The Transformation of Needs Assessment / Service Coordination (NASC) providers to Community Access Services

A Discussion on 'Self-Directed Support in New Zealand – A Model for Transformation'[1] - Enacting the transformation.

Duffy defines a model for developing citizenship that requires some very specific functions and a resulting move away from the burden of bureaucratic processes to more empowering processes and systems. These are designed to both facilitate people as individuals, in achieving self-determination and direction (citizenship), and to work for social change to actively develop more welcoming and inclusive communities.

In order to gauge the response to the proposed model for self-direction, and assess the general perceptions of the need for, and extent of change required to achieve the transformation, all MOH contracted, NASC managers were given the opportunity to participate in an interview. Ten of the twelve NASC Managers responded and nine (one withdrew due to injury) were interviewed for approximately 1½ hours.

This document makes no attempt to debate the model proposed but simply summarises the feedback from nine NASC managers including their thoughts and recommendations as to how a transformation might be achieved to Community Access Services.

NASC Manager's reflections

Without exception, everyone interviewed is extremely passionate about his or her work, and all are committed to positive change for disabled people in our communities.

There were some key themes that all were asked to comment on. The following is a summary of the themes that emerged and the level of consensus as follows;

- **The feasibility of what is proposed in the document in respect of the role and functions of 'Community Access Services'**

All NASC managers spoken with agreed that the model is feasible. Most believe that they are delivering some, if not all of the primary functions described in the document[2], to a greater or lesser degree. They consistently acknowledge that they do some functions more effectively than others and the manner in which some are delivered is not always with a focus on empowerment.

However, all were concerned that they do not have enough resource and / or cannot easily re-prioritise workloads and other demands to effectively engage in the secondary functions[3] that are fundamental to whanau and community engagement, change management, and community development for social action.

- **How the roles and functions might work into the future, particularly in respect of the various core processes defined by Duffy.**

Generally, there was agreement that the necessary changes are possible but the perception about what might be required, and the quantum of change, varied.

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[1] Duffy,S. (2016) Self-Directed Support in New Zealand – A Model for Transformation.

[2] Duffy,S. (2016) Self-Directed Support in New Zealand – A Model for Transformation. Pp 2-3

[3] Duffy,S. (2016) Self-Directed Support in New Zealand – A Model for Transformation. Pp 3-4

The functions and processes relating to information, assessment, and navigation were well understood and perceived as requiring development and some streamlining.

In respect of access to information, many noted that processes would be less confusing if they were more accessible and more streamlined e.g. ready access to information, then clear 'sign posts' to relevant and appropriate services e.g. LAC's, NASAC's and other services etc.

There was some concern for current confusion of roles between LACS, DIAS providers, and NASCs. Some struggled with how these distinctions might be managed in a future system. There was also a real concern that the activities and time required to build and develop the secondary functions described by Duffy, relation to inclusion, including relationships with whanau, communities, and services and the other building blocks for social change, might be underestimated if they are not well understood.

The importance of collaboration with other agencies and services was raised by most NASCs and there was a strong consensus that the functions of coordination would require much greater emphasis.

Only three NASC managers raised the notion of measuring outcomes and how that can be achieved. In general, how one might develop and then measure outcomes for individuals or for populations, was not an area that seemed to be well canvassed or well understood. Though there was agreement that processes were too formulaic and "over-processed-mapped" and that more flexibility is required to support achievement of outcomes.

Notwithstanding, within current constructs, this could present a real challenge for many NASCs, when considering how to measure, review, and update people's plans based on achievement of outcomes. The subsequent task of consolidating those measures, to inform how to monitor and measure the outcomes from the secondary functions of community and service development, and social action for change, will also be a challenge if an population, outcomes based approach is not well supported by the Ministry of Health.

- **The most significant changes that will be required to achieve transformation of NASC services to an effective model for self-directed support.**

It was generally agreed that the Duffy model would be more easily achieved if there were more flexibility shown by Ministry of Health. A fundamental theme emerged that was expressed more succinctly by some than others and it relates to the prevailing view of disability.

To paraphrase, many noted the need to move away from the current 'deficit' view of disability (a predominantly medical model perspective), in which 'need' is assessed and then administered to (to address the deficit). To achieve the intent of Duffy's proposition, and programmes such as Enabling Good Lives (et al), it will be necessary to embrace the social model of impairment, in which citizenship is achieved by supporting people to achieve of a range of outcomes. This is a paradigm shift that is more easily made by some than others, as it also flags a change in the balance of power, and it is a change that will certainly be required for the Ministry to relinquish some of the existing controls and trust a process of change and self-direction.

Many NASC Managers noted that NASCs need to relinquish control and be prepared to work with disabled people with more flexibility – i.e. be less 'paternalistic' and more trusting of giving disabled people more choice and control to let them get on with their lives. The reasons mooted that this level of control may have come about, were raised by a number of NASC managers, and include issues such as the lack of guidelines around skill sets and the expertise and attitudes required by NASC staff. It was noted by a number of NASC Managers that if NASC's were to support the building of leadership within communities of disabled people, they could become the 'guardians' of their own processes.

