Disability Support Services

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date:	17 April 2025
To:	Hon Louise Upston, Minister for Disability Issues
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Report Back to Cabinet Regarding Recommendations 5 and 6 of the Independent Review of Disability Support Services

Purpose

1. This report provides preliminary analysis from the recent public consultation and advice about potential changes to stabilise Disability Support Services (DSS) in response to recommendations 5 and 6 of the Independent Review. It also seeks direction on your report back to the Social Outcomes Committee (SOU) on 4 June 2025.

Executive summary

2. The Independent Review of DSS Phase One Report (the Independent Review) included recommendations to:
    2.1. update assessment and allocation settings for individuals based on level of need
    2.2. establish criteria for access to flexible funding, and
    2.3. review the flexible funding guidelines to improve clarity and consistency.
3. This report provides advice on how to implement those recommendations and stabilise DSS making it fairer, more equitable, transparent, and sustainable.
4. This advice reflects our initial analysis. We will continue to consider all policy implications as we begin to draft the Cabinet paper.

Our advice reflects our recent consultation with the disability community

5. Our early analysis of consultation findings shows:
    5.1. most people want the assessment process to be easier, more consistent, streamlined, and holistic
    5.2. many people support a specific needs assessment for family/carers, although opinions differ on how to do this
    5.3. most people support a plan-based approach to managing flexible funding, especially where it enables more autonomy and flexibility

5.4. some people worry that a prescribed list could be too restrictive, while others see benefits, especially for those unfamiliar with flexible funding

5.5. most people oppose criteria to access flexible funding, but some think it could provide clarity and consistency.

6. **Appendix 1** provides a summary of our current analysis of consultation feedback.

Improving the assessment and allocations process (recommendation 5) is fundamental to stabilising DSS and future work to strengthen it

7. We recommend:

7.1. a nationally consistent approach to assessment and reassessment (with a distinct component on the needs of carers), mandating all Needs Assessment and Service Coordination organisations (NASCs) use a single DSS-approved assessment tool to support allocation against assessment need

7.2. establishing guidelines, national quality standards and training for assessors, guidelines for consistent eligibility and data capture processes, and a process for assessments to be benchmarked against those of other assessors and other NASCs

7.3. updating the existing allocation tool to reflect the reasonable costs of supports and improve transparency – this has not been updated since 2016.

8. At this stage further work is required to understand the timeline for implementing a nationally consistent assessment and allocations approach.

9. There are two broad options for transitioning existing DSS users to a new allocation process, which require further analysis of the impacts on DSS users, feasibility and risks before a recommendation can be made:

9.1. **Shorter timeframe - within 6-9 months:** an allocation based on a user's actual level of spend, rather than their current total allocation pending reassessment of need. This approach would enable changes to flexible funding (see below) to be implemented more quickly. This approach may not in all cases result in an allocation based on identified needs until the point of reassessment. This approach risks being perceived as a cut to funding and may require an exception process for those users who either use a very low or very high proportion of their current allocation.

9.2. **Longer timeframe – c. 2 years:** an allocation following a reassessment of need. This approach will take longer to fully implement based on the timeline for reassessments and NASC capacity. This will in turn extend the timeline for implementing changes to flexible funding that are contingent on the necessary allocation controls being in place. It would, however, ensure a more consistent link between identified need and funding allocation.

Improving clarity and consistency for flexible funding (recommendation 6) will support stabilisation while also responding to DSS users' feedback

10. We do not recommend establishing criteria for access to flexible funding (recommendation 6). We recommend retaining broad availability of flexible funding, with

the allocation tool being the primary mechanism to support fiscal sustainability, and clearer obligations and support for flexible funding users.

11. We recommend:

    11.1. introducing formal personal flexible funding plans. These will be developed with flexible funding users and identify what the funding is intended to support, and guide how it will be used in conjunction with simplified guidance that enables greater choice and control. This will enhance confidence and flexibility for users, and improve system-level monitoring and assurance of flexible funding expenditure.

    11.2. establishing tiered support levels for flexible funding users. This will enable users who can and wish to manage their flexible funding to do so, while provide more support to those who are unable or do not wish to manage administrative, budget, or employment-related responsibilities that come with flexible funding.

These changes will support your stabilisation goals

12. Implementing recommendations 5 and 6 as advised above will help us better understand, control, and stabilise DSS. It will also restore much-valued flexibility in how support is provided.

