# Counties Manukau District Health Board
## Disability Support Advisory Committee Meeting Agenda

**Wednesday, 3 June 2015 at 1.30pm – 4.00pm, Manukau Board Room, Lambie Drive**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>1.30pm – 1.40pm</td>
<td>1.0 Welcome</td>
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<td>1.40pm – 2.00pm</td>
<td>2.0 Governance</td>
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<td></td>
<td>2.1 Attendance &amp; Apologies</td>
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<td></td>
<td>2.2 Disclosure of Interests/Specific Interests</td>
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<td>2.3 Acronyms</td>
<td>11-12</td>
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<td>2.4 Confirmation of Previous Minutes (11 March 2015)</td>
<td>13-15</td>
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<td>2.5 Action Items Register</td>
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<td>2.6 DiSAC Terms of Reference</td>
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<td>2.00pm – 3.00pm</td>
<td>3.0 Clinician Literacy</td>
<td>16-17</td>
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<td></td>
<td>3.1 Clinician Literacy on working with the disabled community – Martin Chadwick</td>
<td>18-82</td>
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<tr>
<td></td>
<td>3.1.1 Lets Get Real Framework</td>
<td>83-98</td>
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<td></td>
<td>3.1.2 Lets Get Real Workforce Planning Tool</td>
<td>99-130</td>
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<td>3.1.3 Lets Get Real Guide for Leaders &amp; Managers</td>
<td>131-148</td>
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<td>3.1.4 Lets Get Real Service Planning Tool</td>
<td>149-190</td>
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<td>3.1.5 Lets Get Real HR Tool</td>
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<td>3.00pm – 3.15pm</td>
<td>3.15pm – 3.15pm Afternoon Tea</td>
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<td>3.15pm – 3.50pm</td>
<td>3.0 Clinician Literacy (contd)</td>
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<td>3.2 Developing Clinician Capability – Kim Wiseman</td>
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<td>3.50pm – 4.00pm</td>
<td>4.0 Discussion</td>
<td>Verbal</td>
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<td>4.1 Manawhenua community representative update – Martin Chadwick</td>
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**Next Meeting: Wednesday 26 August 2015, Lambie Drive**
# BOARD MEMBER ATTENDANCE SCHEDULE 2015 – DiSAC

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>Feb</th>
<th>11 Mar</th>
<th>Apr</th>
<th>May</th>
<th>3 June</th>
<th>July</th>
<th>26 Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>18 Nov</th>
<th>Dec</th>
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<tr>
<td>Lee Mathias (Board Chair)</td>
<td>No Meeting</td>
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<td>Colleen Brown (DiSAC Chair)</td>
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<td>Sandra Alofivae</td>
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<td>David Collings</td>
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<td>George Ngatai</td>
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<td>Dianne Glenn</td>
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<td>Reece Autagavaia</td>
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<td>Mr Sefita Hao‘uli</td>
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<td>Ms Wendy Bremner</td>
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<td>Mr Ezekiel Robson</td>
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<td>Member</td>
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| Dr Lee Mathias, Chair | • Chair Health Promotion Agency  
                        • Deputy Chair Auckland District Health Board  
                        • Director, Pictor Limited  
                        • Director, iAC Limited  
                        • Advisory Chair, Company of Women Limited  
                        • Director, John Seabrook Holdings Limited  
                        • Chairman, Unitec  
                        • External Advisor, National Health Committee  
                        • Director, Health Innovation Hub  
                        • Director, healthAlliance Ltd  
                        • Director, healthAlliance (FPSC) Ltd  
                        • MD Lee Mathias Limited  
                        • Trustee, Lee Mathias Family Trust  
                        • Trustee, Awamoana Family Trust  
                        • Trustee, Mathias Martin Family Trust |
| Colleen Brown     | • Chair, Disability Connect (Auckland Metropolitan Area)  
                        • Member of Advisory Committee for Disability Programme Manukau Institute of Technology  
                        • Member NZ Down Syndrome Association  
                        • Husband, Determination Referee for Department of Building and Housing  
                        • Chair IIMuch Trust  
                        • Director, Charlie Starling Production Ltd  
                        • Member, Auckland Council Disability Advisory Panel |
| Sandra Alofivae   | • Member, Fonua Ola Board  
                        • Board Member, Pasefika Futures |
| David Collings    | • Chair, Howick Local Board of Auckland Council  
                        • Member Auckland Council Southern Initiative |
| Dianne Glenn      | • Member – NZ Institute of Directors  
                        • Member – District Licensing Committee of Auckland Council  
                        • Life Member – Business and Professional Women Franklin  
                        • Member – UN Women Aotearoa/NZ  
                        • Vice President – Friends of Auckland Botanic Gardens and Member of the Friends Trust  
                        • Life Member – Ambury Park Centre for Riding |
<table>
<thead>
<tr>
<th>Name</th>
<th>Roles and Associations</th>
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| George Ngatai       | - Therapy Inc.  
- CMDHB Representative - Franklin Health Forum/Franklin Locality Clinical Partnership  
- Vice President, National Council of Women of New Zealand |
| Reece Autagavaia    | - Arthritis NZ – Kaiwhakahaere  
- Chair Safer Aotearoa Family Violence Prevention Network  
- Director Transitioning Out Aotearoa  
- Director BDO Marketing  
- Board Member, Manurewa Marae  
- Conservation Volunteers New Zealand  
- Maori Gout Action Group  
- Nga Ngaru Rautahi o Aotearoa Board |
| Sefita Hao’uli      | - Trustee Te Papapa Pre-school Trust Board  
- Member Tonga Business Association & Tonga Business Council  
- Member ASH Board  
- Board member, Pacific Education Centre  
Advisory roles:  
- Tongan Community Suicide Prevention Project (MoH)  
- Tala Pasifika (NZ Heart Foundation Pacific Tobacco Control)  
- Member Pacific People’s Advisory Panel, Auckland Council  
Consultant:  
- Government of Tonga: Manage RSE scheme in NZ  
- NZ Translation Centre: Translates government and health provider documents.  
- Promotus GSL on Rheumatic Fever campaign (HPA)  
- Taulanga U Society Rheumatic Fever Innovation project (MoH) |
| Ezekiel Robson      | - Department of Internal Affairs Community Organisation Grants Scheme Papakura/Franklin Local Distribution Committee  
- Be.Institute/Be.Accessible ‘Be.Leadership 2011’ Alumni  
- Member, CM Health Patient & Whaanau Centred Care Consumer Council |
| Wendy Bremner       | - CEO Age Concern Counties Manukau Inc  
- Member of Health Promotion Advisory Group (7 Age Concerns funded by MOH) |
<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
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<tbody>
<tr>
<td>Mr Ezekiel Robson</td>
<td>Be.Institute</td>
<td>Mr Robson had a past interest with the Be.Accessible Leadership Alumi.</td>
<td>18\textsuperscript{th} June 2014</td>
<td>That Mr Robson’s specific interest is noted and the Committee agree that he may remain in the room and participate in any deliberations or decisions.</td>
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<td>Glossary</td>
<td>Description</td>
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<td>ACC</td>
<td>Accident Compensation Commission</td>
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<td>ADU</td>
<td>Assessment and Diagnostic Unit</td>
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<td>ARDS</td>
<td>Auckland Regional Dental Service</td>
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<td>CADS</td>
<td>Community Alcohol, Drug and Addictions Service</td>
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<td>CAMHS</td>
<td>Child, Adolescent Mental Health Service</td>
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<td>CNM</td>
<td>Charge Nurse Manager</td>
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<td>CT</td>
<td>Computerised Tomography</td>
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<td>CW&amp;F</td>
<td>Child, Women and Family service</td>
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<td>DNA</td>
<td>Did not attend</td>
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<td>ESPI</td>
<td>Elective Services Performance Indicators</td>
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<td>FSA</td>
<td>First Specialist Assessment (outpatients)</td>
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<td>FTE</td>
<td>Full Time Equivalent</td>
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<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>MHSG</td>
<td>Mental Health service group</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MTD</td>
<td>Month To Date</td>
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<td>MOSS</td>
<td>Medical Officer Special Scale</td>
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<td>OHBC</td>
<td>Oral health business case</td>
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<td>ORL</td>
<td>Otorhinolaryngology (ear, nose, and throat)</td>
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<td>PACU</td>
<td>Post-operative Acute Care Unit</td>
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<td>PHO</td>
<td>Primary Health Organisation</td>
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<td>PoC</td>
<td>Point of Care</td>
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<td>SCBU</td>
<td>Special care baby unit</td>
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<td>SMO</td>
<td>Senior Medical Officer</td>
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<td>SSU</td>
<td>Sterile Services Unit</td>
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<td>Territorial Locality Areas</td>
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<td>WIES</td>
<td>Weighted Inlier Equivalent Separations</td>
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<td>Year To Date</td>
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Minutes of the meeting of the Counties Manukau District Health Board

