



Submission by the Public Service Association Te Pūkenga Here Tikanga Mahi to the Ministry of Health

# Transforming Respite – Disability Support Services Draft Respite Strategy 2017 – 2022

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## Information requested in submission form

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This submission is on behalf of the New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA).

The PSA is a union for workers providing support to people with disabilities. Also, the PSA has an active Deaf and disabled members' network which has approximately 300 members from across the union.

We agree that this submission can be published on the Ministry's website.

It is not necessary to remove my personal details from this submission if it is provided under the Official Information Act.

This submission does not contain commercially sensitive information.

## PSA submission

The PSA welcomes the opportunity to comment on the draft strategy. This submission comments on the workforce aspects of the strategy.

We welcome and support the statement at paragraph 74 that “(w)e need to ensure equity of service delivery across the country for all disability types and ages” and the recognition in paragraph 76 that “(w)e need a cross-Ministry, cross sector approach to attracting and retaining skilled carers.”

A comprehensive workforce strategy is needed

Achieving this will require a comprehensive workforce strategy. In our view the workforce section of the draft strategy does not adequately provide for this and requires more fulsome consideration.

We strongly recommend that the Ministry convene a process through which the Ministry, service providers and users, and worker representatives can genuinely co-design a national workforce development plan for the respite workforce.

The workforce regularisation and training measures agreed in part B of the recent in-between-travel (IBT) settlement aim to support high and equitable service quality standards. It is important that the approach taken to the respite workforce does not dismantle or undermine this consensus between the Ministry, providers and unions about what is needed to achieve this. The IBT settlement measures provide for training that supports a career pathway accessible to all of those working in the different aspects of the disability workforce. It makes sense that a national workforce development plan for the respite workforce would be consistent with this.

A national workforce development plan would be delivered through providers that are recognised by the Ministry as meeting the kind of standards needed to properly support quality respite services. These are often isolated roles and so this support includes not only training but also peer mentoring and supervision in a team approach.

Systems and mechanisms to facilitate employment

We agree that there are challenges in finding suitable carers. Paragraph 77 refers to technology as assisting with this. Any systems and mechanisms used to facilitate the employment of carers for respite services by disabled people and their families need to ensure service quality and security standards are met or exceeded. In particular, a similar standard of safety checking must be met as is required for the vulnerable children’s workforce. Attention must be paid too to safety standards for workers and to ensuring that their employers are supported to meet their health and safety obligations.

Respite services are public services, designed to improve social outcomes and financed by the taxpayer and so the Ministry has an essential role in certifying providers and managing the conditions under which these services take place.

There are considerable risks to disabled people and their families, carers and the Ministry if the Ministry does not maintain robust regulatory oversight of such systems and mechanisms. The PSA strongly recommends that any brokerage service is provided by one national agency which ensures that providers meet or exceed the required standards needed to support service quality and safety.

### Future direction

We support the new parameters for use of funding set out from paragraph 109, however it is important that the proper infrastructure is in place to ensure that services accessed meet quality and safety standards.

### Continuous quality improvement

Evaluating outcomes is important to continuous quality improvement. In addition to the measure proposed in paragraph 120 we recommend that the following measures are included in the evaluation framework: staff turnover; sick leave usage; and qualifications of the workforce.

### Enhanced options

The strategy proposes encouraging providers to develop a new range of services to meet need. This will have implications for support workers. Workers do want more challenging jobs and scope for discretion however there will be implications for training and support for the workers delivering these new services and this needs to be planned for, funded, and integrated into the workforce strategy for the respite workforce.

The strategy proposes co-design of an appropriate model for ensuring respite services are available to those who need them most. We strongly recommend that representatives of care workers are included as one of the partners in this co-design. The employer voice (providers) is no substitute for this.

Para 128. The strategy proposes to work with out-of-school care providers to reduce barriers to disabled children and young people accessing mainstream and disability –specific programming. The challenges of doing this are not inconsiderable and there are significant implications for schools and after-school programmes which are currently neither funded nor otherwise supported to provide such programmes. The after-school-care workforce would need to be specifically provided for in the national respite workforce strategy.

Para 129. The statement of principle in paragraph 129 is laudable however it is unclear what this will mean in any practical sense.

### Ease of use and access

Paras, 130 and 131. Please refer to our comments on systems and mechanisms to facilitate employment.

We have some concern that the strategy proposes that an online platform could be used by disabled people and their families to access voluntary support in exchange for koha (para 131). This may well be done informally however we question the inclusion of this in a formal Ministry strategy and also through a, presumably, Ministry endorsed or funded online platform.

There are considerable risks to disabled people and their families, carers and the Ministry if the Ministry does not maintain robust regulatory oversight of such systems and mechanisms. The PSA strongly recommends that any brokerage service is provided by one national agency which ensures providers meet the required standards needed to support service quality and safety.



It also seems unrealistic and unsustainable to include this as an option of any significance given the significant recent drop in number of volunteer hours worked, as reported in the last census. We suggest the reference to voluntary support is deleted from the strategy.