

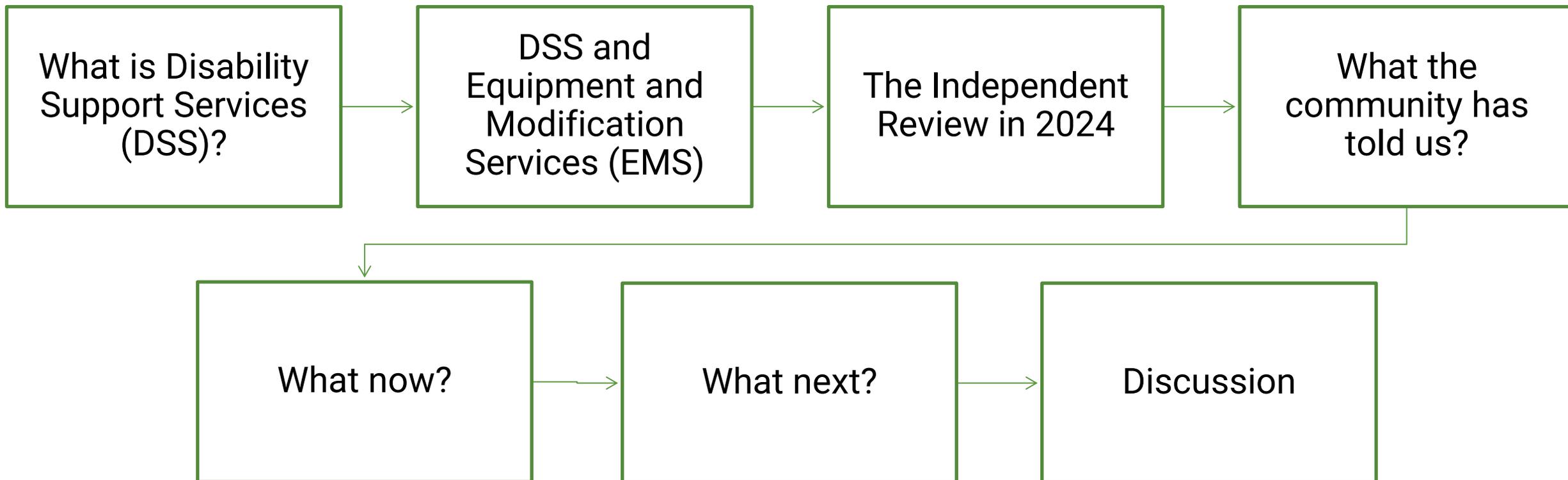
Disability Support Services

ATSNZ Expo, 19 August 2025

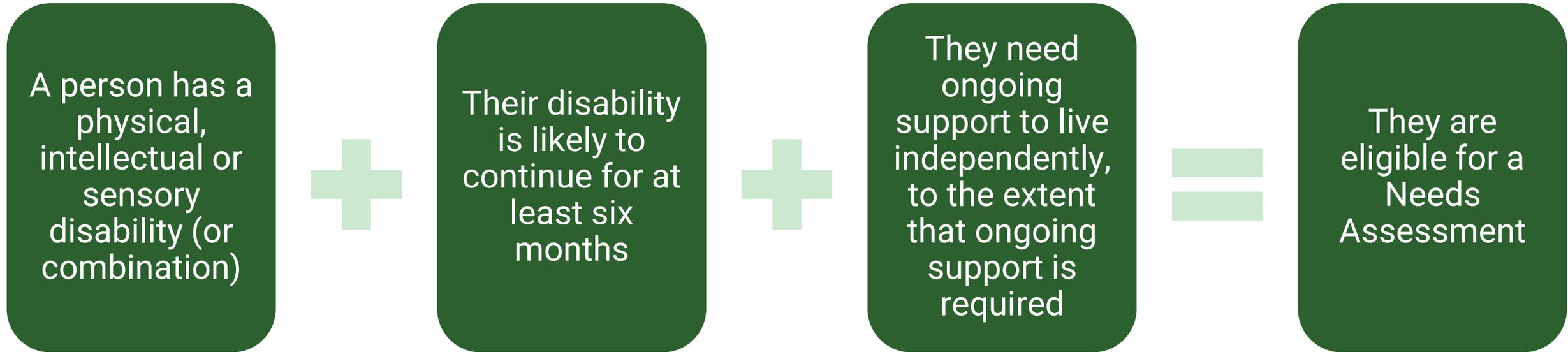


Te Kāwanatanga o Aotearoa
New Zealand Government

Outline for our time together



What is DSS



- DSS will also fund disability support services for people with:
 - some neurological conditions that result in permanent disabilities
 - some developmental disabilities in children and young people, such as Autism
 - physical, intellectual or sensory disability that co-exists with a health condition and/or injury

DSS and EMS

- Funding for disabled people who need environmental support services to engage with daily life. It helps disabled people live as independently and safely as possible
- People eligible for EMS services must have either one, or a combination of, a physical, intellectual, sensory (vision and/or hearing) disability, or an age-related disability, which is likely to:
 - remain after the provision of treatment and/or rehabilitation
 - continue for at least six months and
 - impact on their ability to do some everyday tasks, resulting in a need for ongoing support.
- People under 65 years that have very high needs, requiring ongoing support services due to a chronic health condition, may be eligible for EMS
- People living in residential care settings may be able to access EMS

EMS bands

01

Band 1 equipment: meets the needs of a wide range and large number of disabled people, is low cost and durable, and can (often) be reissued in a cost-effective way.