13. There are likely to be significant, more fundamental changes in the strengthening phase of work, including to the purpose, scope and intended outcomes of DSS. The time, effort and resources needed to change the systems and processes required to implement these proposals will need to be proportionate to the benefits they will deliver.

14. We propose a phased approach to implementing proposed initiatives to support stabilisation. Initial thinking on this is set out in the report below.

Recommended actions

We recommend that you:

(1) **direct** officials to draft a Cabinet paper based on the following proposals for recommendation 5 of the Independent Review contained in this report:

    (1.1) introduce a consistent staged assessment approach for all NASCs

    [✓ Yes] / No

    (1.2) require that all NASCs use one consistent assessment tool that is prescribed by DSS

    [✓ Yes] / No

    (1.3) introduce a component to the assessment that identifies support needs of family, whānau and carers

    [✓ Yes] / No

    (1.4) update the existing allocation tool to better reflect a reasonable price of supports and more accurately link to the level of need

    [✓ Yes] / No

(1.5) introduce nationally consistent guidelines for key processes such as eligibility, assessment, data capture and quality standards and training for NASC assessors

[✓ Yes] / No

(1.6) transition DSS users to revised funding allocations that provide greater fiscal control (pending further advice on implementation options and risks)

[✓ Yes] / No

(2) **direct** officials to draft a Cabinet paper based on the following proposals for recommendation 6 of the Independent Review contained in this report:

(2.1) retain broad availability of flexible funding (no introduction of access criteria for flexible funding)

[✓ Yes] / No

(2.2) introduce personal flexible funding plans

[✓ Yes] / No

(2.3) introduce tiered levels of support for flexible funding users

[✓ Yes] / No

(3) **discuss** this advice with officials at the next officials meeting

[✓ Yes] / No

20250425

Hon Louise Upston
Minister for Disability Issues

Date

17 April 2025

Alastair Hill
Programme Director, DSS Taskforce

Date

Introduction

15. On 9 December 2024 Cabinet:

    15.1. approved two discussion documents: options for recommendations 5 and 6, and the scope of work and legislation for a future DSS system

    15.2. invited the Minister to report back to the Social Outcomes Committee (SOU) in May 2025 to seek final decisions on recommendations 5 and 6, and the scope of longer-term policy work [CAB-24-MIN-0493 refers].

16. Following Cabinet, as the responsible Minister, you agreed to a two-phase approach to consultation: stabilisation then strengthening [REP/25/01/023 refers].

17. We require direction before drafting the Cabinet report back. You are due to take a paper to SOU on 4 June 2025. This advice reflects our initial analysis, and we will continue to consider all policy implications as we begin to draft the Cabinet paper.

Consultation update

18. Consultation ran from 10 February 2025 to 24 March 2025. Approximately 1,000 people attended workshops and approximately 600 people responded to the online survey. We also received over 225 written submissions from people, organisations and disability groups. Workshops included both public and focused sessions with impairment groups and cohorts within the community. These were supported by peak bodies and membership organisations.

19. We received feedback that the consultation process has helped to re-build trust and confidence within the disability community. The feedback will also inform our future approach to community and sector engagement.

20. **Appendix 1** provides a summary of preliminary consultation results. We aim to publish a summary on the DSS website in May 2025.

Recommendation 5: Assessment and Allocation

Consultation feedback

21. We heard that the assessment process is not currently a positive experience for many people and that it should be. Some views were shared by a large proportion of people we consulted with, including:

    21.1. the assessment process should be more transparent, with better information provided up front about what to expect and more guidance to access support from other agencies.

    21.2. assessors should engage with families, carers, and disabled people in the assessment process to help provide a more holistic view of a person's circumstances.

    21.3. the assessment process and frequency should be more flexible to provide disabled people more choice and adapt to significant changes in a disabled person's needs.

This includes choice around where assessments are conducted, reassessing only when necessary or needs change, and that there should be a consistent approach to reviews and reassessments.

21.4. Māori and Pasifika communities had distinct and unique views on how the assessment process should be conducted. This includes the process taking a better account of the different cultural contexts of Māori and Pasifika communities, such as the unique whānau and home contexts, and different expectation on natural supports.

21.5. many people were supportive of developing a specific needs assessment for family/carer(s) who provide support for the disabled person. There should be sensitivity in how this is implemented in practice, noting there may be situations where a disabled person does not wish to involve their family/carers.

