to be delivered.

The service user, their support network (if authorised) and/or their family/whanau or advocate if appropriate, may terminate the service coordination at any time. When service coordination is terminated this is recorded with the reason (if any to be noted).

4 Service Components

4.1 Processes

4.1.1 Needs assessment and service coordination is a partnership process.

4.1.2 A needs assessment report should only deal with service user's needs. It should not be influenced by what services are or are not available. To avoid unrealistic expectation of service delivery, the service user should be informed that all needs may not be met at this time.

4.1.3 Service coordination utilises information from needs assessment and together with the service user establishes what support and/or service are required to meet the service user's needs.

4.1.4 Central to service coordination is the ability to integrate access across services and support chosen by service users.

4.1.5 Unmet needs are reported to the Ministry to provide information required for future purchasing of disability support services.

4.2 Staff

4.2.1 The Provider will employ personnel experience in communicating with deaf service users and who understand deaf culture to undertake needs assessment and service coordination.

4.2.2 The Provider will directly employ or contract the service of accredited equipment assessors so that deaf service users can be assessed for equipment.

4.3 Location and Settings

4.3.1 Within the available resources, the Provider will provide fair and equitable access through New Zealand, including rural areas.

4.3.2 Needs assessment and service coordination service will be undertaken in an environment that is comfortable for the service user, most appropriate to their needs and, if possible, in a setting of the service user's choice. Options may include but are not limited to:

- Service user's own home.
- Family home.
- Marae.
- Residential setting.

- Vocational setting.
- Assessment services rooms.

4.3.3 Hours

Need assessment and service coordination service will operate during normal office hours (i.e., 8am-5pm, Monday to Friday). However, these services will be flexible in meeting the service user's needs outside these hours if necessary. This may include evenings and weekends.

4.4 Equipment and Facilities

These services will have:

- Access to vehicles.
- A permanent address.
- A reliable answering service, guaranteeing prompt and efficient access for service users wanting to access the service and an after-hours contact if service users are in crisis.
- The Provider will ensure that their facilities are physically accessible, and that information is available in a format that enables their service users to be fully informed on what services are available and what their rights are.
- The Provider will ensure that they have available or access to all necessary equipment to enable them to provide these services to their service users. This includes access to trial equipment for assessment purposes subject to the respective equipment policy.

4.5 Administration

4.5.1 The Provider will ensure that they maintain up to date service user records. The Provider will also ensure that all staff are aware of the requirements of the Privacy Act in managing those records.

4.5.2 The Provider will ensure that appropriate staff are aware of their responsibilities regarding legislation etc.

4.6 Key Inputs

If the needs assessment process identified that specialist consultations are required, the Provider will assist their service users to access these at the earliest opportunity.

5 Service Linkages

The Provider must be able to demonstrate links with the following services:

5.1 Needs Assessment

- Cultural specialists.
- Consumer support groups.
- Advocacy services.
- Interpreters.
- Community organisations.
- Home based support services.
- Workbridge.
- Educational institutions.
- Group Special Education.
- Disability information centres.
- Children's and Young Persons service.
- GPs.
- Health Services.
- Work and Income.

5.2 Service Coordination

In addition to the above:

- Community Housing
- ACC
- Accredited Equipment Assessors
- Service providers

6 Exclusions

Not applicable.

7 Quality Requirements

The service is required to comply with the Standard Terms and Conditions and the Provider Quality Specifications as set out in Agreement as applicable. The following specific quality requirements also apply.

9 Purchase Unit

The following purchase units apply to this service:

ID	Description
DSS1029	Specialist Service Sensory (Needs Assessment and Service Coordination)

10 Reporting Requirements

10.1 Reporting Frequency

Reporting is carried out on a six-monthly basis. Note: Narrative reports can be submitted at any time if there are issues that the Provider wish to raise (e.g., unmet need)

The report for each period is due by the 20th of the month following the end of the period. Delays beyond this date will be notified to the Ministry. The periods for reporting are:

- 20th October (1st April – 30th September)
- 20 April (1st October – 31st March)

10.2 Reporting Requirements

10.2.1 Quantity

- Number of assessments completed.
- Number of Service Action Plans developed.

10.2.2 Quality

- Percent of assessments completed within three working days.
- Percent of Service Action Plans developed within fifteen working days.
- Percent of service users who completed a survey.

10.2.3 Effectiveness

- Number and percent of service users who disengage from the service without achieving their goal.
- Number and percent of service users who say they achieved their goal.
- Number and percent of service users who report:
- Less than 50% overall positive feedback on completion of service.

- Between 50% and 70% overall positive feedback on completion of service.
- More than 70% positive feedback on completion of service.