Disability Support Advisory Group
Wednesday 11 March 2015

held at Counties Manukau Health Boardroom, 19 Lambie Drive, Manukau
commencing at 1.30pm

COMMITTEE MEMBERS PRESENT:
Dr Lee Mathias (Board Chair)
Ms Colleen Brown (Committee Chair)
Mr David Collings
Ms Dianne Glenn
Mr George Ngatai
Mr Ezekiel Robson
Ms Wendy Bremner

ALSO PRESENT: Mr Martin Chadwick (Director of Allied Health)

APOLOGIES: Apologies were received and accepted from Ms Sandra Alofivae, Mr Apulu Reece Autagavaia, Mr Sefita Hao’uli and from Dr Lee Mathias (for leaving early).

WELCOME Ms Dianne Glenn opened the meeting with a short prayer.

2.2 DISCLOSURE OF INTERESTS

The Committee noted the amendment to Ms Colleen Brown’s Disclosures of Interest.

2.2 SPECIFIC INTERESTS

There were no specific interests to note with regard to the agenda for this meeting.

2.3 ACRONYMS

The acronym list was noted.

2.4 CONFIRMATION OF PREVIOUS MINUTES

Confirmation of the Minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 17 December 2014.

Resolution (Moved Ms Dianne Glenn/Seconded Ms Wendy Bremner)

That the minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 17 December 2014 be approved.

Carried
2.5 ACTION ITEMS REGISTER

Health Literacy – this item has been transferred to the Board for discussion.

Resolution (Moved Dr Lee Mathias /Seconded Ms Colleen Brown)

That a formal memorandum be sent from the Chair to the Board Secretary to follow up when
the health literacy plan is expected to come to Board and also requesting that the DISAC
Committee would like disability to be added to the health literacy discussion.

Carried

Resolution (Moved Dr Lee Mathias /Seconded Ms Colleen Brown)

That the Action Items Register of the Counties Manukau Disability Support Advisory Committee
be received.

Carried

3. PRESENTATIONS

3.1 Maaori Living with Disability in the CMH Health Region
Ms Sarah Sharpe, Registrar Population Health and Ms Tania Pompallier, Senior Portfolio Manager,
Maaori Health Gain took the Committee through the paper.

(Mr Martin Chadwick arrived at 2.03pm).

There are approximately 20,000 Maaori living with disability in the CM Health catchment area –
25% of the Maaori population (1:4) compared to the total population of 22%. Three quarters of
the Maaori male population aged 65 and over are living with disability in CM Health compared to
59% of the total population. We need to refocus on the systems that support Maaori with
disability and ensure that they are able to participate in society in a way that they and their
whaanau want to.

(Dr Lee Mathias left at 2.25pm).

There was discussion about a governmental workforce development initiative currently underway
to support infant nutrition by partnering with primary care providers to undertake parenting
programmes (ie) develop the curriculum and provide the training for the healthcare providers. Mr
Chadwick to keep in touch with the Maaori Health Gains team in relation to this initiative.