Our advice

22. Our proposed stabilisation initiatives for Recommendation 5 are set out below.

23. To minimise disruption to the system, manage overall DSS spend and ensure sustainability, we propose a phased approach to implementation. There are some changes that we can make within the next 6-9 months (allowing time for policy and operational guidelines to be developed). Other changes will take longer (c. 2 years), allowing time for reassessments to take place.

A nationally consistent assessment process

24. We propose mandating a nationally consistent assessment process to improve consistency, fairness and transparency with a clear link between assessment of need and allocation of funds.

25. Implementing a consistent approach to how NASCs conduct assessments. This could be a "staged assessment approach" (see **Appendix 2** for what this could look like in practice). It would require NASCs to use a common assessment tool, collect the same information, process that information in the same way, and support allocation against the assessed level of need. We would seek to achieve national consistency, that includes current EGL sites and regions, through later work to strengthen DSS.

26. This would involve developing and implementing:

    26.1. guidelines, national quality standards and training for assessors

    26.2. guidelines for consistent eligibility processes and quality data capture

    26.3. a process for assessments to be benchmarked against those of other assessors and other NASCs.

27. Implementing a distinct assessment (within the disabled person's assessment) to identify the support needs of family, whānau and carers. This would allow support for carers to be better matched with their needs, enable more consistency in allocation of that support, and allow for better identification and planning for when carers become unable to provide care.

28. We will support consistency with centrally designed rules around eligibility processes, assessment and data capture guidelines and training for assessors. This will improve transparency and contribute to a more equitable, sustainable system through better forecasting and planning.

Updating the existing allocation tool

29. Allocations are a key determinant and control point for to help us manage overall DSS spend and ensure fiscal sustainability.

30. We propose updating the allocation bands to be narrower and reflect the reasonable costs of supports, enabling a more targeted allocation of funds with tighter controls and a better link between need and cost of support.

31. These changes will also enable better monitoring and reporting on how we are administering DSS funding. Improving transparency on how well aligned allocated funding is to the level of need and where the support gaps are will enable better forecasting and planning.

Approach to implementing changes to assessment and allocations

32. We recommend a staged approach to making changes to the assessment and allocation process. This reflects the need for detailed design and testing of the changes, as well as NASCs capacity to support the changes.

33. We recommend prioritising changes that bring consistency in terms of what information is captured at assessment, how it is used to assess need, and how that informs the funding allocation. In practice this means specifying a single assessment tool, an allocations tool, updated guidance on how to use these, and funding bandings that reflect the current cost of supports.

34. It will take time for these changes to flow through the system. Reassessments for DSS users currently occur every 3-5 years and reviews every 1-2 years.

35. Given known assessment delays, and discussions with NASCs regarding recommendation 2, we expect it to be challenging to require NASCs to reassess every DSS user with the new tool within a short period of time.

36. This would have a flow-on effect for implementing changes to flexible funding that are contingent on the necessary allocation controls being in place. It would, however, ensure a more consistent link between identified need and funding allocation, and may be perceived as fairer and more transparent.

37. An alternative option as a transition measure would require NASCs to migrate DSS users to the new allocation band that best suits their current use of funding without a reassessment. This could happen more quickly (within 6-9 months).

38. This approach would enable changes to flexible funding to be implemented quicker. This approach may not in all cases result in an allocation based on identified needs until the point of reassessment. This risks approach risks being perceived as a cut to funding and may require an exemptions process for those users who either use a very low or very high proportion of their current allocation.

39. We propose updating the existing assessment approach and allocation settings in a way that supports further improvements in the future. It will directly improve our ability to forecast spend and provide better evidence for decision-makers.

Recommendation 5 risks

40. Allocations are a key determinant and control point for overall DSS spend. We intend to move to a system where DSS users have fixed allocations that sit within tighter funding bands.

41. It follows that there is significant fiscal risk from updating the assessment and allocation settings. We will mitigate this with careful design, testing and modelling of the impact of settings prior to implementation.

42. Creating and transferring DSS users to a fixed allocation based current or past spend may be perceived as cuts to packages. We propose to partly mitigate this risk by transferring users to a new band that is consistent with their existing level of spend, pending a future reassessment, with a consideration for users where use of their allocation has been particularly low. Further analysis is required to understand the potential impacts and risks of this.

43. Transferring DSS users to an existing band that has been updated to reflect the reasonable costs of support (based on their existing level of spend), would have the benefit of greater fiscal control by allowing a relaxation of flexible funding. However, there are several significant risks with this option, including:

    43.1. Transferring existing known inequities (which may be perceived poorly by the community).

    43.2. Allocating based on actual level of spend ignores instances where there are no services (e.g. Northland) and funding cannot be used, causing affected people to continue to be unfairly impacted.

