Final

A Developmental Evaluation Report for Flexible Disability Supports (FDS) and Community Residential Services

**Contracts:**

Provider name: Ngāti Hine Health Trust

An Enabling Good Lives (EGL) Principles based and outcomes focussed framework for Developmental Evaluation

## Report structure

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## General Information

* **Date evaluation completed:** 14 January 2021
* **Date evaluation report sent to the provider:**.27 January 2021
* **Date evaluation report signed off:** 29 January 2021
* **Names of evaluators/report writers:** Gary Williams and Julie Senescall

About the provider

* **Provider number:**
* **Provider address: Torongare**: Level 1, 5 Walton Street, Whangārei, 0140

**Hineamaru:** 2/4 Rayner Street, Kawakawa, 0210

* **Evaluation venue:** Te Timatatanga, 73 Main Road, Moerewa
* **Provider contract person:** Ngaire Heta, Quality Assurance
* **Brief description of service:** Ngāti Hine provides services in the Northland region, with contracts in health, justice, education, housing and social services.
* **Number of disabled people:** XXXX
* **Brief description of the disabled people (demographics):** There are XXXX aged between XXXX and XXXX years living at Te Timatatanga whare.

# **Executive summary**

Ngāti Hine Health Trust (NHHT) delivers a comprehensive range of options for tangata and whānau that includes social, disability, education and media services in the Northland region. This is built upon the Whānau Ora outcomes framework and is ‘whānau focussed’. NHHT services in the Northland region include Hauora Whanui, Maiaorere, Matauranga Whanui, Whānau Whānui and Radio Ngātihine FM.

Maiaorere services include Disability Support and Home Support. Disability Support offers residential support at three homes – Te Piringa and Kiripaka in Whangarei and Te Timatatanga in Moerewa. There is also a Korikori, ā iwi weekly activity day programme in Whangarei.

Ngāti Hine’s vision statement is:

*To empower whānau to find their voice, steady their footing and advance their well-being.* (Te Rautaki O Ngāti Hine Health Trust (2018-2030)

Ngāti Hine has been in the process of a restructure in the last two years. The new structure is described as a ‘flatline structure’ with a move to working in ‘hubs’. This has impacted on roles and responsibilities. The Team Leader at Te Timatatanga took on the role during the time of the restructure.

Te Timatatanga Whare is located adjacent to the main road through Moerewa. The Hineamaru office in Kawakawa has a Maiaorere home support office.

XXXX live at Te Timatatanga whare and XXXX of them have lived there for over XXXX years. The men are described as living together compatibly and happily in their whare and community. All of the men have a high level of support needs, which include visual and hearing loss and mobility support. One man is described as having deteriorating health needs. The youngest man moved there nearly XXXX years ago and the adjustment was described as challenging for him but with support by kaimahi his behaviour is described as more settled. However, safety concerns were raised and the current gate-locking system is in the process of being assessed by Health and Safety. The Evaluation Team encourage the service to resolve this, alongside an assessment of the current staffing levels in the whare acknowledging the ‘busy times’ and the very high support needs of the men.

The men attend a day programme three days a week which includes Korikori in Whangarei and the MINDS programme in Moerewa. They have access to a van to transport them to their weekly activities. A double garage located on the property at Te Timatatanga is also used as a space for day activities.

The whare is owned by NorthCorp which is part of the Ngāti Hine organisation.

We heard that there has been long-term kaimahi in the home including the House Manager. There are four permanent kaimahi and one casual kaimahi. Most of the kaimahi live locally and have strong connections to the community.

**Strengths**

* A committed kaimahi team who are caring and supportive of the tangata.
* A supportive and effective Team Leader at the whare.
* The implementation of effective strategies for improving communication for two of the men with vision and hearing loss.
* Positive whānau feedback on support for the tangata in the home.
* The valued roles of the tangata within the home e.g. kaumatua.
* The tangata have strong community connections and support.
* The support of the tangata and whānau during Covid.
* The observed progress of one man who recently moved to the whare through dedicated and consistent support.