As recommended by George Ngatai, Maaori Health will consider scoping a paper focused on
identifying improved data definitions building on the report provided by Dr Sarah Sharpe
and briefing paper from Riki. A ‘deep dive’ into one specific disability was further agreed to
be considered.

There are only three sign language interpreters nationally who can sign in Maaori. To enable
better access to services there could be some merit in looking to partner with AUT to increase the
availability of trained sign language professionals who can sign in Maaori.

There was robust discussion in relation to the number of Maaori males identified in the 65+ age
group with disability (74%) as against 58% nationally and that it would be interesting to know how
many had the disability prior to them turning 65 and were therefore already in the Taikura Trust
system and how many were actually age related disabilities. Dr Sharp advised that it was unlikely she could get the answers to those questions from the current data.

**Resolution** (Moved Ms Colleen Brown/Seconded Ms Dianne Glenn)

The Disability Support Advisory Committee recommends to the Board:

- that it approves a specific piece of work be commissioned in partnership with ACC to develop and implement strategies specifically for Maaori in the 0-14 and 15-44 age brackets acknowledging that accidents are the largest contributor to disability in this cohort;
- that the importance of the First 2000 Days programme is reinforced taking into account the high level of Maaori with disability in the 0-14 age group.

**Carried**

**Resolution** (Moved Ms Colleen Brown/Seconded Ms Dianne Glenn)

That the Disability Support Advisory Committee receive this report.

**Carried**

3.2 Values Refresh

Ms Margie Apa, Director Strategic Development took the Committee through the Values Refresh work currently underway.

Ms Margie undertook to look into the rooms being used for Listening Week to ensure they are accessible for people with disabilities (ie) parking is easy and close by, the physical buildings are accessible and to look into whether a sign language interpreter could be available if one was requested.

4. DISCUSSION PAPERS

4.1 Be.Accessible Assessment of MSC

Mr Martin Chadwick took the Committee through this paper and assessment.

**Resolution** (Moved Ms Dianne Glenn/Seconded Mr George Ngatai)

That the Disability Support Advisory Group note the Executive Leadership Team’s recommended approach as discussed at their meeting on 10th February 2015.

**Carried**

5. WORKSHOP

5.1 Disability Strategy for CMH

Mr Martin Chadwick, Director Allied Health took the Committee through the paper.

The Committee discussed the proposed plan for the next four DiSAC meetings commencing in June with the Clinician Literacy followed by Community Dialogue in August, Statistics in November and Consumer Health literacy in March 2015. Each recommendation coming from the four
themes should have actions that can be followed up and reported back on, and have targets, accountability and outcomes.

**Resolution** (Moved Ms Colleen Brown/Seconded Ms Wendy Bremner)

The Disability Support Advisory Committee recommend to the Board:

- That in all CM Health strategic documents the needs and aspirations of people with disabilities are reflected and embedded explicitly in those documents;
- That they receive the proposed plan for the next four DiSAC meetings for their information.

**Carried**

Mr George Ngatai closed the meeting with a short prayer.

The meeting concluded at 4.00pm.

The minutes of the Counties Manukau Health’s Disability Support Advisory Committee meeting held 11 March 2015 be approved.

(Moved /Seconded )

Chair __________________________ Ms Colleen Brown Date
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

**Disability Support Advisory Group Meeting – Action Items Register – 3 June 2015**

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<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
<th>COMPLETE</th>
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<tr>
<td>16.4.2014</td>
<td>6.1</td>
<td>Presentation from Carers New Zealand</td>
<td>Date TBC</td>
<td>Mr Chadwick</td>
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<td>✓</td>
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<td>21.5.14</td>
<td>3.1</td>
<td>Health Literacy - updated presentation from Dr Sinclair &amp; Alan Kuyper</td>
<td>June</td>
<td>Mr Chadwick</td>
<td>Transferred to Board</td>
<td>✓</td>
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<td>18.6.14</td>
<td>2.5</td>
<td>Follow up with Janine Bycroft, ADHB to get an updated presentation from Health Navigator.</td>
<td>Date TBC</td>
<td>Mr Chadwick</td>
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<td>20.8.2014</td>
<td>3.1</td>
<td><strong>Disability Strategy</strong> - A small working group to be formed to look into identifying some of the needs within CMDHB, across whole of system – to include the United Nations Convention of the Rights of Persons with Disabilities</td>
<td>Date TBC</td>
<td>Mr Chadwick</td>
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<td>17.12.2014</td>
<td>2.6</td>
<td>Terms of Reference – Mr Chadwick to contact Manawhenua to recommend a 4th community representative for this Committee</td>
<td>March/June</td>
<td>Mr Chadwick</td>
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<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> – Clinician Literacy :</td>
<td>3 June</td>
<td>Mr Chadwick</td>
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<td>• Update on staff uptake of CALD module 8 by staff</td>
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<td>• Presentation from L&amp;D detailing how disability and older persons issues are weaved through the organisational learning opportunities</td>
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<td>with a view to drafting a Recommendation to the Board summarising DiSAC’s view on Clinician Literacy on issues unique to the disability and older persons communities.</td>
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<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> – Community Dialogue:</td>
<td>26 August</td>
<td>Mr Chadwick</td>
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<td>• Presentations from the four Locality GMs detailing the community engagement forums they have in pace and seeking clarification on how the voice of the disability and older persons communities are being heard.</td>
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</table>
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
<th>COMPLETE</th>
</tr>
</thead>
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<tr>
<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> – Statistics pertaining to the disability community:&lt;br&gt;• Presentations from the population health team collating known information pertaining to the disability community&lt;br&gt;• Form a view as to whether the information reported to date is adequate to form a view of health issues of the disability community&lt;br&gt;With a view to drafting a Recommendation to the Board summarising DiSACs view on current and ongoing reporting of information unique to the disability community</td>
<td>18 Nov.</td>
<td>Mr Chadwick</td>
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<tr>
<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> - Update on initiative focusing on Health Literacy:&lt;br&gt;• Update on Health Navigator&lt;br&gt;• Update on Health Point&lt;br&gt;with a view to drafting a Recommendation to the Board summarising DiSACs view on Health Literacy from the perspective of the disability and older persons communities</td>
<td>March 2016</td>
<td>Mr Chadwick</td>
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</table>
Disability Support Advisory Committee (DiSAC)

1 Establishment

1.1 The Committee is established by the Board of CMDHB under Section 35 of the New Zealand Public Health and Disability Act 2000 ("the Act").