    43.3. People may seek a reassessment if they do not agree with their current allocation, causing significant pressure for assessors and reinforcing the perception that the system is slow and unresponsive.

Recommendation 6: flexible funding

Consultation feedback

44. There was significant support for using a plan to underpin flexible funding that reflects the needs for a disabled person's life and outlines what the funding is intended to support, especially where it can be used to provide pre-approval of some expenditure.

45. There was acknowledgment that there needs to be accountability for expenditure for flexible funding that will need to be reflected in the disabled person's plan. However most also agreed that oversight should be proportional to the level of funding and risk involved.

46. People expressed concern that prescribed spending lists are too restrictive and inflexible, however some considered lists positively, seeing benefit in the clarity and certainty a list can provide for flexibly funded users making purchasing decisions. This feedback was

heard most strongly from people on the autism spectrum, families from migrant background and older people.

47. We also heard through consultation that many people do not want the burden of managing responsibilities such as managing payroll for people they employ as carers. We will consider retaining some services that could be selected by DSS users where the government's purchasing power, or the administrative burden on the individual, mean that users may choose for DSS to purchase services for them.

48. There was also support for lists to be used as a form of guidance, providing examples of how specific purchases can appropriately support people with different impairments.

49. Most people were strongly opposed to introducing criteria for receiving flexible funding, but some felt that introducing criteria could provide greater clarity and consistency.

50. There was general support for criteria if those criteria created additional options for disabled people or those acting on the disabled person's behalf to manage flexible funding.

Our advice

51. Cabinet's decisions on flexible funding will clarify who can access flexible funding, what it can be used for, and how it is administered.

52. The allocations process is the key mechanism to control spend through flexible funding. Tight control of allocations, achieved through the proposal above for recommendation 5, and are a prerequisite for making changes to flexible funding. This approach provides greater choice and control to DSS users, and fiscal control through fixed allocations.

We do not recommend criteria for access to flexible funding

53. We have been unable to identify criteria that could act as a gateway for access to flexible funding. Our analysis shows that introducing criteria for access is unlikely to achieve the desired benefits of control and safeguarding, and will increase complexity of the system that risks making it harder to access for those that could benefit from it.

54. For many DSS users, flexible funding is the only option where they can experience an acceptable level of service. Their region may not have broad service options, and/or alternatives may not be suitable or helpful for their impairments. Many have reported that the service they receive from Home and Community Support Services providers is unreliable, with support workers failing to turn up to rostered shifts, or the quality of service being poor. In addition, current settings already recognise that some DSS users struggle to administer the funding themselves or are known not to have decision-making capacity.

55. There remains a link between cost growth and the increasing volume of DSS users using flexible funding. Budget control will be more appropriately achieved through the assessment and allocation settings by removing the risk that the appropriation can be breached even if all flexibly funded users spend within their allocation.

56. We make proposals to support effective and appropriate use of flexible funding below.

Introducing personal support plans

57. To ensure that flexible funding delivers improved outcomes for disabled people, and is used appropriately, we recommend changes to the way flexible funding is administered and supported.

58. A list-based approach is seen as unfair, and unable to support the level of flexibility that people who use flexible funding value.

59. A personal support plan will improve system-level monitoring and assurance of flexible funding expenditure, while providing better guidance to users on how to use flexible funding effectively. The guidance will also function to clarify uncertainty for people who told us they would benefit from lists.

60. A support plan approach could improve consistency nationally and we would look at how to achieve this across regions through implementation over time.

Improving support for people who struggle to manage flexible funding, or who have increased risk factors, through a tiered support system.

61. We propose to introduce a tiered system of support for flexible funding, based on the user's experience level and decision-making capacity (with the ability to move up or down different support levels). This would mitigate the risk of spending decisions that do not adhere to the policy, and of overspending on an allocation. Each tier will be supported by guidelines, information and education products, and a core set of expectations/obligations.

62. Distinct tiers of support would be available. An example of what these could look like in practice is at Appendix 3. Introducing tiers of support will have benefits, including:

    62.1. Recognising the disabled person's circumstances and their choices preferences around administrative load

    62.2. Providing users with the opportunity to progressively take on the various administration and management responsibilities with flexible funding, for instance by moving to the next tier once only when they are confident in managing the responsibilities with their current tier.

