**Q: Why was mid-Central chosen as the area to begin implementing the national transformation?**

Since 2008, government agencies have been testing a number of approaches across New Zealand to provide disabled people with more choice and control over their disability support. These include the New Model, and the two Enabling Good Lives demonstrations. These have added layers to the existing system in many regions.

To understand what we need to put in place to make the transformation sustainable, and the impact the transformation has had on people’s lives, costs, and system infrastructure, we believe it is best to start implementing the national transformation in an area where there had not been any other initiatives.

This will ensure that before we begin system transformation, we can collect baseline data on the support offered by the ‘traditional’ disability support system in order to ensure any changes are making a positive difference.

We chose mid-Central because:

* there have been no previous initiatives in this region
* the region has around 1,500 clients receiving disability support services
* it has a good mix of clients living in both urban and rural areas
* a significant Maori population (20% of the population is Maori), and
* the disability community is ready and keen to support change.

**Q: Why do we need a new design process?**

Cabinet has agreed that the transformation of the disability support system should include a social investment approach, and a transformation of the existing infrastructure.

The current Enabling Good Lives demonstrations do not include a social investment approach – this will need to be developed and included in the new design.

The recently undertaken review of NASC and Disability Information and Advisory Services (DIAS) indicated that the current systems do not work well for all disabled people. We will need to develop a new design to transform the existing infrastructure by adding new components (including independent facilitation and family and disabled people capacity building) and investing more in existing components including needs assessment and allocation processes so they meet the needs of disabled people and their families.

Since the demonstrations began, we have learnt a lot about what works and what doesn’t work and we will be looking to apply these lessons as part of the design process for mid-Central.

**Q: How is this transformation different from the existing EGL demonstrations?**

The demonstrations have only been available to a small group of disabled people in each area and have targeted specific groups; – school leavers in Christchurch and four priority groups in the Waikato. The demonstration has operated alongside and in parallel the existing system in those areas. This transformation will apply to all the people in the area and will result in changes to the whole system in the area and will replace the current system.

**Q. What will happen after the mid-Central transformation?**

This co-design process will focus on what needs to change in the system for all of New Zealand and will include national and local representatives in the co-design process.

Mid-Central is the area where it will first be rolled out as a whole of system change. Close monitoring and evaluation in mid-Central will help ensure that there is on-going refinement in design for any further roll out.

**Q: Where exactly is mid-Central?**

The mid-Central region includes Palmerston North, Horowhenua, Manawatu, Otaki and Tararua districts.

**Q: Who will be part of the transformation in mid-Central?**

Anyone in the mid-Central area who meets the Ministry of Health’s Disability Support Services eligibility criteria which includes those with an intellectual, physical or sensory disabilities that arise before they turn 65 years old, will be eligible to access support under the transformed model. Funding from the Ministries of Health and Social Development will be pooled for allocation to those who are eligible.

**Q: What does co-design mean?**

Co-design was a key feature of both the Christchurch and Waikato demonstrations, and one that was valued by both the disability sector representatives and government. It means that representatives of disabled people, families, providers and government agencies work together to develop a design for the transformed system. This will include working through challenging issues to find solutions that will meet the needs of disabled people and their families. That proposed design will be put to Ministers and the final decision on what the design will look like will be made by Cabinet.

**Q: Who will be part of the design process for the transformed system?**

There are 13 on the co-design group including five disabled people, two family representatives, two from service organisations, and four from government agencies.

**How was the decision made about who was on the design group?**

As well as perspective, knowledge and skills needed, it was important the group has balance and includes at least:

* Four members with a disability
* One member representing families
* One member representing providers/service organisations
* One Maori member
* One Pasifika member

**Q: Will Maori be involved in the design process? If so, how?**

At least one member of the design group will be Maori and we will also be seeking input into the co-design process from other Maori voices, including disabled people, families, providers, local iwi and lessons from Whanau Ora.

**Q: How will the design process work?**

Workshops involving the design group will be held over a period of 2-3 months and over this time advice on the design will be developed for Ministers to take to Cabinet for approval in mid-2017.

**Q: What do you mean by a social investment approach?**

Social investment is about spending/investing money up front/early where this will produce better life outcomes for people in the long term and may also reduce long term costs to government. It is actually common sense. In some situations putting more in earlier can make a big difference for a person for their whole life.

The practical application of the social investment approach in the transformation will be worked out in the design process.

**Q: What will happen to the people who are already part of one of the demonstrations?**

The demonstrations in Christchurch and the Waikato will continue to work with those they have been to date in the same way. New school leavers will continue to join the demonstration in Christchurch and up to 60 new participants will join the Waikato demonstration each year.

**Q: Why is the Ministry of Health now leading the co-design process?**

We have received feedback from the sector that the system transformation needs to be led by a dedicated entity that reports directly to a senior Government Minister.
The Associate Minister of Health and Minister for Disability Issues will oversee the system transformation and will work closely with senior Ministers on the design.
When making the decision about which agency was best positioned to lead the transformation, we considered:

* how disabled people engage with different government agencies throughout their life
* what infrastructure was already in place and the costs of changing this, and
* the fit of this work with the core purpose of the agency.

The Ministry of Health, through its Needs Assessment Service Coordination (NASC) organisations has relationships with disabled people who require disability support throughout their lifetime. Providing support to disabled people is a core part of its business. The Ministry has an existing infrastructure in place to be able to assess and provide disability support.

While other agencies including the Ministries of Education and Social Development provide some support and services to disabled people, their interactions are not lifelong. They do not have existing infrastructure in place that can be modified to assess and provide disability support, without significant additional cost.

Cabinet agreed that the Ministry of Health would be the best positioned agency to lead the transformation process. The Ministries of Social Development and Education also have key roles in providing support to disabled people and will be closely involved in the work. The work will continue to be overseen by a Joint Agency Group which includes the three key agencies. Other government agencies including population ministries will also be involved.

**Q: This transformation sounds like revamp of the NASCs – How does this relate to Enabling Good Lives?**

The Ministries of Health and Social Development are committed to co-designing a system based on the EGL vision and principles that works for disabled people and their families to provide more choice and control over their lives and the support they receive.

The current system will be transformed based on the EGL vision and principles to provide disabled people with more choice and control over their lives and the support they receive.

The system transformation will build on the existing capability, capacity and expertise, but it will look very different in the future. We are planning to invest more in new functions (such as independent facilitation) and changing some of the existing functions (such as assessment and allocation processes). The co-design process will also include developing accountability mechanisms (eg contracts) and identifying key measures for the system.

We know that people have concerns about the current system and we want to work through the issues with the sector as part of the co-design process.