2 Functions

2.1 The functions of DiSAC are set out in clause 3 of Schedule 4 of the Act and are to give the Board advice on:

   a) the disability support needs of the resident population; and
   b) priorities for use of the disability support funding provided.

2.2 The aim of the Committee’s advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of people with disabilities within CMDHB’s resident population:

   a) the kinds of disability support services the DHB has provided or funded or could provide or fund for those people; and
   b) all policies the DHB has adopted or could adopt for those people.

2.3 The Committee’s advice must be consistent with the New Zealand Disability Strategy.

2.4 In carrying out its functions the Committee shall have regard to the Health of Older People Strategy and the New Zealand Positive Aging Strategy.

2.5 In carrying out the functions set out at paragraphs 2.1 and 2.2 it is expected that the Committee shall have regard to the specific needs of both the disability community and the older adult population in relation to each function to be performed.

3 Responsibilities

Note – Mental Health
Mental health services are dealt with by the Hospital Advisory Committee (CMDHB provider aspects) and the Community and Public Health Advisory Committee (funder aspects).

3.1 To carry out its functions the Committee will undertake the following activities:

   Disability
   a) develop an explicit philosophy that values diversity and self-determination for disabled people and operate under this philosophy;
   b) support the development of a quality improvement culture;
   c) review disability support service funding and service provision in the district, in regard to the New Zealand Disability Strategy;
d) advise the Board on the development of policies related to disability support services, disability issues and health service provision for disabled people in the district;

e) provide the Board with advice on the criteria, priorities and systems to be used in disability support services service provision, audit and monitoring;

f) advise the Board on issues related to the delivery of health services accessed by disabled people;

g) advise the Board on issues related to the delivery of disability support services in the district;

h) advise DSS funder(s) through the Board on disability issues for the district, including strategic planning, prioritisation and implications of funding decisions;

i) advise the Board on the district perspective to be contributed to the development and implementation of regional and national funder and provider policies related to disability issues;

j) advise the Board on development and maintenance of relationships with disability stakeholders to develop district and regional intersectoral collaboration and coordination;

k) advise the Board on how it can effectively meet its responsibilities towards the government’s vision and strategies for disabled people; and

l) advise the Board on issues arising in the regional DiSAC forum.

Health of Older People

a) review the provision of services for Health of Older People within the district;

b) advise the Board on the development of policies related to the provision and monitoring of Health of Older People services;

c) provide the Board with advice on issues relating to the delivery of Health of Older People services within the district, including strategic planning, prioritisation and implications of funding decisions;

d) advise the Board on the development and maintenance of relationships with Health of Older People stakeholders to develop district and intersectoral collaboration and co-ordination; and

e) advise the Board on how it can effectively contribute towards the government’s vision and strategies for older people.

4 Accountability

4.1 The Committee is accountable to the Board of the CMDHB.
4.2 The Committee is advisory only although the Board may specifically delegate to the Committee authority to make decisions and take actions on its behalf in relation to certain matters.

4.3 Any recommendations or decisions of the Committee must be ratified by the CMDHB Board (unless authority has already been delegated to the Committee).

4.4 The Committee may only give advice or release information to other parties under authority from the Board of the CMDHB.

4.5 The Committee is to comply with the provisions of the New Zealand Public Health and Disability Act 2000 and the standing orders of CMDHB, including the requirements relating to Committee meetings.

5 Committee Membership

5.1 The Committee will comprise of CPHAC Members, plus 4 external appointees as determined by the Board, to enable it to carry out its functions.

5.2 The Board will appoint the Chairperson and Deputy Chair.

5.3 The Board will ensure that the Committee includes representation for Māori and Pacific people.

5.4 The Board will ensure that the Committee includes disability community and older adult representatives.

5.5 All committee members are bound by the Act and CMDHB standing orders, whether or not they are CMDHB Board members or external appointees.

6 Quorum

6.1 If the total number of members of the committee is an even number, half that number; but

6.2 If the total number of members is an odd number, a majority of the members.

7 Frequency of Meetings

7.1 The Committee will meet twelve weekly, commencing March 2015.

8 Management Support

8.1 The DHB’s Director of Strategic Development will ensure provision of management and administrative support to the Committee.
Counties Manukau District Health Board
Workforce Capability and Competence on working with the Disability Community

Recommendation

It is recommended that DiSAC:

- **Discuss** and **debate** the six proposal points listed below.
- **Inform** the Board of the agreed pathway to improve clinician literacy as it pertains to working with the disability community.

**Prepared and submitted by:** Martin Chadwick, Director Allied Health

Purpose

As per the previous DiSAC meeting, it has been agreed that each meeting will have a clear theme on which to focus the efforts of the Committee. The theme for June is noted below:

<table>
<thead>
<tr>
<th>Month</th>
<th>Theme</th>
<th>Focus Areas</th>
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<tbody>
<tr>
<td>June</td>
<td>Workforce capability and competence</td>
<td>• Update on staff uptake of CALD module 8 by staff</td>
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<td>• Presentation from Learning and Development detailing how disability and older persons issues are weaved through the organisational learning opportunities</td>
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<tr>
<td></td>
<td></td>
<td>• Draft recommendation to the Board summarising DiSACs view on workforce capability and competence on issues unique to the disability and older persons communities</td>
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Background

In preparation for this meeting a small group consisting of Colleen Brown (Chair DiSAC), Ezekiel Robson (member of DiSAC), Martin Chadwick (CMH liaison for DiSAC), Kim Wiseman (Building Capability Lead, Ko Awatea), and Linda Berkett (People and Professional Development Manager, Ko Awatea) met. The intention of this meeting was to shape up the next DiSAC meeting and to give clear direction as to how the Committee could inform improved workforce capability and competence around working with the disability community.