63. The tiers, and users' progression through them, would be closely linked to support plans and primarily provide users with increasing flexibility with confidence, while also providing an accountability mechanism where needed.

64. Where an individual has a change in circumstances that triggers a reassessment of their needs and allocation, that would also require reassessment of the tier of support.

Approach to implementing changes to flexible funding

65. We are yet to identify detailed implementation requirements, risks, and timelines. As with assessments and allocations, however, we propose a staged approach to implementing changes to flexible funding.

66. Providing greater flexibility through a support plan approach is contingent on having the appropriate control at the point of assessment and allocation, achieved through the

implementation of proposals under recommendation 5. The pace at which we are able to implement this is therefore dependant on how quickly DSS users transition to new allocation bands.

Recommendation 6 risks

67. Changes to how flexible funding is administered and used comes with fiscal risk. This risk will be mitigated through an improved flexible funding policy, increased monitoring of spending by Individualised Funding (IF) hosts, and increased oversight of IF hosts. Some risk mitigation is likely possible through incremental implementation of changes.

68. We will provide further advice on implementation considerations once we have undertaken detailed analysis.

Sequencing of implementation recommendations 5 and 6

69. There are interdependencies between proposals for recommendations 5 and 6. Chiefly, making changes to flexible funding are dependent on having tighter controls in place for funding allocations. An indicative approach to sequencing the changes is at Table 1 below. Note that implementation may be able to proceed more quickly depending on what approach is taken to transitioning DSS users to tighter allocation bands.

Table 1: Phased approach to implementing proposed initiatives to stabilise DSS

Indicative Timeframe	Recommendation 5	Recommendation 6
Phase 1 *(within 6-9 months)*	• Identify and implement a single preferred assessment tool (from existing NASC practice). • Update existing allocation tool with revised pricing bands that reflect current service costs. • Develop and implement guidelines on improved eligibility, data capture and assessment processes and training for assessors. • Commence the process of transitioning DSS users to revised allocations.	• Develop and test (in consultation with users, NASCs, hosts, and budget agents) an approach to: ○ personal flexible funding plans ○ tiered support to flexible funding users.
Phase 2 (c. 2 years)	• Monitor adherence to tools and guidelines. • Develop assessment and allocation approach to family whānau and carers.	• Roll-out plan-based approach to flexible funding to all users, including tiered support approach.

70. These changes would contribute to greater transparency and fiscal control and make DSS more equitable. A nationally consistent assessment tool (supported by consistent quality data capture), along with narrowed funding bands to allow for tighter and more targeted allocation of funds will enable us to identify needs, what works, where the gaps are, and to forecast future spend. This will also give us greater assurance that we will meet our responsibilities under the Public Finance Act 1989 and will manage Crown resources effectively and efficiently.

Next steps

71. This report sets out our initial advice following the closure of the consultation period and early analysis of consultation findings.

72. We will continue to develop the underlying analysis, including fiscal risks and impacts where required and provide you with further advice on policy and implementation options. We note that options outlined in this paper will continue to be refined following detailed analysis.

73. We will incorporate your feedback and work closer to providing you a first draft of the Cabinet paper around 8 May 2025.

Appendix 1: Initial key themes from community engagement on Recommendations 5 and 6

In December 2024, the Minister for Disability Issues, Hon Louise Upston directed Disability Support Services (DSS) to begin broad community consultation with disabled people, families, and the wider disability sector in early 2025 on changes to the DSS system.

The key purpose for our engagement was to:

1. Gather insights and feedback from the community on clearer assessment and allocation processes and options for changes to flexible funding.
2. Build public trust and confidence in the community and to signal a pathway forward to progress the Independent Review's recommendations.

Between 10 February to 24 March 2025, the DSS Taskforce held 25 in-person workshops (in 12 locations) and 20 online workshops on changes to the DSS system, with nearly 1,000 people taking part. These included both public sessions and targeted workshops with service providers and disability organisations. Feedback was also received through 598 online survey responses and 233 written submissions.

We are currently preparing a detailed analysis on the community engagement, online survey and written submissions. A summary will be published on the DSS website in May 2025.

Some key themes have emerged from our initial analysis of the community engagement workshops

Participants were asked questions to inform options to progress the Independent Review's recommendations to:

- Update the assessment and allocation settings for individuals based on level of need (Recommendation 5)
- Establish criteria for access to flexible funding and review the flexible funding guidelines to improve clarity and consistency (Recommendation 6)

We asked participants four questions under two topic areas. We invited people to take a wider interpretation of the questions as we were interested in all their views on the topic. The key themes from the initial analysis of the workshop material are summarised below.

