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| **Draft/Final Version** | **Developmental Evaluation Report for the Disability Support Services in the Ministry of Social Development**  **Developmental Evaluation of (*provider – address)*** | **Evaluation *(Date)*** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Locality:** |  | | **Service Type:** | |  | | | | |
|  | | | | | | | | | |
| **Provider Number:** |  | | **Name of Service:** | | |  | | **Legal Name:** |  |
|  | | | | | | | | | |
| **Venue for Evaluation:** |  | | **Postal Address:** | | |  | | | |
|  | | | | | | | | | |
| **Date of Evaluation:** |  | | **Contract No:** | | |  | | | |
|  |  | | | | | | | | |
| **Number of Registered Beds:** |  | | **Number of Residents:** | | |  | | | |
|  |  | | | | | | | | |
| **Description of Clients:**  **(including age & gender)** |  | | | | | | | | |
|  | | | | | | | | | |
| **Facility Liaison Person:** | |  | **Designation:** |  | | | | | |
|  | |  | | | | | | | |
| **Date Evaluation Report sent:** | |  | | | | | | | |
|  | |  | | | | | | | |
| **Date Evaluation Report Signed Off:** | |  | | | | | | | |
|  | |  | | | | | | | |
| **Evaluation Team Members:** | |  | | | | | | | |
|  | |  | | | | | | | |
| **Report Prepared by:** | |  | | | | | | | |
|  | |  | | | | | | | |
| **Findings:** | | Number of Requirements: | | | | | Number of Recommendations: | | |

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# Developmental Evaluation Methodology

The evaluation utilises the Ministry of Social Developmental Evaluation Tool, based on the Provider’s National Contract for “Out of family” Respite services for children aged 16 years and under with a physical/sensory disability, or intellectual disability (including ASD) (DSS213A2) and the New Zealand Health & Disability Sector Standards. The evaluation aims to provide information about service practices and the quality of life of people using the services. It identifies positive and innovative approaches occurring within the service, and provides a catalyst for ongoing learning and continuous improvement. This evaluative approach will include the perspectives of a range of stakeholders and take into account wider influences within the community and the health and disability sector.

# Executive Summary

*(A general overview of the service, which includes a summary of the findings, and any areas the evaluation team identifies as high risk or of concern.)*

# Introduction/Background/General Observation

*A general overview of the service, its background, description of the status of disabled people who are in care of the service, staff, and an overall observation of the service.*

# Feedback from disabled people and families

*Summarises the feedback received from disabled people and families.*

Number of people interviewed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Disabled People | Families / Whānau | Staff | Management |
| Number |  |  |  |  |

**Rostered Staffing Pattern**

*Explain the rostered pattern, the number of staff per shift, and any other relevant information.*

# Findings relative to development evaluation tool

*(Short paragraph in each of these sections, i.e. 1.1, 1.2-1.8, 2.1-2.4, 3.1-3.2, etc, about service practices and support provided for individuals with a focus on the progress the service is making towards a more person-centred service and the outcomes being realised by individuals. This includes both strengths of the service and areas for improvement with noting of any changes that have been made in service delivery.*

## Section 1. Respect and Rights

Children/tamariki and young people receive safe and reasonable services that are respectful of their rights, minimise harm and acknowledge their cultural and individual values and beliefs (Tier One – SS 3 DSS Principles).

1.1. Children/young people have their legal rights fully recognised and maintained *(Tier one – SS 3 DSS Principles).*

1.2. Tamariki/children/young people practice their cultural values and beliefs, and this is acknowledged and met by the service *(Tier One – 6 Cultural Acceptability).*

1.3. Staff cultural competency

***Requirements:***

***Recommendations:***

***Example only***

***Recommendations:*** The staff explore how they could improve the environment to be more appropriate for the range of children using this service*(Paragraph 1.2)*.

***Note for report writers***

*Where there are requirements or recommendations, these are listed at the end of each section, with a complete list at the end of the report.*

## Section 2: Children/Young People and Access to the Service

Respite services are facility-based and provide both planned and emergency (or crisis) respite care for family/whānau/primary carers who care for family members with disabilities. The duration of respite care is short-term and intermittent or episodic, providing a break for the person’s carer/s to sustain their longer-term support for the person to live in the community *(Tier two – SS 2 Definition).*

2.1 Children/young people access the service for specific periods agreed with the family and approved by the Needs Assessment and Coordination Service (NASC)

2.2 People are aware of eligibility for the service

2.3 Family/whānau/primary carers are aware of what they are responsible for providing for their family member

2.4 Children/young people are discharged/transferred or exit the service according to service policies and procedures *(Tier one – SS7.10 Exit from Service).*

2.5 A cooperative working relationship has been established between the service and the NASC agency

***Requirements:***

***Recommendations:***

***Example only***

***Requirements:*** An urgent needs assessment review is required for one person*(SS 3.1 General, SS 4,1 Entry and Exit Criteria).*

***Recommendations:***

## Section 3: Personal Plans

An individual (care) support plan is in place for all children/young people using the service *(Tier two – SS 6.2 Personal Plans).*

3.1. A written personal plan should be in place for persons using the service at the beginning of the placement and reviewed annually.