There was also note made by some of the importance of allowing people the dignity of risk when moving into self-directed supports and some discussion about what safeguards might be necessary. While all noted that there is a significant variation in how people will enact self-direction, their views are generally consistent with Duffy's assertion that, in practice people will need different levels of responsibility and have access to different means of control.[4]

Most agreed that in order for this model to work, there would need to be more flexibility in the assessment and facilitation processes and much more flexibility in utilisation of budgets. One NASC Manager noted that being able to design individual budgets, and then work with a range of providers (not only contracted providers) to build supports would deliver better, and more sustainable outcomes, to match respective communities.

Many struggled with the concept proposed by Duffy[5] of moving from 'push to pull economics' but all agreed there is a need for more flexibility in how funding can be applied. Not all NASC managers could envisage how the procurement and contracting arrangements proposed by Duffy, might work. As a result, there were mixed views about where budgets should be held and managed – i.e. centrally or locally. There was however absolute consensus that more flexibility and collaboration was required in how contracted providers develop and deliver supports and services. A number of NASCS raised the issue of population funding, whereby funding allocations are based on population needs and demographics. It was envisioned that this would allow for local, more targeted negotiation and procurement of specific and / or unique supports

In summary, the changes necessary were noted fairly consistently across most interviewees, including;

- More integration between the roles of DIAS, LACs, NASCs etc. and greater liaison / linking between DIAS and NASC with more accessibility of information allowing people to identify more readily "who does what?", and who (which agency) is taking ownership of referrals
- Assessment and facilitation processes and requirements should more accurately reflect the diversity of the people using the service.
- Increased transparency around budgets and the necessary limitations, so people know exactly what they have to work with and why – i.e. realistic expectations founded on transparency.
- Increased flexibility in utilisation of available budgets – not necessarily always directed to contracted supports.
- Developing greater accountability and flexibility of providers to ensure they deliver to people's identified outcomes, to accurately reflect the planning process, and not limit services to prescribed service parameters.
- Refining and simplifying the NASC transfer process to deliver more consistency's – it was identified by a number of people as overly bureaucratic and impeding flexibility.
- Getting the NASC culture right was a common theme. There was a prevailing view that if the culture is right, people will have more confidence and greater engagement with the processes. One NASC Manager made a comment that there is a need for 'A true renaissance of culture" while others made comments like there is a need to "use staff well and wisely and ensure skill mix is right". One comment was made that there is a need to create new incentives for the NASC workforce to remain engaged. That view was echoed by most in various ways.
- Employing more people with lived experience of disability. One Manager noted that engagement is greater when people in NASC roles have lived experience of disability (including as a family member) in tandem with relevant qualifications etc.

[4] Duffy,S. (2016) Self-Directed Support in New Zealand – A Model for Transformation Pp 20-22

[5] Duffy,S. (2016) Self-Directed Support in New Zealand – A Model for Transformation, Pp 11-13

- Expanding the current coordination roles to facilitate the secondary functions described by Duffy and particularly to strengthen engagement with Whanau and other natural supports and to monitor and measures outcomes, and more effectively.
- Increased focus and resource invested in the secondary functions to undertake community engagement and development and drive social change.
- There was also some feedback that the SPA tool should be used as a guideline and not so rigidly applied as rules.

- **A realistic time frame for achieving these significant changes.**

There is quite a range in views about how long change should take, from one year to ten years. Some think slow evolution, or incremental change will be more sustainable while others strongly support a 'Big Bang" approach of quick change over a year or two. There was however, a resoundingly consistent comment that there should be no more trials or pilots and that we should just 'get on and do it' and perhaps look to other entities, such as Whanau Ora, to use as a blueprint for change.

Summary of discussions

In conclusion, the discussions with a majority of the NASC managers indicate consensus that the Community Access Services (CAS) model is achievable. Of course, there were some caveats and there are a number of areas, in which more discussion is required, including, but not limited to the following;

- The paradigm shift away from the current deficit model of assessing and addressing 'needs', to a citizenship model / social model of supporting people in achieving key outcomes. An attitudinal shift will be required not only by the entire NASC workforce, but must also be supported by the Ministry of Health to allow true flexibility to emerge. This infers that there is also a conversation to be had about where and how 'the balance of power' is managed and enacted in the various layers of systems and processes, including a dilution of the power currently delegated to service providers. It demands more than just a nuancing of the remit of current roles. It requires a fundamental change to fully realise the impact and Community Access Services (CAS) approach.
- How will the need for some change in the structure and functions of the workforce be determined and managed to ensure the required capacity and capability can be developed? The CAS model infers an increased diversity of skill sets and people, including increased economic participation by people with lived experience of disability. This was perceived as necessary to support the fairly significant shift in paradigm to include community development and change management.
- What influence can NASCs have on the reporting and other administrative requirements of the Ministry that often serve as distractions / impediments to development?
- How will success be measured for individuals and at a systems level? – i.e. what specific outcomes will be identified and by what measures to ascertain "is anyone better off" (has self-direction and citizenship been achieved and are communities more welcoming and inclusive?).
- What level of rationalisation, if any, of existing NASC services may be necessary to deliver a sustainable approach to developing Community Access Services? (Noting that this may be addressed in the NASC review)

Notwithstanding, it is generally agreed that there is an existing foundation of services across NASCs that provide a base for development of Community Access Services. The NASC review will inevitably provide more insight for the Ministry of Health to begin a process of change and the Community Access Services model appears to be an achievable platform on which it can be launched.

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