Topic 1: Improving the way the needs of disabled people are assessed and how support is allocated

Question 1: "What information does an assessor need to gather about a disabled person's circumstances to help identify the support they need?"

We heard that the assessment process should be easier, more consistent, streamlined, and holistic

Many people said that disabled people may need help navigating the needs assessment process. This could be provided by community organisations, whānau, and friends.

Disabled people often found that the assessment process was negative, highly stressful (particularly reassessments) and did not know what they might be eligible to access or what information they should communicate. They thought that their experience should be easier, more consistent, streamlined, and holistic in looking across all areas of life.

There was a perception that people who had the skills, time and resources were more successful in navigating DSS to get the support they wanted compared with other people who did not. This is seen as inequitable and lacking transparency.

We heard that there are three stages of the assessment process that could be improved

Pre-assessment

There should be a separate pre-assessment phase prior to the needs assessment. There could be a centralised place where people can get consistent information to better understand what the assessment is about, the services and funding that they could be eligible to access, and to start the assessment process.

Disabled people (and their families) could benefit from having a person walk alongside them who understands the lived experience of disabled people and their families, and who can navigate DSS and other government systems, but who is separate from the Needs Assessment and Service Coordination (NASC) agency. This could be a Connector role that would have an ongoing relationship with the disabled person and their family, and who could provide a richer context into the needs assessment. This could be investigated through the role of disability and advisory services.

Assessment

Assessors should engage with families, carers, and disabled people in the assessment process

Many submitters consider that families and carers should be involved in the assessment process, so the best information is available about the disabled person's needs (where it is in the best interests of the disabled person).

The assessment process should be more flexible to provide disabled people more choice and adapt to significant changes in a disabled person's needs

The assessment process should be flexible to provide disabled people more choice and options on how they would like their assessment to be conducted. This may involve the disabled person choosing the location (such as in their home or other place where they feel safe) and who should be present at the assessment.

Assessments should be proportional to a person's disability-related needs for support. If a disabled person is mostly independent and the level of support is expected to be minimal, there could be an option for the disabled person to do a self-assessment or a shortened/triaged assessment (which may need to be supported).

The assessment process should be flexible in adapting to the diversity of people's life situations, especially where there are significant changes in a disabled person's needs. A one-size-fits-all approach does not work. This may include involving the whānau to talk directly with the assessor, to help them to understand the wider issues impacting on a disabled person's changing needs (for example, where the person's ability to conduct daily tasks is limited by environmental factors such as having an inaccessible kitchen).

Post-assessment

Assessors should allow for more time for the disabled person to review and revise their assessment/reassessment plan. The assessment process should also give disabled more choice post-assessment (where there are significant changes in a disabled person's needs). For example, the option for the disabled person to request for more regular reassessments.

The Māori and Pasifika communities had distinct and unique views on how the assessment process should be conducted

There is a lack of awareness across the Pasifika community of disability services and support and how to access them, so increasing awareness of the range of supports available and how to access these services is needed. There should be specific engagement targeted at the Pasifika community.

Information on DSS needs to consider the different cultural conception of "impairment", "experience of disability", and the expectations around familial and natural supports.

Cultural competency should be a requirement for accessors to be able to understand the different cultural contexts of Māori and Pasifika communities when assessing the support needs a disabled person.

There should be more support for helping disabled people to safely manage their finances and to provide assurance that they are operating within the boundaries and criteria of funding.

Providers said that the assessment process needs to balance consistency and flexibility on how assessments are conducted and the need to have a skilled workforce

Providers consider that the needs assessment process should provide more consistent information to the disabled person, but that NASCs should have flexibility on how an assessment is conducted. For example, there is a disparity in access to services and supports across regions and that regional and cultural contexts inform how different NASCs operate across the country. We heard that having prescribed assessment processes does not work.

Upskilling the workforce should be a requirement to help assessors fully understand the assessment guidelines, as the quality of the assessment is dependent on having a skilled workforce. Assessors may need a qualification to get a consistent approach when conducting assessments. In some instances, there could be an option to access more specialised assessors (such as those familiar with autism).

Question 2: "How do you feel about the needs of carers being specifically assessed alongside those of the disabled person?"