Time was invested by this group to clarify what is the problem that we are trying to solve. An initial overarching **problem statement** has been developed:

> Knowledge, attitudes, and skills are lacking around issues pertaining to dealing with the disability community in delivering respectful care by CMH employees.

By clarifying the problem, this gave a focus is to how to invest the time of the next DiSAC meeting. There was further clarification that if this is our problem, then what is our aim or resolution. From this the overarching **aim statement** was developed:
Any person with a disability, or a disability support person will have the confidence that any care delivered will be done in a knowledgeable and respectful way with a focus on inclusion on all aspects of care delivery and in a way which is accessible to the client/patient.

In preparation for the DiSAC Committee meeting proper, the Building Capability team agreed to undertake the following pieces of work:

- to audit and note what training is currently in place around preparing the workforce to work with people from the disability community,
- to scan the health sector to see if there is any known best practice on how to enable the workforce to work with the disability community
- to summarise any perceptions around gaps of what is currently offered, and what should be offered

Proposal

1. To review as reference the Te Pou documentation
2. To receive the presentation from the Building Capability team detailing the above points.
3. To debate the perceived gaps in achieving workforce capability and competence in working with the disability community
4. To inform the Building Capability team as to solutions to investigate further
5. To determine what success would look like for CMH if the aim statement was achieved, and any potential measures that could sit around this.
6. To determine an appropriate time frame for the Building Capability team to report back on these points
Let’s get real
REAL SKILLS FOR PEOPLE WORKING IN DISABILITY

A framework

www.tepou.co.nz/letsgetrealdisability
Acknowledgments

Te Pou would like to acknowledge and thank Dr Heather Barnett for undertaking the consultation and adaptation work with the sector and the following organisations whose leaders committed considerable time and expertise to the consultation process.

Blind Foundation
Brackenridge
Deaf Aotearoa New Zealand
Disabled Person’s Assembly (DPA)
Faiva Ora National Leadership Group
Framework Trust
IDEA Services
New Zealand Disability Support Network
Richmond Services
Te Roopu Taurima o Manukau Trust - with special acknowledgment and appreciation to kaumātua and kuia of Te Korowai Aroha

Te Pou would also like to acknowledge the expertise provided by two external peer reviewers: Robyn Hunt, former Human Rights Commissioner and Wendy Becker, chairperson, New Zealand Disability Support Network. Thank you for your wisdom and insights.

Let’s get real was developed by the Ministry of Health.

Source document: Let’s get real: Real Skills for people working in mental health and addiction. (Ministry of Health, 2008).

Let’s get real: Disability has been adapted by Te Pou

Published in June 2014 by Te Pou o Te Whakaaro Nui

PO Box 108-244, Symonds Street, Auckland, New Zealand.

www.tepou.co.nz/letsgetrealdisability
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Introduction
Introduction

This Let’s get real: Disability framework describes the essential attitudes, values, knowledge and skills needed to deliver quality services to disabled people, and their families or whānau. It has been adapted by Te Pou, in consultation with leaders from across the disability sector, including disabled people’s organisations.

Let’s get real: Disability describes a disabled person driven approach for providing quality disability services. It applies in all employment situations, as disabled people are increasingly employing individuals, or members of their families or whānau, to provide the services they need, rather than using a service provider. The Let’s get real: Disability framework can be used alongside the Let’s get real framework, which applies to the mental health and addictions workforce. The two workforces often overlap, and some services cater for disabled people, as well as people with mental health and addiction challenges.

The Let’s get real: Disability framework can inform all areas of organisational practice. For example, it can be used in recruitment, advertising, job descriptions, performance appraisals, training and career pathways. In using the framework, service providers adopt current best practice and whānau ora. The framework will also help both organisations and individuals identify ways to strengthen
their delivery of disability services to better meet the aspirations of disabled people, and their families, whānau and communities.

The values that underpin *Let’s get real: Disability* align with a human rights approach, a social model of disability, *Enabling Good Lives*, and the *New Zealand Disability Strategy*.

The seven Real Skills

The *Let’s get real: Disability* framework explains the values, attitudes and seven Real Skills needed by all staff working in disability, be they administration staff, support workers, or team or service leaders. Each of the seven Real Skills includes a broad definition and a set of performance indicators that describe what each skill involves. The performance indicators are at four levels: essential, capable, enhanced and leader.
The competencies described in the seven Real Skills are intended for use across the disability sector. Where appropriate, they can be used in conjunction with organisation-specific competencies.

The values and attitudes described in this framework are common to the disability sector. They are a core component of good practice, and are expressed in action through the seven Real Skills. Acknowledging the role that values and attitudes have on how people working in disability engage with disabled people and families and whānau is an essential component of Let’s get real: Disability.

Let’s get real: Disability is available on www.tepou.co.nz/letsgetrealdisability.

What this framework is based on

Let’s get real: Disability is informed by:

- three foundation documents
  » the Treaty of Waitangi
  » the United Nations Convention on the Rights of Persons with Disabilities
  » the New Zealand Human Rights Act 1993

- two approaches to working with disabled people
  » the social model of disability
  » whānau ora.