**Areas of Development / Consideration**

* Assess the safety of one of the tangata living at the whare and the need for an appropriate front gate and effective strategies for support.
* Evaluate current staffing in the whare to ensure safety for tangata and kaimahi and opportunities for 1:1 support.
* Upgrade of the shower facility in the bathroom area to resolve issues with mould and damage.
* Implement regular swimming options for one of the tangata.
* Update Home Agreements to meet MoH requirements.
* A focus on EGL (Enabling Good Lives) principles including training and upskilling.

**Requirements and Recommendations**

There are no requirements in this report.

There are six recommendations in this report.

# **Feedback from disabled people and families**

In the current service the disabled tangata were unable to participate in the survey.

**Number of people interviewed (in total)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | People | Families | Staff | Management |
| No |  | 2 | 2 | 6 |

## Survey results: Summary findings

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of people surveyed | Total number of people using the service | Percentage of the total number of people using the service who were surveyed |
| Disabled people |  | 4 | 0 |
| Family, whānau, guardian (as proxy for disabled person) |  |  |  |
| Family, whānau, guardian (for themselves) |  | 4 | 0 |
| Total |  |  |  |

**Disabled people survey: Summary findings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total number of responses in each category | | | | | |
| Question | Not answered | Yes / totally | Mostly | Okay / so so | Not really | No / never |
| 1. I feel supported to try new things. |  |  |  |  |  |  |
| 2. I feel supported to enjoy and explore my culture in a way that I choose. |  |  |  |  |  |  |
| 3. I choose what happens in my day. |  |  |  |  |  |  |
| 4. I can get help, information or support if I need it. |  |  |  |  |  |  |
| 5. Paid support workers are reliable and consistent. |  |  |  |  |  |  |
| 6. I have a network of people who support me. |  |  |  |  |  |  |
| 7. I feel safe and secure. |  |  |  |  |  |  |

* It was not appropriate to survey the people in this service.

**Disabled people survey: My wellbeing summary results (Cantril ladder)**

|  |  |
| --- | --- |
| Response | Number of people who responded with this score |
| 0. Represents the **worst possible life for you** |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. Represents the **best possible life you can have** |  |

* It was not appropriate to survey the people in this service.

**Family and whānau survey: Summary findings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total number of responses in each category | | | | | |
| Question | Not answered | Yes / totally | Mostly | Okay / so so | Not really | No / never |
| 1. I feel my feedback and views are valued. |  |  |  |  |  |  |
| 2. I feel my family member is supported to explore and enjoy their culture in a way that they choose. |  |  |  |  |  |  |
| 3. I can access all the information I need about support services for my family member. |  |  |  |  |  |  |
| 4. In general, I believe my family member / friend / partner/ spouse is safe. |  |  |  |  |  |  |
| 5. Paid support workers are reliable and consistent. |  |  |  |  |  |  |
| 6. Overall supports for my family member work well. |  |  |  |  |  |  |
| 7. My family member is supported to have dreams and plans to build the life they want. |  |  |  |  |  |  |

**Family and whānau survey: My wellbeing summary results (Cantril ladder)**

|  |  |
| --- | --- |
| Response | Number of people who responded with this score |
| 0. Represents the **worst possible life for you** |  |
| 1.[[1]](#footnote-1) |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. Represents the **best possible life you can have** |  |

* It was not appropriate to survey families in this service. Two family members were spoken to by phone.

