

Disability Support Services

Tier Two Service Specification

Foster Care

1. Introduction

This Tier Two Service Specification specifies requirements for Foster Care Services (the Services) funded by Disability Support Services (DSS). It should be read in conjunction with the DSS Tier One Service Specification, which details requirements common to all services funded by DSS.

2. Service Definition

Children and young people are supported to live in their own family or whānau where able. Where this is not possible due to the impact of significant disability, the most appropriate placement is with another family in foster care.

The Services include provision of 24-hour support at levels necessary for children and young people to have safe and satisfying home lives. This includes 24-hour responsibility for children or young people who may need to remain home during the day for any reason. Suitable support will be provided through a combination of services determined by the Needs Assessment and Service Coordination (NASC) organisation following an individual needs assessment.

2.1 Key Terms

The following are definitions of key terms used in this service specification:

Term	Definition
Advocacy	Means to advocate for or support the Person to express / defend how they feel about something and to advance their viewpoint. See http://advocacy.hdc.org.nz/resources for more information.
Behaviour Support	Means a continuous process to manage challenging, complex or intrusive behaviours. There may be times when providers require specialist advice to assist them with behaviour support. The Ministry has contracted a provider of Specialist Behaviour Support Service that is accessed through NASC referral.
Needs Assessment Service Co-ordination (NASC)	NASCs are services funded by the Ministry. Their roles are to determine eligibility, assess the Person's level of disability support needs, inform People / families / advocates of what the support package contains, discuss options and co-ordinate support services to meet those needs. NASCs co-ordinate such

Term	Definition
	services, but do not themselves provide the services.
People/Persons	Means the individual child or young person using the Services. People means the plural of this.
Personal Plan	Means the document developed by the Person and the Provider to record the Person's goals and objectives in the short and long term.
Specialist Behaviour Support Service	Means the provider contracted by the Disability Support Services group in the Ministry to provide these services.

3. Service Objectives

- 3.1 DSS acknowledges the important role of the family/whānau and foster carers in caring for children and young people with disabilities and accepts that children and young people are best supported within their own families and whānau. Therefore, DSS funded Foster Care Services are only part of a range of supports available to children and young people.
- 3.2 In implementing this service specification, the Provider will give effect to the principles in the United Nations Convention on the Rights of the Child (UNCRPD), The Children, Young Persons and Their Families (CYPF) Act 1989, Vulnerable Children Act 2014, the Care of Children Act 2004, the New Zealand Disability Strategy. In particular, the Provider will ensure that:
- a. The rights of children and young people are recognised and that they are not diminished by the presence of a disability
 - b. The best interests of the child or young person are the primary concern
 - c. The planning process for a Foster Care placement gives the child or young person an independent voice to represent their interests
 - d. The planning of a Foster Care placement fully considers the maintenance of the child or young person's involvement in education and other aspects of community life with as little disruption as possible.
- 3.3 The Provider will:
- a. Protect and promote the rights of the child by ensuring that the child has an advocate or access to regular and structured child advocacy supports
 - b. Enhance each child or young person's participation and social functioning

- c. Promote integration of each child or young person into school and community life
- d. Provide nurture, support and development for children / young people with disabilities
- e. Develop the Person in the context of an inclusive society
- f. Support foster carers to provide for the Person's holistic needs, including physical, social, spiritual, emotional, cultural, and recreational needs
- g. Support the family of origin to strengthen relationships and work towards reunification except where there is considerable unmanageable risk
- h. Implement programmes designed by health and disability professionals
- i. Maintain the Person's current skills and enhance independence through new skill development.

4. Service Performance Measures

- 4.1 Performance measures form part of the Results Based Accountability (RBA) Framework and specify the key service areas the Purchasing Agency and the Provider will monitor to help assess service delivery.
- 4.2 Performance measures and reporting requirements are detailed in Appendix 3 of the Outcome Agreement. It is anticipated the performance measures will evolve over time to reflect Ministry's priorities.
- 4.3 Measures are detailed in the Performance Measure Data Dictionary, available on the Ministry website, which defines what the Ministry means by each data component.