This section outlines each of these sources and how they are reflected in Let’s get real: Disability.
Treaty of Waitangi

The principles that underlie the Treaty of Waitangi are reflected in the Real Skills of Let’s get real: Disability, in particular the Real Skill of Working with Māori. These principles include recognition of Māori as the indigenous population, the protection of Māori human rights and self-determination, and the advancement of equality.¹

The Treaty also applies to all other people living in Aotearoa and guarantees everyone’s human rights. It establishes responsibilities for the government and its agents (e.g. schools and disability support services) to ensure fair and just laws, policies, practices and services. New Zealand has also signed the United Nations Declaration of Indigenous Peoples. The Declaration is an international agreement that aims to ensure respect for and protection of indigenous people’s rights, to ensure freedom from discrimination, and to affirm the ongoing effects of historical injustices.

United Nations Convention on the Rights of Persons with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities is an international agreement that aims to promote, protect and ensure the full and equal human rights and freedoms, and full participation of all disabled people, and to promote respect for disabled people’s inherent dignity.²

Let’s get real: Disability recognises the importance of supporting and training staff to work with disabled people in ways that ensure the Convention is upheld.

The Convention also:

- aims to ensure disabled people are leaders in decisions affecting their lives, are free from discrimination, and have equal access and opportunities in education, employment, health, housing, justice and other parts of life
- recognises the valued place of disabled people in society and the contribution of disabled people to the wellbeing and diversity of communities, and to the human, social and economic development of society
- acknowledges disability as an evolving concept that includes broad and diverse types of impairments, and applies to children, youth, and older people, as well as other age groups
- gives specific focus to the rights of disabled women.

All of these concepts are reflected in *Let’s get real: Disability*.

**New Zealand Human Rights Act 1993**
The New Zealand Human Rights Act 1993\(^3\) prohibits discrimination towards disabled people, among other groups, in employment, education, housing, health, justice, access to public places and facilities, and the provision of goods and services. Disabled people may experience discrimination on several fronts; for example, disabled women, disabled Māori and disabled Pasifika face multiple barriers and disadvantage.

The Act also provides for a complaints resolution process and, in some cases, legal action to ensure rights are upheld.

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\(^3\) And subsequent amendments
Let’s get real: Disability takes a rights-based approach. This approach places the human rights of disabled people at the centre of all relationships and processes, and focuses on ensuring that disabled people’s rights are upheld all of the time. Taking a rights-based approach helps to counter the barriers disabled people can face, such as poverty, marginalisation and injustice.

Social model of disability
The social model of disability recognises that it is society that disables people.4

Under the model, people are regarded as having impairments, such as learning, physical, sensory, psychological or health impairments (people may have multiple impairments). Society creates barriers that make it hard for people with impairments to enjoy full participation and independence.

These barriers can include attitudes, services, communication systems, buildings and environments that exclude people with impairments. Hence, society disables people with impairments by making aspects of society inaccessible to them. The social model of disability is consistent with the United Nations Convention on the Rights of Persons with Disabilities.

Whānau ora
Whānau ora is an approach for strengthening whānau capability as a whole. It is about supporting and empowering one another with knowledge and skills, and building leadership and resilience within whānau.5

This does not mean that disabled people’s rights are undermined; rather, it recognises that disabled people’s wellbeing also rests on the wellbeing of those closest to them.

Let’s get real: Disability recognises the importance of, and is consistent with whānau ora. The framework acknowledges the importance of family in the lives of many disabled people. It also recognises the importance of significant others. Some disabled people choose not to have their families and whānau involved in their lives and this should be respected.

The words we use
Let’s get real: Disability recognises the power that language has to define people’s lives, relationships and ways of working. The language used in the framework reflects the current views of leaders in the disability sector, including disabled people, and families and whānau.

The term ‘disabled people’ reflects the disabling process described by the social model of disability. It is used throughout Let’s get real: Disability. However, the framework recognises that individuals have the right to define their own identity and experiences, for example by saying ‘I am Deaf’, ‘I am a person with a learning disability’ or ‘I experience mental health challenges’.

The tagline for Let’s get real: Disability is ‘Real Skills for people working in disability’. This wording reflects a shift away from a service-centered model of practice and the notion that disabled people need support (i.e. ‘working in disability support services’). While the term ‘in disability’ is not grammatically correct, it reflects the principles that underlie a disabled-person-driven approach to enabling a good life.
The fundamentals

Our values and attitudes
The values and attitudes that underpin and run throughout *Let’s get real: Disability* are described in this section.

The descriptions express the fundamental values and attitudes that are shared across the disability sector. They are not intended to replace individual organisational value statements.

Values

**Human rights**
Every person working with disabled people upholds the human rights of disabled people, and their families and whānau. Human rights include, but are not limited to, the right to:

- autonomy and self-determination
- be free from coercion
- be treated in a non-discriminatory way
- informed consent
- receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of disabled people.

Disabled people also have human rights relating to their gender, ethnicity and age. For example, the rights of disabled women, disabled youth, and disabled Māori, Pasifika and Asian people, and disabled people with a refugee background, warrant special attention, as these population groups experience multiple barriers and disadvantage.

Respect

Disabled people are the centre of practice. Respect for disabled people’s dignity and diverse values is paramount. The values of each disabled person, and their family, whānau and communities, are the starting point for all work in disability.

Service

Being of service to disabled people, as well as delivering excellent services, is at the heart of Let’s get real: Disability. This includes working in partnership with disabled people at all levels and phases of service delivery, and the choice of services available and the actual delivery of services.

Let’s get real: Disability is about working with disabled people, families and whānau to determine what a good life might look like and how this can be achieved. Central to this is ensuring that:

- disabled people lead decision-making and have control over their own lives (or where this is not possible, and it is appropriate, their families and whānau do it for them)
- services are tailored to achieve or realise disabled people’s interests, preferences, goals and aspirations.
Communities
Every person working with disabled people values communities – the many places in which we all live, move and have our being – as pivotal in enabling disabled people to fully participate in society, and in strengthening families and whānau. Communities include a group of people considered collectively, a group of people living in a similar place or a group of people who share similar identities, characteristics or social values. They may, for example, include the Deaf community, people living in a place of detention, a local sporting community or a church community.