# **Outcomes for disabled people**

1. **My identity / Tuakiri**

High level outcome: My contribution is valued

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area[[2]](#footnote-2)** | | Good practice evident |
| **1.1** | **My culture, beliefs and preferences are supported** | |
|  | Te Timatatanga is a Kaupapa Māori service. The men living in the whare are Māori and supported by Māori kaimahi. Māori tikanga forms the basis of the tangata support and is the focus of the wider Ngāti Hine organisation. One of the older men has the role of kaumatua in the home.  Each tangata’s personal story is known and understood and acknowledged by kaimahi. | |
| **1.2** | **My family and whānau are valued** | |
|  | Whānau are valued and involved as much as they choose in the lives of the men. Whānau spoke of being able to visit the whare whenever they choose and taking part in events and celebrations.  Covid was considered a difficult time for whānau who might normally have visited their whānau member. We heard, however, that kaimahi kept in regular contact and that communication was effective and supportive at this time. | |
| **1.3** | **I am understood** | |
|  | We commend the Team Leader for the work they and other kaimahi have done in seeking support for the communication needs of the tangata. We heard about and observed techniques that had been learnt and implemented with the support of Talklink and BLENNZ (Blind Foundation). Tactile objects are utilised by one man to support his communication. The kaimahi indicated they are learning new communication strategies alongside the tangata and this includes NZ Sign Language (NZSL). We were impressed to see one of the tangata lead the karakia using sign language supported by kaimahi. | |
| **1.4** | **My mana is acknowledged, upheld and enhanced by my contact with support** | |
|  | The tangata were observed to be valued members of their community and cared for and supported by kaimahi.  The Evaluation Team, however, observed that the men in their pyjamas at 4.30pm in the afternoon. This would not be considered ‘mana enhancing’ (Whāia Te Ao Mārama 2018-2022, Enabling Good Live Principles) or in line with ordinary life experiences and outcomes (EGL).  The Evaluation Team note that this appears to be the part of a wider issue where the kaimahi are single staffed at this busy time in the afternoon and evening and providing support for the tangata which includes individual showers, dinner preparations and support at meal times while ensuring that all the men are safe and well cared for. All the men have high support and health needs and require full support for their personal care. The Evaluation Team believe it important that staffing levels are appropriate to the support needs and safety of the men and safety of kaimahi (see paragraph 6.1). | |
| **1.5** | **Entry is Easy[[3]](#footnote-3)** | |
|  | Ngāti Hine has a process that tangata and whānau follow when entering the service (Maiaorere Policy Manual 2021). | |

**Recommendation** N/A

1. **My authority / Te RaNgātiratanga**

High level outcome: I can exercise choice and control

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Good practice evident |
| **2.1** | **I make choices about my life[[4]](#footnote-4)** | |
|  | The Evaluation Team heard that the men are encouraged to make choices in their daily activities. The day programmes offer opportunities for the men to choose what they enjoy and kaimahi observe preferences. The men attend Korikori in Whangarei and the Minds programme through the week. They also spend time in the converted garage on the property which has activities they enjoy taking part in, including music, craft and dance.  We noted that the men have preferred seating in the whare and their bedrooms are decorated and personalised with posters, photos, stereos and mementos that were meaningful to them.  We heard that the men ‘love good cooking’ and that the kaimahi cook meals that they enjoy.  The Evaluation Team commends kaimahi on the positive way they spoke of the men and especially noted their focus on the progress of one of the younger men and his need to experience more independent living options in the future.  The whānau of one of the men spoke of his love of water, swimming and water activities and their desire for him to have this opportunity on a regular basis. Kaimahi discussed the opportunity for this and possible accessible pools (with a hoist) in the local community and Whangarei. | |
| **2.2** | **I choose and realise personal goals** | |
|  | The current goal setting and personal planning had some individual focus but very little ‘aspirational’ content. The goals tended to focus on the ‘everyday’ activities that the men are involved in. The current personal goals are described under the following headings, Whānau oranga, whānau manaaki, whānau taki, whānau Motuhake and whānau kaitiakitanga.  Each of the men has a ‘key person’ who is involved in their personal planning and goals. | |
| **2.3** | **I** **make decisions about my daily life** | |
|  | Te Timatatanga whare is owned by Northcorp which is part of the wider Ngāti Hine organisation. Each of the men has a ‘home agreement’; however, areas of the agreement were missing and should be in line with the following:  *An individual home agreement is in place stating rights & responsibilities, fees payable, services provided, date of commencement, planning & funding of holiday arrangements, purchase of any “shared” items etc. The agreement must say how the residential subsidy portion of the service user’s WINZ benefit will be paid to the Provider, the amount that is left to be retained by the service user & what goods and services are the service user’s responsibility to fund with that portion of their WINZ benefit (SS 5.5 AHSS (c)).*  The whare has regular health and safety checks and maintenance. We heard and observed that the whare is in need of an updating in the kitchen, bathroom and living areas. We also note that kaimahi currently sleepover in the lounge area which is the only current option for kaimahi and not ‘ideal’ given this is the tangata’s living space. It was also noted that the tangata enjoy spending time in the outdoor areas and some take part in gardening. The kaimahi we spoke to indicated an interest in building a ‘sensory garden’ and having a seated area where the tangata could spend quiet time outside. The garden planter boxes are in need of replacement or repair. We were advised that the service is committed to maintaining the property and the Ngāti Hine CEO advised that there is a future aspiration to provide new whare to replace the current ones including Te Timatatanga. | |
| **2.4** | **Supports are highly tailored to my needs[[5]](#footnote-5)** | |
|  | The Evaluation Team heard that the men received some 1:1 support during the week when they attended their day programmes but the Evaluation Team heard there was generally one kaimahi rostered to support all four men during shifts (see paragraph 1.4). This affects their opportunity to experience 1:1 support and take part in activities that are individualised. | |