02

Band 2 equipment: does not have high specifications or features, is not complex to use or customised for an individual, generally costs less than \$3,000, and is regularly requested.

03

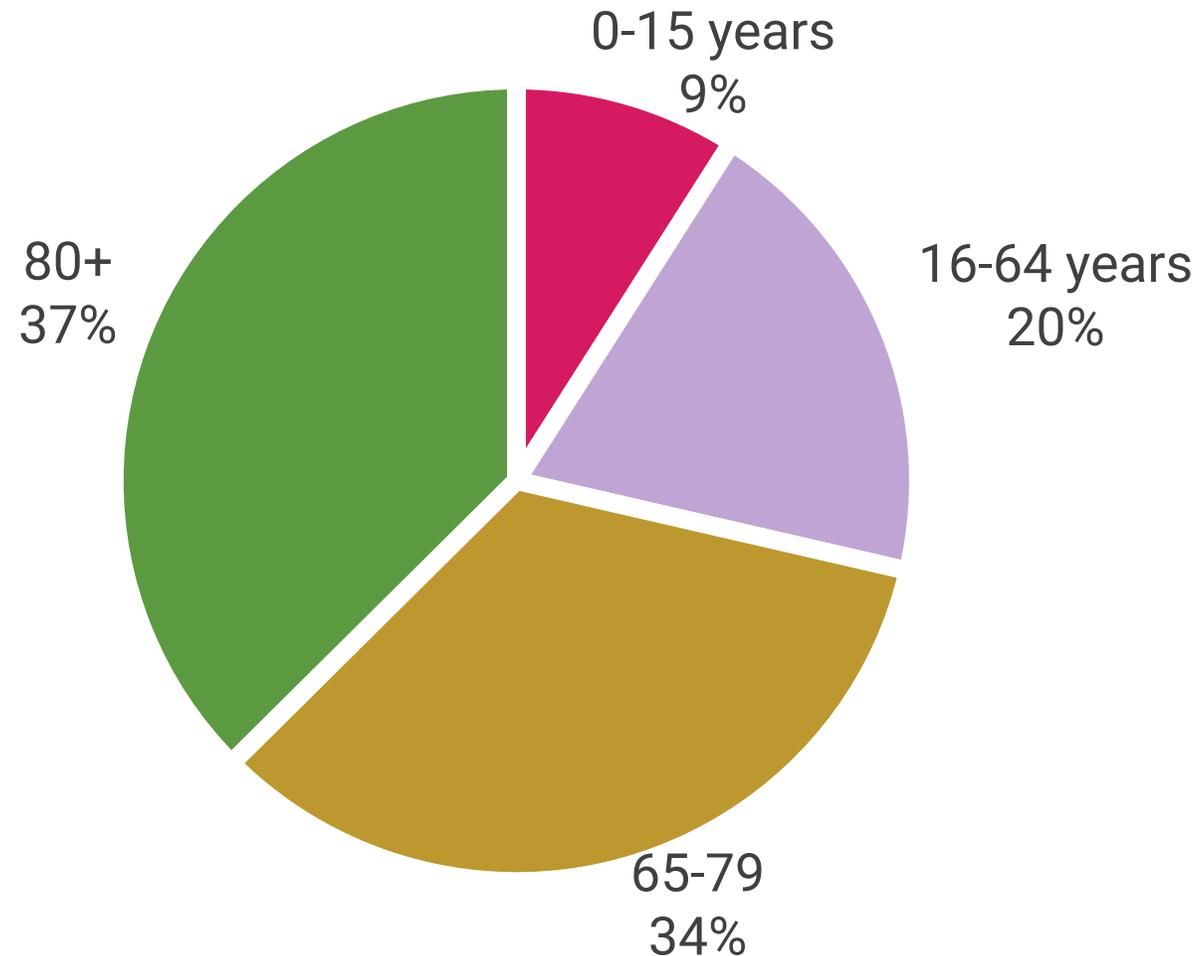
Band 3 equipment: is complex and could have high specifications, may be customised or individualised, generally costs more than \$3,000, and is supplied in low volumes.