Many people were supportive of developing a specific needs assessment for family/carer(s) who provide support for the disabled person

There was strong support for developing a specific needs assessment for family/carer(s), as part of the disabled person's needs assessment and reassessment. This could include questions on the family/carer(s)' mental health, and any difficulties around maintaining social relationships in other areas of their life and maintaining their identity as separate from their caring role (e.g., as partners or parents to other siblings).

There should be flexibility in the specific needs assessments for family/carers(s) and be proportionally relevant to the context of the disabled person and family/carer(s)

Participants stated that there needs to be consideration of situations where a disabled person does not wish to involve their family/carer(s), or where a different approach may be required to keep everyone safe. There needs to be a balanced approach to safeguarding a disabled person and respecting their autonomy.

Where a disabled person has a family/carer(s) supporting them, there can be a significant impact on the family/carer(s) – especially if there is an enduring caring commitment into older age. This is particularly the case where a disabled person has high support needs and multiple impairments and/or health conditions. An ageing carer may develop their own impairments and disability-related support needs, health conditions, or the carer may be the disabled person's partner.

Submitters also mentioned that they consider that assessments (and reassessment) for family carers could consider the social expectations for families to provide a specific level of support to the disabled person. For example, a parent needs to have time to provide the same level of care to the disabled person and to look after other children, or that it is not reasonable for elderly parents to provide as much care to the disabled person who is in their adult years.

As with feedback on disabled people's needs assessment, a one-size-fits-all approach to family/carer(s) needs assessment will not work. There should be flexibility and proportionality relevant to the context of the disabled person and family/carer(s)

In some situations, there were differing views on whether a specific needs assessment for family/carer(s) need to be undertaken jointly or separate from the disabled person

Caring for a disabled person is shared across family members in addition to the primary carer. Assessments should consider the whole family (including the impact on siblings), friends and the wider community, where these are relevant to the context of the disabled person. Participants consider that carers, including whānau, may need training to safely care for the disabled person.

Assessments may need to be undertaken jointly with the disabled person and should include cultural considerations. For example, many Māori and Pasifika disabled people are cared for within a whānau setting, so Māori and Pasifika carers may want to take a whānau setting approach to considering the needs of a disabled family member, and not treat the disabled person separately from their whānau.

Sometimes, assessments may, in part, need to be undertaken separate from a disabled person. Family carers may wish to have the option to speak frankly away from the disabled person, or a disabled person could have a choice to communicate issues they are experiencing with their carer in private (for example, via a self-assessment option). The challenge is understanding what is appropriate, for example, where violence or other challenging behaviours are being experienced by either the family member or the disabled person.

Topic 2: Changing how flexible funding can be used and criteria to access flexible funding

Question 1: We provided two options for how flexible funding could be used and asked which option people preferred (or a hybrid of both):

- **Option 1: Link flexible funding to a person's plan, with oversight on how it is used**
- **Option 2: Proposal to adjust current lists of what can and cannot be funded using flexible funding**

There was general support for having a mixture of a disabled person-centered plan and some form of list. This reflects people's current experience of uncertainty in what flexible funding can be used for, particularly for families/carer(s).

People told us during consultation that they are anxious when engaging with the system. They shared their fears that their use of flexible funding to get the supports they need could lead to negative consequences such as a reduced funding allocation. There was widespread concern at the amount of work flexible funding involves (especially when for relatively low value items), whether for the disabled person themselves or their families/carers. There needs to be a better balance and ways to use technology that makes the process more efficient and simplified.

Option 1: Link flexible funding to a person's plan, with oversight on how it is used

There was significant support for using a plan that reflects the disabled person's needs
Common feedback emphasised that the plan should be tailored to individual needs, provide flexibility in responding to changing circumstances, and enable the disabled person to reach their life outcomes and goals.

Some participants considered that having a plan could provide more guidance and simplified, in advance approval of expenditure, instead of having to apply for each individual purchase or test a new type of purchase. The plan could authorise expenditure, where proposed spending lies within scope of the plan.

But there was acknowledgment that there needs to be accountability for expenditure for flexible funding that will need to be reflected in the disabled person's plan

While there needs to be accountability for expenditure, most agreed that any oversight should be proportional to the level of funding and risk involved, and compliance should be on par with other recipients of government-funded support. For example, low levels of funding should have low accountability requirements, and high levels of funding should have higher levels of accountability requirements.