**Recommendation:**

* Provide the opportunity for one of the men to attend regular swimming activities (paragraph 2.1).
* Home agreements completed as required by Ministry of Health guidelines (paragraph 2.3).

1. **My connections / Te Ao Hurihuri**

High level outcome: I have positive relationships

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Good practice evident |
| **3.1** | **I am part of the community[[6]](#footnote-6)** | |
|  | The Evaluation Team heard that the tangata are strongly connected to the community of Moerewa. Two of the tangata have lived in the home for a number of years and the kaimahi live locally. We heard examples of the support the community have provided and how the local community looks out for one another. An example that was given was when one of the men stumbled while using his walker on the footpath. Two local men who knew him stopped their van and came to his aid and ensured that he would be ok.  One of the men regularly visits his iwi urupa and is supported in this by his kaimahi.  The men are involved in shopping locally and in local activities.  We heard that the “whare is part of the community’. | |
| **3.2** | **I have relationships with others that are important to me (I associate with people and networks of my choosing)**[[7]](#footnote-7) | |
|  | The tangata attend the KoriKori day programme in Whangarei once a week and connect with people from the other houses (Kiripaka and Te Piringa) then. We also heard that they in turn visit Te Timatatanga and there are regular events and activities that include the men within the wider organisation.  Kaimahi note that the tangata are very compatible and two of the tangata are good friends and like to spend leisure time together. | |

1. **My wellbeing** **/ Hauora**

High level outcome: I am happy and healthy; I have rights and protection

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Development recommended |
| **4.1** | **I have the best possible health and wellbeing[[8]](#footnote-8)** | |
|  | The Evaluation Team heard that the men have three monthly health checks and access to local doctors. The wider Ngāti Hine organisation employs a number of medical kaimahi.  We heard that kaimahi in the home closely observe the men for any health issues. One man has renal issues and a catheter that must be managed. We noted the sensitive and caring approach by kaimahi in relation to this.  One of the men who is described as being XXXX had previously been fitted with XXXX His file notes state that he did not like to XXXX at the time. The Evaluation Team suggests that it may be appropriate to re-look at this again now that the man is older and given the possible difference it might make for his communication and future choices.  Another man has XXXX and is supported by kaimahi with regular doctor’s visits and monitoring of his health.  We heard that one of the men uses a XXXX but his physical health has deteriorated and he occasionally uses a XXXX. We suggest that an assessment is sought through an occupational therapist to ensure that he has the best possible equipment for his needs.  Each of the men has a ‘Care Plan’ in their personal files which outlines their health support needs.  The Evaluation Team heard that Ngāti Hine was very active in the Northland region in supporting people during Covid. The tangata at Te Timatatanga were also well supported and kept in contact with their whānau. | |
| **4.2** | **I am safe** | |
|  | The Evaluation Team noted that given the significant, varying and ‘high’ needs of the men, there did not appear to be appropriate staffing to meet their needs at times of high support (e.g. mealtimes, showering, personal care, individual activities) (paragraph 1.4 and paragraph 6.1).  All men have up to date ‘service authorisations’ completed by the needs assessor, NorthAble, that state they have ‘very high needs’.  One of the men has received support to manage his challenging behaviours. He had been known to leave the property and had issues that were part of transitioning and settling into his new home. He is described as XXXX and having no XXXX. The kaimahi have worked effectively with him to help him get to know and understand his living environment and to support his communication and learning. We heard that he is now more settled but note that he continues to be very active and kaimahi need to be aware of his whereabouts at all times. This has an impact on his safety in the home and surrounding area as the home is located near a busy main road.  We note the kaimahi concern about safety resulted in the front gate being padlocked to prevent this man leaving the property and because the van had been stolen in the past. We understand that the Health and Safety Manager is exploring appropriate options regarding the gate system at Te Timatatanga whare. We refer to the Maiaorere policy on a *safe external environment* and a focus on outdoor areas and fencing of the property.  There is one bathroom space in the home for all four men and kaimahi who are present. The shower area has a shower chair for the men who have mobility needs. The shower itself in in need of repair and in its current state is prone to mould. We note that there have been requests by kaimahi to fix this area and encourage this to be completed. We were assured by the CEO and the Financial Manager that maintenance and repair is a high priority for the whare.  We encourage the service to focus on safe staffing levels in the home as described in paragraphs 1.4 and 6.1.  We heard that the kaimahi in the whare are in the process of updating their first aid certificates.  All kaimahi at Te Timatatanga are doing Careerforce training at level three and above. | |