3.2 Children/young person’s support plan is reviewed regularly and consistent with the provider's policies and protocols *(Tier two – SS 11.3 Safety and Efficiency).*

3.3 Children/young people have their own key worker who has overall responsibility for them during their stay and is known to parents/whānau/primary carers *(Tier two - SS 6.3 Residential Supports).*

***Requirements:***

***Recommendations:***

## Section 4: Service Delivery

The respite provided becomes part of the support network of primary carers/family/whānau. An important feature of the respite services is building trust with carer/s/family/whānau. The respite assists in enabling carers to have temporary relief from caregiving duties, sustain carer/s support of people to remain living at home, and enhance carer/s networks *(Tier two – SS 3 Service objectives).*

4.1 Children/young people enjoy a positive, stimulating and meaningful experience in an alternative, safe environment where their rights are fully respected *(Tier two - SS 2 Service definition, SS 11.3 Safe and Efficiency).*

4.2 A comfortable, “home-like” environment is provided that enables children /young people to adapt to it *(Tier two - SS 6.3 Residential Supports).*

4.3 The service delivery approach is based on the individual, is flexible and responsive and delivered in a timely way *(Tier one – SS principles 3.3).*

4.4 Children/young people’s choices and preferences are respected

4.5 Children/young people are supported by competent, experienced and sufficient staff who provide a safe level of service over 24 hours relative to the assessed needs of a child or young person and meet the Vulnerable Children’s Act (2013) requirements *(Tier two – SS 7.1 Staffing).*

4.6 Children/young people have an environment that is safe for them, and other people working in or visiting the facility

4.7 Personal records are kept confidential and secure

4.8 Interior and exterior environments are secure, physically safe and meet people’s particular mobility and safety requirements.

4.9 A cooperative working relationship is established between the service and relevant community services

4.10 There is a clear separation of governance from management roles.

***Requirements:***

***Recommendations:***

## Section 5: Quality Requirements

5.1. People and carer/s provide input into service operations and development including, policies and procedures, service planning and development, staff selection/appointment, provider quality monitoring, development of the Personal Plan, advisory boards, including representation on advisory type boards, social and recreational activities, culturally specific involvement in service planning and review processes.

5.2. A transparent system is implemented to manage and improve the quality of service, mitigate risks, and ensure quality management and governance to achieve the best outcomes for people using services *(Tier one – SS 7 Quality management).*

5.3 An opportunity for feedback on improving the service is in place.

5.4 Family/whānau/primary carer are aware of and can access a complaints procedure when required.

5.5 Documented policies/protocols/procedures or information, including systems, are in place regarding service delivery *(Tier one – 7.1 Written policies, procedures, programme, protocol, guideline, information, system or plan).*

***Requirements:***

***Recommendations:***

# Summary of the Strengths of the Service

# Summary of Significant Findings

# Specific Findings and Requirements

Key to abbreviation used in the requirements

**Risk**

|  |  |  |
| --- | --- | --- |
| Level | Consequence | Action Required |
| Low | Consequences of not meeting the standard would put consumers at minimal risk | Negotiated plan to rectify the matter within a specified time frame, e.g. 1 year |
| Mod | Consequences of not meeting the standard would put consumers at moderate risk | Negotiated plan to rectify the matter within a specified time frame, e.g. within 6 months. |
| High | Consequences of not meeting the standard would put consumers at significant risk of harm. | Negotiated plan to rectify the matter within a specified time frame, e.g. 6 weeks |
| Critical | Consequences of not meeting the standard would put consumers at extreme risk of harm or actual harm occurring. | Immediate corrective action is necessary, including documentation and sign-off from evaluators within 24 hours to ensure consumer safety |

**Specific Findings and Requirements (cont.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | (To contain heading from developmental evaluation tool EXAMPLE ONLY (Respect and Rights) | | | | | | |
| **Contract Ref.** | SS Principle | **Criteria** | Children/young people have their legal rights fully recognised and maintained. | | | |
|  |  |  | **Level of Risk** | Low | | | |
| **Finding no.** | **Finding with Contract Reference** | | | | **Requirement** | **Date for Action** | **Evidence to be Supplied for Verification of Meeting Requirement** |
| 1 |  | | | |  |  |  |
|  | | | | | | | |

**Specific Findings and Requirements (cont.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | (To contain heading from developmental evaluation Tool EXAMPLE ONLY (Service users and their access to services) | | | | | | |
| **Contract Ref.** | (SS 3.1 General, SS 4,1 Entry and Exit Criteria) | **Criteria** | Families/whānau/primary carers are aware of the NASC agency and assessment process prior to accessing respite service. | | | |
|  |  |  | **Level of Risk** | Mod | | | |
| **Finding no.** | **Finding with Contract Reference** | | | | **Requirement** | **Date for Action** | **Evidence to be Supplied for Verification of Meeting Requirement** |
| 2 |  | | | |  |  |  |
|  | | | | | | | |

**Recommendation**

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

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| --- | --- |
| **#** | **Recommendation** |
|  |  |
|  |  |
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# Appendix 1

**Documents Reviewed**

**Response to the Draft Evaluation Report**

*(Following the draft evaluation report being sent to the provider for comment)*

**Response from the Provider**

**Response from Evaluators**