Option 2: Proposal to adjust current lists of what can and cannot be funded using flexible funding

People have expressed concerns that prescribed lists are too restrictive and inflexible

People said that lists could limit autonomy of the disabled person to decide how to use flexible funding and that there is no way for lists to capture that range of needs for disabled people. For example, a person with an intellectual disability may wish to go to the gym to improve their physical health but due to the restrictions in the list, flexible funding will not be able to cover recreational activities.

Some people consider that there are benefits to having prescribed lists, specifically for those who are less familiar with flexible funding

There was some feedback in support of the simplicity and certainty of having lists. It was noted that those with learning disabilities, language barriers, migrant groups, older people, and those with autism could benefit from such an arrangement as they are often the groups less familiar with flexible funding and are less comfortable navigating the DSS system.

Some people consider that there are benefits to having lists in the form of guidance, as it can provide parameters and guidance on how to use flexible funding

Some people supported the idea of having lists to provide parameters and guidelines on how to use flexible funding. For example, a list of guidance that provide examples on how those with an intellectually disability can access specific supports to support their impairment or show the approximate costs on how those with the same impairment use flexible funding.

Question 2: How do you feel about the introduction of criteria for receiving flexible funding?

Most people were strongly opposed to introducing criteria for receiving flexible funding, but some felt that introducing criteria could provide greater clarity and consistency

Many participants were concerned that criteria could limit access to flexible funding, particularly Māori and Pasifika, and add complexity to an already complicated process for accessing support. They saw criteria as the antithesis of flexibility.

But there was general support of having criteria that can provide options for disabled people or those acting on the disabled person's behalf on managing flexible funding

People were generally supportive of having criteria that could provide the option for disabled people to not be involved with the responsibilities (e.g. managing employment disputes) that might arise from flexible funding.

There was some support for having criteria that could help to ensure that those managing flexible funding on someone else's behalf were safe to do (for example, not providing these responsibilities for those who have committed fraud in the past).

Some people considered that having criteria could provide guidance to the disabled person on how to manage the funds they are allocated in their plan, which will enable them to reach their life outcomes and goals. Using goals as a measure against spending could be a reasonable form of direction as long as spending helped the disabled person to achieve the goals set out in the plan. For example, the plan could provide guidance on what would be a reasonable amount for a person with an intellectual disability can spend to go to the gym to improve their physical health.

Appendix 2: an example three-stage assessment process

Stage	**Details**	**Benefits**
Pre-assessment	– Better up-front information about the assessment process – Time for the disabled person and/or their carer to prepare for the assessment. – Optional support for navigating the process. – Centralised eligibility check – Triage to determine assessment level. – Optional self-assessment in some instances	Better experience for DSS users through: – Better understanding and transparency of the system – Better tailoring of assessment to individual needs
Assessment	– Mandating all NASCs to use the same tool, that we own and can update centrally. This will ensure that a consistent set of assessment data is captured, and that data is treated consistently to establish a level of need. – A more holistic and flexible approach – In-person unless otherwise chosen – Consistent, centrally designed guidelines or rules around eligibility processes, assessment guidelines, quality standards and training for assessors – Clear expectations of consistent, quality data capture for all NASCs – Options for proportionality, e.g. shorter, simplified assessments for relatively lower needs	– Greater consistency and transparency – Consistent data capture, supporting monitoring and planning.
Post-assessment	– Allow time for the disabled person to review and revise their assessment. – Frequency of reviews and reassessments proportionate to need, (e.g. fewer reviews for stable circumstances), including minimum timeframes and triggers for reassessments	– Better experience for DSS users – Better balance between accountability and requirements not being overly onerous (reducing frustration and administration requirements)

Appendix 3: Example tiers of support for using flexible funding

Tier	Description	Targeted for DSS users who are	Support includes
Tier 1	Planning support, host, and agent	– Young adults – Intellectually disabled – Those lacking confidence – Options to include: – All new flexible funding users for an initial period – Users who have a dishonesty offence or who have been found to have breached the purchasing guidelines / flexible funding policy	– Development of a spending plan – Most employment-related obligations – Support for spending decisions.
Tier 2	Planning support and agent	– Users who have difficulty understanding or meeting employment obligations, but can use judgment in making spending decisions	– Development of a spending plan – Most employment-related obligations – Support for spending decisions upon request
Tier 3	Planning support and host	– Users who understand flexible funding, want to employ someone, and want administrative help	– Development of a spending plan – Payroll support – Support for spending decisions upon request
Tier 4	Planning support only	– Experienced users who elect this	– Development of a spending plan