	How much	How well	Better off
1.	# of FC families/whānau provided with training to meet the young Person's specific needs.	% of FC families/whānau provided with training to meet the young Person's specific needs.	#/% of FC families/whānau who reported that they felt confident to meet the young Person's specific needs.
2.	# of young People/ whānau/ guardians who know how to make a complaint and how to access independent advocacy.	% of young People/ whānau/ guardians who know how to make a complaint and how to access independent advocacy.	
3.	# of complaints that have	% of complaints that have	

	How much	How well	Better off
	been received	been resolved (i.e. a corrective action plan has been implemented)	
4.	# of personal plans completed within 3 weeks of entry into the service and signed off by the child, young person or their family/whānau/advocate	% of personal plans completed within 3 weeks of entry into the service and signed off by the child, young person or their family/whānau/advocate	
5.	# of personal plans reviewed and signed-off by the child or young person or their family/ whānau /advocate at least once every 12 months	% of personal plans reviewed and signed-off by the child or young person or their family/whānau /advocate at least once every 12 months	
6.			#/% of goals in personal plans achieved
7.			#/% Māori who are active participants in their whānau, hapu, iwi and communities.
8.			#/% young People accessing employment (including voluntary employment) training or education
9.			#/% of young people supported to retain a meaningful connection with their families/whānau

5. Eligibility

5.1 Access/Entry Criteria

Access/entry criteria into the Service are:

- a. Access to foster care services is by referral from the NASC following an individual needs assessment process.
- b. The Provider will arrange service following the endorsement of a family group conference (FGC) convened under the provisions of Section 145 of the CYP&F Act.

- c. Under these provisions, the NASC agency covering the region must be involved in the negotiation of a suitable funding arrangement.

5.2 Exclusions

Excluded from services under this specification are:

- 5.2.1 Children and young persons who, because of care and protection concerns are placed in foster care as a result of a Family Group Conference convened under Section 20 of The Children, Young Persons and Their Families Act 1989 (CYP&F Act):

6. Service Components

6.1 Recruitment, Selection and Matching of the Person's Needs with a Contracted Family

- a. The Provider will undertake the advertising, recruitment, vetting and assessment, matching and trial placement for the Person. This will involve ensuring character references are sought; all People in the house over 18 undergo police checks and a rigorous interview.
- b. The contracted family is required to regularly advise the Provider of new Persons 18 years and over living in the home and advise the Provider of any charge of a criminal nature made against the foster family or any members of the foster family's household.

6.2 Personal Plan Development

Guidance:

People living in foster care can expect a service that values their aspirations, strengths, capacities and gifts and supports a positive vision for their future. A Personal Plan is helpful to assist People to think about what is important to them, and what they want to achieve now and into the future. Planning tools not only aid in the creation of a positive and life affirming vision; they also invite collaboration, self-direction, create momentum and commitment and provide practical steps with which to turn that vision into reality.

It is important that People should be able to make some mistakes and take positive risks as long as they are aware of the possible outcomes.

The Ministry recognises that best practice in Personal Planning will evolve over time and that there are a number of planning tools available, so Providers are expected to develop expertise within their organisation around supporting effective planning.

Remember:

- The person owns the plan and is involved and central to all decisions
- The process should be flexible and responsive, and not intrusive.
- Family and friends may be partners in the planning process
- The plan focuses on aspirations, strengths, capacity and gifts and looks to the future
- Long-term aspirational goals should be broken down into achievable short-term goals
- Planning builds a shared commitment to action
- That planning is an on-going process.

6.2.1 The Provider, with the Person, will:

- a. Develop a documented Personal Plan for and with the Person within three weeks of the Person accessing CYF/MOH funding. This Plan will be signed off by the Person and where appropriate their family/ whānau/ guardian/ advocate.
- b. Ensure that the Personal Plan is consistent with the goals set by the Family Group Conference and includes:
 - A full assessment of the needs and available support and a plan for meeting those needs
 - The aspirations and participation of the Person and the relevant people in their life
 - Strategies to meet the agreed goals
 - The tasks and support needs that will be implemented by the Provider and those by the contracted family
 - Promotion of the Person's participation in the community
 - Maintaining the Person in their foster care placement.
- c. The Personal Plan may also include a risk management plan where appropriate.
- d. Review the Personal Plan with the Person on an ongoing basis to ensure it remains relevant.
- e. Formally review the Personal Plan with the Person at least annually, and obtain sign-off from the Person and/or their family/ whānau/ guardian/ advocate.