Relationships
Relationships are fundamental to all work in disability. Every person working with disabled people fosters positive and genuine relationships in all spheres of activity, including relationships with disabled people, families, whānau, hapū and iwi, wider communities and other people who work in disability.

Attitudes
People working in disability demonstrate being:

- compassionate, caring, sensitive, understanding
- enabling, encouraging, accepting, supportive
- genuine, warm, friendly, fun
- honest, fair, sincere, trustworthy
- non-judgmental, non-discriminatory, uncritical
- open-minded, culturally aware, self-aware, innovative, creative, positive risk-takers
• optimistic, positive, enthusiastic, inspiring
• patient, tolerant, flexible, accommodating
• professional, accountable, reliable, responsible
• resilient, emotionally strong, able to bounce back in the face of challenges
• understanding, perceptive, considerate, responsive.

The seven Real Skills

*Let’s get real: Disability* describes seven Real Skills that are shared by everyone working in disability, including administrative staff, support workers, whānau advisors and team leaders. The seven Real Skills are:

• working with disabled people
• working with Māori
• working with families and whānau
• working within communities
• challenging stigma and discrimination, and promoting value
• upholding law, policy and practice
• maintaining professional and personal development.
The Real Skills need to be read together to understand how they inter-relate and connect with one another. They cannot be read in isolation.

Likewise, working in disability involves using more than one Real Skill at any given time. Some roles involve direct contact with disabled people, while others are less direct, such as roles in finance or communications. However, the Real Skills apply across all spheres of working in disability and need to be considered in the context of each particular role.

*Let’s get real: Disability* reflects this diversity of roles within the disability workforce. It also explicitly recognises that the disability workforce, and its leadership, includes disabled and non-disabled people, and that some people work in teams, while others may work alone.

**The skills at a glance**

**Working with disabled people**
Every person working in disability uses strategies to engage meaningfully, works in a disabled-person-driven manner and focuses on disabled people’s aspirations and strengths.

**Working with Māori**
Every person working in disability contributes to whānau ora for Māori. This involves working in an holistic way and ensuring whānau leadership. Central to whānau ora is the importance of enhancing whānau capacity and enabling whānau to achieve their self-determined goals and aspirations.

**Working with families and whānau**
Every person working in disability encourages and supports families and
whānau to participate in enabling disabled people to live full lives and ensures that families and whānau, including the children of disabled people, have access to information, education and appropriate support.

**Working within communities**
Every person working in disability recognises that disabled people, and their families and whānau, are part of wider communities and seeks to promote social inclusion.

**Challenging stigma and discrimination, and promoting value**
Every person working in disability uses strategies to challenge stigma and discrimination, and promotes disabled people’s value and contribution to society.

**Upholding law, policy and practice**
Every person working in disability upholds the Treaty of Waitangi, the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Declaration on the Rights of Indigenous Peoples, the New Zealand Human Rights Act 1993, the Health and Disability Commissioner’s Code of Rights, and other legislation, regulations, standards, codes and policies applicable to working in disability that are relevant to their role.

**Maintaining professional and personal development**
Every person working in disability actively reflects on their work and practice, and works in ways that enable others to enhance the capacity of disabled people, and families and whānau.
About the performance indicators
Each of the Real Skills has a broad definition and a set of performance indicators that describe what it involves.

The performance indicators are divided into four levels: essential, capable, enhanced and leader. The levels reflect the expectations for staff with different degrees of experience and responsibility within the disability workforce. In general, the essential and capable levels focus on the skills needed for staff involved in individual and family and whānau practice. The enhanced level focuses on the skills needed for overseeing practice and enhancing workforce capacity. The leader level focuses on the skills needed for guiding and developing organisational practice, managing service delivery, and contributing to local and national policy.

Each performance indicator builds on the one for the preceding level. For example, everyone who is working at the capable level will have the knowledge and skills required at the essential level; everyone working at the enhanced level will have the knowledge and skills required at the capable level; everyone working at the leader level will have the knowledge and skills required at the enhanced level – as appropriate to particular roles.

Essential
Applies to all staff working in disability regardless of their role or profession, or the organisation for whom they work.

Capable
Applies to all staff working in disability whose roles involve less complex skills and...
knowledge, for example, disability support workers, community support workers and intensive support workers. Staff working at this level will need to demonstrate both the essential and capable levels of the seven Real Skills as appropriate to their role.

**Enhanced**
Applies to all staff working at an advanced or senior level, whose roles involve complex skills and knowledge, for example whānau advisors, complex support advisors, professional practitioners and intensive support specialists. Staff working at this level will need to demonstrate the essential, capable and enhanced levels of the seven Real Skills, as appropriate to their role.

**Leader**
Applies to all staff who are team leaders, managers or service leaders. Staff working at this level will need to demonstrate the essential, capable and enhanced levels of the Real Skills, as appropriate to their role.
The performance indicator tables
Every person working in disability works in partnership with and enables disabled people (and where appropriate, their family and whānau) to lead decision making and have control over their lives.

Every person working in disability uses strategies to engage meaningfully with disabled people, and focuses on disabled people’s self-identified aspirations and strengths.

