# Developmental Evaluation Report Summary

Disability Support Services (DSS) in the Ministry of Social Development (MSD) contracted disability support providers are independently evaluated to ensure they are meeting their contractual requirements to deliver quality supports and improve outcomes for disabled people.

This document summarises a report for a developmental evaluation of a DSS contracted provider. It provides information about the quality and effectiveness of the service, and its progress towards making its services more accessible and inclusive, and giving disabled people more choice and control.

Summary reports are published on the DSS website. Identifiable and personal information is removed to protect individuals’ privacy. If you require the full report, please email OIA\_Request@msd.govt.nz and request it under the Official Information Act (OIA).

## General information

|  |  |
| --- | --- |
| **Evaluation Information** | **Description** |
| Name of the service provider |  |
| Date evaluation completed |  |
| Type of evaluation  | *E.g. routine, certification mid-point, issues-based* |
| Service type | *E.g. community residential, Flexible Disability Supports (FDS), Needs Assessment and Service Coordination (NASC)* |
| Region or city  | *Provide location at the appropriate level so that the report doesn’t identify individuals* |
| Brief description of the organisation providing the service being evaluated and their vision and approach to disability support | *An explanation of the context and set-up of the service, for example:**“This organisation delivers a range of disability supports, including community residential service and Choice in Community Living.”* *“Their vision for the disability supports delivered is …”* |
| Number of services/houses visited as part of this evaluation  | *E.g. 5 homes* |
| The evaluation was done by | *Name of evaluation organisation*  |

|  |  |
| --- | --- |
| **Number of people interviewed** |  |
| Disabled people  | Families/Whānau | Staff  | Management  |
|  |  |  |  |

1. **Outcomes for disabled people**

This evaluation is based on the findings and information provided by disabled people, tāngata whaikaha Māori, their families/whānau, staff and management, review of documentation and through observations made by the Evaluation team. The outcomes evaluated below are based on the outcomes identified in the Outcome-Focused Evaluation Tool.

|  |  |
| --- | --- |
| **Outcomes for disabled people** | **Rating\*** |
| My identity / Tuakiri |  |
| My authority / Te Rangatiratanga |  |
| My connections / Te Ao Hurihuri |  |
| My wellbeing / Hauora |  |
| My contribution / Tāpaetanga |  |
| My support / Taupua |  |
| My resources / Nga Tūhonohono |  |
| Organisational health |  |
| Value for money |  |
| Equity (including service responsiveness to te ao Māori) |  |
| Enabling Good Lives |  |
| **Overall rating**  |  |

\* Rating guidance:

|  |  |
| --- | --- |
| Good practice evident | Many examples of good practice evident  |
| Development desirable | Some examples of good practice evident / further development desirable |
| Action required | Immediate and significant action required for at least one component |

1. **Is this service certified under** [**Ngā Paerewa**](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standard/resources-nga-paerewa-health-and-disability-services-standard) **(Health and Disability Services Standard NZS 8134:2021)?**

Select one option: Yes / No

If yes, summary of progress to meet the most recent certification audit findings:

|  |  |  |  |
| --- | --- | --- | --- |
| **Finding**  | **Action** | **Progress** | **Evidence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Recommendations and requirements**
	1. **Recommendations for areas of development**
* *[bullet point list – add as many bullet points as needed]*
	1. **Requirements (contractually required)**

The requirements listed in the table below are actions that need to be done by the provider to ensure their services meet their obligations under their contract with Whaikaha:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome area**  | **Risk rating** (low, medium, high) | **Requirement** | **Evidence needed for verification of compliance with contract** | **Due date** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Evaluator reflection on the provider’s strengths**

*An explanation to highlight the good work done by the provider.*