EMS bands

- For FY 2024/25 we completed service requests for:

Type	Number of service requests (round numbers)	Estimated value (round figures)
Band 1	77,000	\$20 m
Band 2 and 3	23,000	\$80 m
Housing modifications (basic and complex)	2,600	\$30 m
Vehicle driving assessment	180	\$160 k
Vehicle modifications	110	\$920 k
Vehicle purchase	10	\$110 k

Age of EMS users



Note: this shows age by number of service requests, not individuals

What led to the Independent Review in 2024?



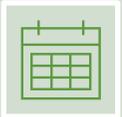
What led to the Independent Review in 2024? (cont.)



There's a long pattern of cost growth in DSS. More people are using DSS, their needs are more complex, and the cost of services are rising.



The number of people using DSS increased by 43% between 2019 and 2025. That's five times faster than general population growth. During the same timeframe, funding grew from \$1.3b to \$2.6b.



In nine out of the last ten years, DSS needed more money during the year than it had been allocated in the Budget.



Support is inconsistent across the country. As an example, average allocations for respite care range from \$6,500 in one region to \$18,000 in another.

Findings of the Independent Review in 2024

Delivery of DSS was inconsistent, both nationally and within regions and Needs Assessment Service Coordination Services (NASCs).

Whaikaha was due to spend more money than it was allocated in Budget 24, if spending was not managed.

There were inadequate budgetary controls and commercial rigour.

The two largest areas of cost growth were flexible funding and residential care.

Whaikaha was not set up in a manner that enabled it to effectively manage the nature and scale of its funding.

Policy settings and service design did not allow Whaikaha to administer and deliver DSS effectively.

The Independent Review recommendations

Reinstate:

1.
 - budgets for NASCs, Enabling Good Lives (EGL) sites and EMS providers,
 - monitoring and reporting requirements for NASCs, EMS providers, and EGL demonstration sites.
-

2. Freeze current levels of funding for residential facility-based care for FY 2024/25 pending commissioning and completion of a detailed and urgent review of the contract and pricing models.
-

3. Take no action on a price increase for providers in 2024/25.
-

4. Establish an effective function within DSS to monitor the assessment and allocation performance of NASCs and EGL sites.
-

5. Update the assessment and allocation settings for individuals based on level of need.
-

6. Establish criteria for access to flexible funding and review the flexible funding guidelines to improve clarity and consistency.
-

Strengthen:

7.
 - the departmental agency arrangement with Ministry of Social Development (MSD) [*superseded*], and
 - the shared services agreements with MSD, the Ministry of Health, and Health New Zealand – Te Whatu Ora.

What the community has told us

In general:

- The system doesn't work well for some people and has variable outcomes. Some DSS funded services and supports do not meet needs.
- Assessment is negative, doesn't capture need, is inconsistent, and leads to poorly assigned services.
- The system is hard to understand and navigate. People find it difficult to know what DSS's role is amongst other agencies. People don't have the support they need to understand what services will work best for them, and how to get them.

For assessment tools and processes and flexible funding:

- People want the assessment process to be easier, more consistent and streamlined.
- Many people support a specific needs assessment for family/carers, but opinions differ on how that should be done.
- There was significant support for a plan-based approach to managing flexible funding.
- People expressed concern that a prescribed list could be too restrictive, while others see benefits, especially for those unfamiliar with flexible funding.
- Most people oppose introducing criteria to access flexible funding, but some think it could provide clarity and consistency.

What now?

The goals are to improve fairness, consistency, transparency and sustainability.

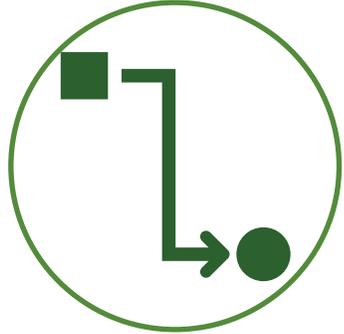
There are two different parts of the work: stabilising and strengthening.

Stabilising is about ensuring DSS can operate within budget and minimise disruption to current services. We are also working to improve how we deliver DSS.

Strengthening is about setting out what DSS needs to achieve for disabled people, their families and carers.

We are looking at early EMS intervention options to increase independence.

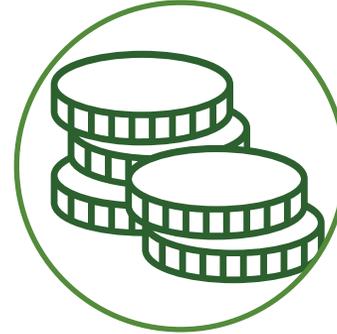
What next?



System design – a fair, consistent and transparent system that disabled people can understand and engage with, with clear decision rights and accountability for those working in the system.



DSS legislation – clear rules around what DSS is here to achieve, and who is eligible.



Fair funding – funding should be linked to need and support the development of the services needed in each region.



Cross-government boundaries and data – agencies working better together and making it easy for disabled people to understand who does what.

Discussion

- How can we do better?
- What information do you need from us?
- What's around that we might not know about?