**Recommendation:**

* Upgrade of the shower facility in the bathroom area to resolve issues with mould and damage (paragraph 4.2).
* Assess the safety of one of the tangata living at the whare and the need for an appropriate gate and effective strategies for support (paragraph 4.2).

1. **My contribution** **/ Tāpaetanga**

High level outcome: I belong, contribute and am valued

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Good practice evident |
| **5.1** | **I can contribute to my community and society** | |
|  | One of the men has the role of kaumatua within the whare and is supported by kaimahi. We heard that the men are involved in regular events and activities in the local community and are transported to activities using the whare van.  Enabling Good Lives Principles and training (EGL) was discussed with the Quality Manager with a view to incorporating this as part of kaimahi training and discussion. This fits alongside Whāia Te Ao Marama (The Maori Disability Action Plan) 2018-2022 and NHHT Whānau Ora approach. | |
| **5.2** | **I am involved in service development** | |
|  | The Evaluation Team heard that there is regular ‘hui’ and involvement with stakeholders.  The service implements regular surveys to gauge whānau feedback and whānau spoken to indicated they had been asked for feedback in the past. The Evaluation Team did not hear of recent consumer or whānau surveys. The Maiaorere Policy Manual has a satisfaction survey/feedback survey process with the aim to gather individual/ whānau feedback every six months. | |

**Recommendations:**

* A focus on EGL (Enabling Good Lives) Principles including training and upskilling (paragraph 5.1).

1. **My support** **/ Taupua**

High level outcome: I have what I need

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Development desirable |
| **6.1** | **I am able to choose my support, who supports me and how I am supported** | |
|  | See paragraphs 1.4 and 4.2. The Evaluation Team noted that current staffing levels do not meet the high support needs of the tangata living in the whare. This is especially apparent during times when kaimahi are supporting the men in their personal care including showering, mealtimes and on outings and for individualised activities.  The relationship between the tangata and kaimahi was observed to be valuing, supportive and caring and this was also confirmed by the whānau we spoke with. | |
| **6.2** | **I can have my say (I can express my views and have them listened to)[[9]](#footnote-9)** | |
|  | The Evaluation Team observed the ‘complaints process’ and strategies for responding to complaints.  The service is in the process of updating its client management systems to a format where documentation will be entered and accessed online. | |
| **6.3** | **I monitor and evaluate the support provided[[10]](#footnote-10)** | |
|  | Whānau spoken to indicated they felt listened to and were positive about the communication they received from the service. We heard that the service was supportive and responsive to whānau during Covid and this was appreciated. | |
| **6.4** | **I have a relationship of shared power in the planning process[[11]](#footnote-11)** | |
|  | See paragraph 6.3. | |

**Recommendation**

* Evaluate current staffing in the whare to ensure safety for tangata and kaimahi and opportunities for 1:1 support (paragraph 6.1).