SERVICE SPECIFICATION

DSS160 Disability Information and Advisory Service (National)

DSS Philosophy Statement

The aim of Disability Services (OS) is to build on the vision contained in the New Zealand Disability Strategy (NZDS) of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

"A society that highly values our lives and continually enhances our full participation."

With this vision in mind, disability support services aim to promote a person's quality of life and enable community participation and maximum independence. Services should create linkages that allow a person's needs to be addressed holistically, in an environment most appropriate to the person with a disability.

Disability support services should ensure that people with impairments have control over their own lives. Support options must be flexible, responsive, and needs based. They must focus on the person and where relevant, their family and whanau, and enable people to make real decisions about their own lives.

Note: Subsequent references in this document to "the person" or "people" should be understood as referring to a person/people with impairment(s).

New Zealand Disability Strategy

The goals of OS link to the New Zealand Disability Strategy released on 30th April 2001. The aim of the strategy is to eliminate barriers that prevent or reduce the participation of people with disabilities in their communities and New Zealand society. These barriers range from the physical, such as access to facilities, to the attitudinal, due to poor awareness of disability issues.

The vision of the strategy is to create a society that highly values the lives of people with disabilities and continually enhances their full participation in all aspects of life. The Government has developed fifteen objectives to meet this vision. They are:

1 Encourage and educate for a non-disabling society.
2 Ensure rights for disabled peopled.

3 Provide the best education for disabled people.
4 Provide opportunities in employment and economic development for disabled people.
5 Foster leadership by disabled people.
6 Foster an aware and responsive public service.
7 Create long-term support systems centred on the individual.
8 Support quality living in the community for disabled people.
9 Support lifestyle choices, recreation, and culture for disabled people.
10 Collect and use relevant information about disabled people.
11 Promote participation of disabled Māori.
12 Promote participation of disabled Pacific peoples.
13 Enable disabled children and youth to leave full and active lives.
14 Promote participation of disabled women to improve their quality of life.
15 Value families, whanau, and people providing ongoing support.

Treaty of Waitangi

The Treaty of Waitangi is New Zealand's founding document, and the Government is committed to fulfilling its obligations as a Treaty Partner. All the objectives outlined in the New Zealand Disability strategy apply to Māori people with disabilities. Additionally, Objective 11 specifically promotes opportunities for Māori people with a disability to participate in their communities, access disability services, and receive an equitable level of resource that is delivered in a culturally appropriate way.

1 Definition

1.1 A Disability Information and Advisory Service is a service that provides accurate, independent, and objective information and/or advice to people with disabilities their families, whanau, caregivers, providers and the general public.

1.2 Information and/or advice will be about the nature of a specific disability or disability in more general terms and its impacts on the everyday life of the person with a disability, their family/whanau. Additionally, information and/or advice will be about the disability support services available and how a person with a disability would access them.

2 Objectives

2.1 New Zealand Disability Strategy

For these Service Specifications, the provision and delivery of Disability Information and Advisory Services will be guided by the DSD philosophy and goals, the fifteen objectives of the New Zealand Disability Strategy, and the Government's commitment to Māori people with a disability. The objectives specific to this service specification are:

- 6.4 - To improve the quality of information available, including where to go for more information, the services available and how to access them; and
- 15.3 - Provide education and information for families with disabled family members.

2.2 General

2.2.1 The objective of the service is to contribute to the improvement of the health and wellbeing of people with a disability, be responsive to their needs, and provide access to:

- Accurate, independent, and objective information and/or advice about a specific disability or disability in general terms.
- Accurate, independent, and objective information about disability support services.

2.2.2 The service will assist people with a disability to make informed decisions around issues such as:

- Equipment and environmental support.
- Culturally appropriate services.
- Self-management of a specific disability and disability in general terms.
- Maximising function and independence related to disability.
- Reducing risk factors and prevention of further disability.

2.3 Māori Health

The service will:

- Ensure there are no barriers to Māori seeking Disability Information and Advisory Services.

- Collect and report the number of Māori who access the service, evaluate the appropriateness of the information to Māori and its delivery to Māori (annual reporting).
- Provide Māori Health Providers with Disability Information and Advisory services available to Māori people with disabilities.
- Encourage Māori staff and volunteers to deliver Disability Information and Advisory Services to Māori people with disabilities.

3 Service Users

The service will provide accurate, independent, and objective information and/ or advice to people with a disability and their families/whanau, caregivers, providers, and the general public.

The Ministry of Health defines a person with a disability as *"a person who has been assessed as having a physical, psychiatric, intellectual, sensory or age-related disability"* (or a combination of these) which:

- Is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required; and
- Is not due to personal injury by accident for which eligibility for cover and entitlement has been confirmed under the AI (Accident Insurance Act); and
- Irrespective of whether that person is receiving Personal Health Services.