6.3 Service Delivery

6.3.1 Personal Plan Implementation

In implementing the Personal Plan the Provider:

- a. Is responsible for working with the family of origin and foster family to meet the needs of the Person.
- b. Will ensure the Services will include provision of respite care and home support according to the needs of the Person and the foster family.

6.3.2 Foster family training

The provider will:

- a. Advise the foster family of any training opportunities available through the Provider staff training programmes and facilitate attendance at such programmes where attendance will enhance the ability of the foster family to support the Person with a disability.
- b. Ensure that foster family training will include:
 - Understanding the rights of children and people with disabilities, including awareness of the United Nations Convention on the Rights of People with Disabilities
 - Self-managed learning modules
 - Values/attitudes
 - Supporting families
 - Working with children
 - Behaviour support
 - Health and safety
 - First Aid
 - Treaty of Waitangi.
- c. Ensure that the foster family accesses additional and advanced training depending on the needs of the Person and the skills/experience of the foster family.

6.4 Support for foster families

6.4.1 The Provider will:

- a. Support and encourage the foster family, by way of a fortnightly contact and a monthly home visit,
- b. Monitor the placement to ensure that the foster family is meeting the Person's needs, and the Personal Plan is being implemented.

6.5 Liaison and working with other agencies

6.5.1 The Provider will develop and maintain effective relationships with the following to ensure that the needs of the Person are met.

- a. Educational establishments
- b. Child Youth and Family
- c. MSD Work and Income
- d. Hospital Specialists
- e. Developmental therapists and early intervention teams
- f. Recreation and leisure organisations.

6.6 Administration, Monitoring and Provider Responsibility

6.6.1 The Provider will:

- a. Undertake environmental and health and safety reviews as required.
- b. Provide accommodation in an emergency situation where the foster family is unable to continue to provide support for reasons beyond their control, and where practical upon at least two weeks advance notice, to provide relief care for agreed periods. The Provider will arrange respite through the Person visiting their home and/or temporary, short-term alternative board placement as required.
- c. Audit the personal finances of the Person every three months and, when the Provider deems necessary, will administer those finances.
- d. Provide planning and service coordination through the Provider's Community Services Manager / Coordinator and ensure that there is 24-hour availability of on-call support for the foster family in case of any emergency requiring the Provider's response.
- e. Provide the following supplies to the foster family:
 - First aid kits
 - Locked medication storage
 - Smoke alarms
 - Disposable gloves
 - Napkin / sanitary bins.

6.6.2 If the Provider believes the foster family to be in breach of the standards of service delivery specified in this agreement, and bearing in mind that the best interests of the Person shall be the primary consideration, then the Provider will work with the foster family to investigate the issues and either provide remedial training or immediately terminate the contract.

6.7 Professional requirements for staff of the Provider

6.7.1 The Provider will ensure that its staff:

- a. Understand and keep abreast of legislative changes and child development issues

- b. Implement best practice in their work.