1. **My resources** **/ Nga Tūhonohono**

High level outcome: I am developing and achieving

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Development desirable |
| **7.1** | **I have information about my funding** | |
|  | The Evaluation Team heard that the men’s funding is managed by the service and whānau. The Maiaorere Policy Manual outlines policy on ‘Handling services user’s finances’. It states:  *The NHHT ensures that service user finances are properly safeguarded, recorded and accounted for on receipt and return, protecting the interests of the services users and staff.* | |
| **7.2** | **I have choices about how my funding is managed[[12]](#footnote-12)** | |
|  | See paragraph 7.1. | |

# **Organisational Health[[13]](#footnote-13)**

Measured against the Social Sector Accreditation Standards.

# **Value for money[[14]](#footnote-14)**

Value for Money considers how well funding is targeted to achieving outcomes for disabled people and families.

|  |  |  |
| --- | --- | --- |
| **Overall rating for value for money area** | | Development desirable |
| **9.1** | **Supports are targeted to improve outcomes for disabled people** | |
|  | See paragraph 6.1. We encourage the service to consider ways in which they can improve staffing levels and support for the men. All of the men have a NASC service authorisation that assesses their support needs as ‘very high’. | |
| **9.2** | **Supports are targeted to improve outcomes for Māori** | |
|  | A Kaupapa Māori service. | |
| **9.3** | **Supports are responsive to changing needs and intervening early** | |
|  | The Evaluation Team heard that the man who most recently entered the whare was given transition support funding.  As noted in paragraph 6.1, a focus on improved staffing levels would enable greater opportunity for 1:1 support. | |
| **9.4** | **Disabled people are supported to make decisions about changes to their support plan** | |
|  | N/A | |

# **Equity[[15]](#footnote-15)**

Considering all previous domains:

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Good practice evident |
| **10.1** | **General observations on how the organisation demonstrates commitment to improving equity and the outcomes achieved** | |
|  | See paragraph 5.2. | |

# **Enabling Good Lives[[16]](#footnote-16)**

Considering all previous domains:

|  |  |  |
| --- | --- | --- |
| **Overall rating for outcome area** | | Development Recommended |
| **11.1** | **General observations on how the organisation delivers supports according to the vision and principles of Enabling Good Lives** | |
|  | See paragraph 5.1. | |

1. **CORRECTIVE ACTIONS IDENTIFIED DURING THE CERTIFICATION PROCESS[[17]](#footnote-17)**

**1) Corrective Action:**  In reviewing files there was a lack of EPOA records on file, although staff accepted instructions from whānau for tangata. The staff reported they believed these were archived.

**2) Progress:** Whānau of two of the men are in the process of going through the legal process for EPOA for their whānau member. The Evaluation Team heard that the Team Leader was involved in contacting whānau and this was a difficult, expensive and complicated process for some.

**3) Evidence:** One signedEPOA document was sighted for one of the men in the home.

**4) Suggestion:** Follow up with whānau.

**Note that this Corrective Action was the only one deemed by the provider that related to Te Timatatanga.**

1. **Response to the draft report from the provider**

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# **Appendix 1: Information about this report**

## Purpose

The developmental evaluation aims to provide information about service practices and the quality of life of people using services. It identifies positive and innovative approaches occurring within the service. It also promotes ongoing learning and continuous improvement. This evaluative approach will include the perspectives of a range of stakeholders, with the outcomes for disabled people being central, and take into account wider influences within the community and the health and disability sector.

## Methodology

The following standards, agreement and principles are utilised in developmental evaluation:

* the Ministry of Health Developmental Evaluation Tool based on the Enabling Good Lives Principles
* the 2018 Non-residential DSS Provider Quality and Service Specifications
* Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan.

The methodology is consistent with:

* The Enabling Good Lives Principles
* Partnership
* Participatory Citizenship
* Equity.

The Developmental Evaluation enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one disabled person or family member as a Team Leader or Team Member.

Team Leaders and Team Members receive comprehensive training in developmental evaluation approaches, current expectations in the disability community and contractual requirements.

Information is gathered through:

* observation
* individual and group interviews
* review of documents.

**Evaluator recommendation for development scale**

A central objective of the developmental evaluation process is to assist disabled people, whānau and support systems to work together to enhance people’s current experience.