4 Access

The service must be accessible to all people. This includes the National Office and its regional societies/branches:

- There are no exclusions or barriers to this service.
- People can enter or exit this service whenever they choose.

5 Service Components

The Ministry of Health will fund the provision of Disability Information and Advisory Services through this national contract.

This will be achieved by the service responding to:

- Requests for information (telephone).
- Requests for information (face to face visits).
- Requests for information (fax).
- Requests for information (e-mail) and/or the provision of:
    - Newsletters - Must be in an easy-to-read format.

- Pamphlets - Must be in an easy-to-read format.
- Seminars - Must be in an easy-to-understand format or whatever is appropriate for the service.

5.1 Key Inputs

Training of staff and volunteers to coordinate, manage and deliver Disability Information and Advisory Services to people with a disability and their families, whanau, caregivers, and the general public.

5.2 Service Delivery

Service delivery will be by the regional societies/branches who will:

- Deliver the services in an accessible format and in a way that meets the needs of the person with a disability.
- Provide data to the Provider (National Office) to meet the monitoring requirements, they will:
  - Administer coordinate and monitor the services at a national level.
  - Develop policies and procedures to meet the quality and reporting requirements of this contract.

6 Service Linkages

The service will maintain working relationships with other service providers and community agencies. Common service linkages for this service are:

- The Ministry of Health.
- Needs Assessment and Coordination Services (NASC) in different regions.
- Other Disability Information and Advisory Services.
- Other disability support services.
- Disability and consumer groups.
- Hospital Services, District Health Boards.
- Primary health care services (i.e., medical centres).
- Day activity/vocational/educational services.
- Department of Work and Income New Zealand.
- Workbridge/supported work and other employment programmes and the Ministry of Education.
- Other services related to the culture(s) of people for the purpose of information sharing, support, and referrals.
- Māori coordinator or advisor - Iwi social and community services, support groups, and social service organisations.

7 Exclusions

Not applicable.

8 Quality Requirements

The service is required to comply with the Ministry of Health (MoH) standard terms and conditions. In addition to the standard terms and conditions in this contract, the following specific quality requirements will also apply.

The service is expected to:

- Be accessible.
- Disability culturally appropriate to people with a range of disabilities as appropriate.
- Be client focussed.
- Promote and actively encourage clients to maximise their independence.
- Acknowledge and value the involvement of volunteers, employees, executive committee members.
- Acknowledge and value the involvement of family/whanau in the provision of support.

8.1 Acceptability

A person accessing the service will receive the following:

- An understanding of the information provided about a specific disability, disability in general terms, and disability support services.
- Respect for privacy - Client information is collected and used in accordance with the Privacy Act Rights as consumers. Client rights are respected, and these rights are to be outlined to them on a regular basis.
- Complaints process - Clients are informed of the documented complaint's process.
- Opportunity for feedback - Client feedback is invited in several ways at regional and national levels (i.e., client satisfaction surveys).
- Quality improvement processes and procedures in place to ensure the rights of clients are understood and upheld.

8.2 Effectiveness

The provider (national office) and services (regional branches/societies) adhere to quality plans outlined by the Ministry of Health including the following:

- Staff and volunteers are competent and employed based on appropriate skills.
- Staff and volunteers receive adequate training and support.
- Statistical information is collected, organised, and used in a manner that meets the requirements of the Privacy Act 1993.
- Client satisfaction surveys are done annually.
- Service delivery is evaluated annually.
- Client groups are involved in planning for service provision.

9 Purchase Units and Reporting Requirements

The Service will report to the Ministry of Health at six monthly intervals using the attached Performance Monitoring Template on the reporting requirements detailed below. The following purchase units and reporting requirements apply to this service.

ID	Description
DSS160	Disability Information and Advice

9.1 Reporting Requirements

9.1.1 Quantity

- Number of enquiries.
- Number of all enquiries for deaf or hard of hearing disability information and advice.
- Number of all enquiries from a deaf or hard of hearing person.

9.1.2 Quality

- Percent of enquiries where the service user was referred to another hearing service.
- Percent of enquiries resolved within in the first contact (i.e., no further action required by Deaf Aotearoa Holdings Limited).
- Percent of enquiries requiring further action by Deaf Aotearoa Holdings Limited.

9.1.3 Effectiveness

- Number and percent of service users (who are deaf or hard of hearing) who completed the "three question survey".
- Number and percent of deaf or hard of hearing who felt their needs had been met on completion of enquiry.

9.2 Reporting Frequency

The report for each period is due by the 20th of the month following the end of the period. Delays beyond this date will be notified to the Ministry. The periods for reporting are:

- 20th October (1st April – 30th September)
- 20 April (1st October – 31st March)