6.8 Requirements of Foster Families

6.8.1 The Provider will ensure that the foster family will:

- a. Provide board, care and support for the Person within their own home.
- b. Provide within the home a furnished bedroom for exclusive use of the Person, and allow him/her access to and use of all other rooms and facilities in the home with the exception of other bedrooms and any other private space agreed.
- c. Provide a homely atmosphere in which the Person will be treated as a family member, with encouragement and support for him/her to have an integrated lifestyle with home and community activities, including recreational and leisure activities, and contact with family relatives and friends. Visits home to be arranged between the foster family and the family of origin.
- d. Respect the dignity and confidentiality of the Person and his/her family at all times.
- e. Support the Person in accordance with their Personal Plan within the agreed time frames, including support in relation to behavioural, cultural, spiritual, physical, emotional needs and any employment, education day programme or recreational programme.
- f. Arrange or assist the Person with transport or arrangements for transport to achieve objectives of the Personal Plan.
- g. Ensure that the Person has access to emergency and regular medical or dental treatment, and to report any serious problem of this nature to the Provider immediately.
- h. Administer medication or assist the Person in taking medication in accordance with instructions from the prescribing doctor and the Provider's medication standards and policy.
- i. Comply with relevant legal and organisational requirements with regard to the provision of transport and:
 - Supply the Provider with a copy of the driver's license for each person transporting him/her
 - Advise the Provider immediately if they have or develop a condition that limits their ability to drive or have their license endorsed or cancelled.

- j. Inform the Provider prior to any trips out of the area or of any overnight stays out of the foster family's home, and recognise that full responsibility for the Person's well-being cannot be transferred to another person but always lies with the foster family. All respite care, irrespective of how it is paid for, will be provided by a Provider-approved foster family and with the consent and knowledge of the Provider.
- k. Attend any relevant training and foster family meeting convened by the Provider to which they receive an invitation.
- l. Participate in any evaluation and monitoring to ensure service standards are met as may be required by the Provider and external agencies from time to time. To enable this to occur, the foster family will allow reasonable access to their home and will make themselves available to respond to questions from the evaluators.

7. Exit Criteria

7.1 Service exit occurs when:

- a. authorised by the Family Group Conference, or
- b. requested by the Person's parent that they return home, or
- c. the Provider refers the Person back to CYF or the NASC where:
 - The Person's needs can no longer be met by the Provider
 - The Person no longer requires the service
 - The Person decides that they want to access an alternative service provider
 - The Person dies.

7.2 In all cases, when the Person becomes 16 years of age, the Provider will obtain a needs assessment from the NASC and seek an invalid's benefit for the Person.

7.3 Death in service

7.3.1 The Provider will notify the following on the death of any Person:

- a. Family / whānau / guardian / advocate immediately
- b. The NASC within 48 hours
- c. The Ministry (for payment processing purposes) through the next information reporting (invoicing) cycle. If the death meets the definition of a critical incident, then reporting the death to the Ministry must be within the time frame specified for a critical incident in the Outcome Agreement

(i.e.as soon as possible within 24 hours)

- d. The DSS Contract Relationship Manager as soon as is reasonably practicable.

8. Linkages

8.1 Providers of services for people with a disability must achieve their purpose by establishing and maintaining co-operative working relationships with all other relevant service providers. Whilst the Provider may not be responsible for providing these services, they must ensure timely access to them. The Provider is required to demonstrate links where appropriate with:

- a. Primary and secondary medical services
- b. Day activity/vocational/educational services
- c. NASC
- d. Independent advocates
- e. client/carer community support services
- f. Equipment services
- g. Mental health services
- h. Behavioural specialist support team
- i. Assessment Treatment & Rehabilitation Services
- j. Appropriate ethnic and cultural groups
- k. Disability consumer groups
- l. Government departments
- m. Advocacy services
- n. Maori co-ordinator or adviser: iwi social and community services, support groups, and social service organisations e.g. local Kaumatua, marae, whānau groups, counselling, budget and family support services.

9. Legislation

9.1 Compliance and Approvals

9.1.1 The Provider will maintain approval status with the CYF under section 396 of the CYP&F Act and amendments.

10. Purchase Units

10.1 Purchase Units are defined in Ministry of Health's Nationwide Service Framework Purchase Unit Data Dictionary. The following table states the Purchase Unit Code associated with tier two Foster Care services.

Purchase Unit Code	Purchase Unit Description	Measure	Purchase Unit Definition
DSS1036	Foster Care	Occupied bed day	Children and young people should be supported to live in their own family or whanau where able. Where this is impossible, due to the impact of significant disability, the most appropriate placement is with another family in foster care.

11. Reporting Requirements

11.1 Full Reporting Requirements (including any Provider specific reporting requirements) are included in Appendix 3 of the Outcome Agreement.