To make this easier, evaluators will provide a visual representation of their findings, so all stakeholders can quickly gather an impression of strengths and areas of development. Evaluators base these findings on observations, the review of documentation and confidential interviews to be held with disabled people, whānau, service facilitators / connectors, other staff and organisational management. The disability survey tool will be used to interview and gain feedback from people using services. Sampling methodology and rationale should be included in the report.

**Scale**

|  |  |  |
| --- | --- | --- |
| Best practice evident | - | Best practice examples evident |
|  |  |  |
| Good practice evident | - | Many examples of good practice evident / refining approach desirable |
|  |  |  |
| Development desirable | - | Some examples of good practice evident / further development desirable |
|  |  |  |
| Development recommended | - | Further development is recommended |
|  |  |  |
| Action required | - | Immediate and significant action required |

Before departing a service, initial feedback is presented to those involved in the evaluation process.

A draft report is prepared based on evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development, which is then returned to the service and the funder.

## Definitions

**Whānau** may mean family, whānau, spouse/partner, close friends, welfare guardian and advocates. Whānau should be defined by the person and who they consider them to be.

**Disabled people** refers topeople with a physical, intellectual or sensory impairment.

## Recommendation

Recommendations are made where there is no immediate concern about the quality of the service, or where developments are already under way towards meeting the requirements in the existing contract.

## Requirement

Requirements are made where there is a concern(s) about the quality of the service that pose risk to people. Each requirement has a risk rating and an attainment rating:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk rating** | | | **Attainment rating** | | |
| Risk to people | | Timeline for action | Attainment | | Achievement of standard or criteria |
| **Low** | Minimal | As soon as possible within one year | **CI** | Continued improvement | Achievement beyond the full attainment |
| **Moderate** | Moderate | As soon as possible within six months | **FA** | Fully attained | Full attainment and meets the requirements |
| **High** | Significant | As soon as possible within six weeks | **PA** | Partial attainment | Partial attainment and improvement required |
| **Critical** | Extreme | As soon as possible within 24 hours | **UA** | Unattained | Not met |
|  | | | **NA** | Not applicable | Standard or criterion not audited as it does not apply |

1. Option ‘1’ was missing in the original template. [↑](#footnote-ref-1)
2. Change colour code to reflect your judgement of rating for each outcome area. See Appendix 1 for a description of the colour code definitions.

   |  |  |
   | --- | --- |
   | Best practice evident | Best practice examples evident |
   | Good practice evident | Many examples of good practice evident / refining approach desirable |
   | Development desirable | Some examples of good practice evident / further development desirable |
   | Development recommended | Further development is recommended |
   | Action required | Immediate and significant action required |

   [↑](#footnote-ref-2)
3. This heading is not present in the Community Residesntial Tool 2020. [↑](#footnote-ref-3)
4. This section in the Community Residential Tool 2020 also subsumes section 1.5 in this report format. [↑](#footnote-ref-4)
5. This heading is not present in the Community Residential Tool 2020. [↑](#footnote-ref-5)
6. The order of indicators in this section are different from the Community Residential Tool 2020. [↑](#footnote-ref-6)
7. ‘I associate with people and networks of my choosing’ was the heading used in the Community Residential Tool 2020. [↑](#footnote-ref-7)
8. The order of indicators in this section are different from the Community Residential Tool 2020. [↑](#footnote-ref-8)
9. Heading in parenthesis original to the Community Residential Tool 2020. [↑](#footnote-ref-9)
10. This heading was changed back to the one used in the Community Residential Tool 2020 as the replacement provided changed the meaning of the indicator. [↑](#footnote-ref-10)
11. This heading was not in the Community Residential Tool 2020. [↑](#footnote-ref-11)
12. This indicator was not in the Community Residential Tool 2020. [↑](#footnote-ref-12)
13. The indicators headings in this section vary from the Community Residential Tool 2020 but the intent remains the same in each case. [↑](#footnote-ref-13)
14. All of the headings in this section were changed to match those provided in the Community Residential Tool 2020. [↑](#footnote-ref-14)
15. This section was not provided in the Community Residential Tool 2020. [↑](#footnote-ref-15)
16. This section was not provided in the Community Residential Tool 2020. [↑](#footnote-ref-16)
17. This section was not provided in the Community Residential Tool 2020 [↑](#footnote-ref-17)