Every person working in disability recognises that people may have several impairments and face multiple disadvantages, which could include barriers relating to their gender, culture, ethnicity and age.
## PERFORMANCE INDICATORS

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<thead>
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<th>Capable</th>
<th>Enhanced</th>
<th>Leader</th>
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| Develops respectful relationships with the disabled person and communicates effectively | Develops strong connections and effective relationships with the disabled person  
Demonstrates trustworthy relationships and what it means to uphold the dignity of the disabled person  
Actively seeks to enhance opportunities that support full inclusion and participation of the disabled person in society | Provides staff education and leadership on, and models:  
• effective and respectful communication and innovative approaches in all areas of service delivery  
• the principles of trustworthy relationships and what it means to uphold the dignity of the disabled person | Develops, resources, promotes and supports a service, protocols and systems that:  
• are responsive to the aspirations, choices and needs of disabled people, and their families and whānau  
• ensure active participation and decision-making by disabled people (and, where appropriate, their families and whānau) in all matters that affect them |

- Establishes a connection and positive relationship with the disabled person to understand their vision for a good life  
- Has a flexible and creative approach to supporting the disabled person  
- Promotes the rights, dignity and social inclusion of the disabled person
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<th>Essential</th>
<th>Capable</th>
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<th>Leader</th>
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<td>Recognises that some people have multiple impairments and that this can</td>
<td>Understands and demonstrates cultural safety and responsiveness to Māori</td>
<td>• the principles of citizenship (the right to full participation in all aspects of society on an equal basis with others)</td>
<td>• promote respectful and effective communication</td>
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<tr>
<td>include psychological challenges such as depression</td>
<td>Promotes the rights, dignity and citizenship of disabled people, and uses a human rights approach in day-to-day work</td>
<td>• a human rights approach</td>
<td>• promote the rights, dignity and citizenship of disabled people at a systemic level</td>
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<td>Demonstrates awareness of what a human rights approach means in day-to-day work</td>
<td>Works knowledgably and flexibly with disabled people who have multiple impairments</td>
<td>• cultural safety and responsiveness to Māori</td>
<td>• promote a human rights approach both within the organisation and externally</td>
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<td>• cultural safety and responsiveness to Pasifika</td>
<td>• are compliant with current best practice, including whānau ora</td>
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<td></td>
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<td>• cultural safety and responsiveness to people with a refugee background and migrants</td>
<td>• are culturally safe and ensure organisational practices that are responsive to Māori</td>
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Real Skill: Working with disabled people
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<tr>
<th>Essential</th>
<th>Capable</th>
<th>Enhanced</th>
<th>Leader</th>
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<tbody>
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<td>Proactively and respectfully creates ways of working with people who have multiple impairments. Has knowledge of disabled people’s organisations (appropriate to role).</td>
<td></td>
<td>Ensures there are explicit relationships and partnerships with disabled people’s organisations.</td>
<td>• are culturally safe and ensure organisational practices that are responsive to Pasifika, people with a refugee background and migrants. • are creative, innovative and inspiring. • are provided in a holistic manner and cater to people with multiple impairments.</td>
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| Aware of age appropriate, developmentally appropriate, life-stage appropriate, and culturally appropriate knowledge, protocols and processes to work with disabled people | Demonstrates understanding of age appropriate, developmentally appropriate, life-stage appropriate, and culturally appropriate knowledge, protocols and processes to work with disabled people | Models and facilitates access to education about: age appropriate, developmentally appropriate, life-stage appropriate, and culturally appropriate knowledge, protocols and processes to work with disabled people | Ensures systems, processes, protocols and policies endorse knowledge of: 
  - age appropriate, developmentally appropriate, life-stage appropriate, and culturally appropriate practice 
  - the social, cultural, psychological, spiritual and physical context of disabled people’s lives |
| Acknowledges and is respectful of the personal, physical, social, cultural and spiritual strengths and needs of each person, and their interpretation of their own experiences | Demonstrates knowledge and understanding of the social, cultural, psychological, spiritual and physical context of disabled people’s lives | Ensures knowledge of the social, cultural, psychological, spiritual and physical context of disabled people’s lives are part of everyday practice | Ensures systems, processes, protocols and policies endorse appropriate tikanga |

Real Skill: Working with disabled people
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<tr>
<td>Engages flexibly with each disabled person and their community, and maximises available resources Acknowledges the importance of identity for Māori and its significance to the achievement of whānau ora Acknowledges that disabled people and whānau may choose to communicate in te reo Māori Acknowledges that deaf people may wish to communicate in New Zealand Sign Language</td>
<td>Connects disabled people and their families and whānau with cultural support and expertise when appropriate, for example, te reo Māori, karakia, kaumātua and kaupapa Māori services</td>
<td>Ensures staff access to cultural support and expertise, for example, te reo Māori, karakia, kaumātua and kaupapa Māori services</td>
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<tr>
<td>Acknowledges the diverse forms of communication that are critical to a person’s wellbeing (including for example alternative formats, augmented communication and supported decision-making)</td>
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<tr>
<td>In day-to-day work, applies understanding of:</td>
<td>In day-to-day work, applies in-depth knowledge and understanding of:</td>
<td>Models and facilitates staff education about:</td>
<td>Ensures that organisational systems, processes, protocols and policies endorse and enhance:</td>
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<td>• community participation</td>
<td>• community participation</td>
<td>• community participation</td>
<td>• community participation</td>
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<td>• opportunities that support social inclusion and being full citizens</td>
<td>• opportunities that support social inclusion and being full citizens</td>
<td>• current best practice and whānau ora</td>
<td>• current best practice and whānau ora</td>
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<td>• current best practice and whānau ora</td>
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Real Skill: Working with disabled people
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<tr>
<td>• healthy lifestyles</td>
<td>• current best practice and whānau ora</td>
<td>• the meaning of citizenship and the importance of actively enhancing opportunities that support full citizenship</td>
<td>• the meaning of citizenship and the importance of actively enhancing opportunities that support full citizenship</td>
</tr>
<tr>
<td>• different types of impairments</td>
<td>• processes that facilitate participation and the joint development of plans based on an holistic approach</td>
<td>• processes that facilitate participation and the joint development of comprehensive plans based on an holistic approach</td>
<td>• processes that facilitate participation and the joint development of comprehensive plans based on an holistic approach</td>
</tr>
<tr>
<td>• the impact of particular impairments and disability on people’s lives</td>
<td>• different types of impairments, and the impact of impairments and disability on people’s lives</td>
<td>• different types of impairments, and the impact of impairments and disability on people’s lives</td>
<td>• understanding of and responsiveness to different types of impairments, and the impact of impairments and disability on people’s lives</td>
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<tr>
<td>• the impact of multiple impairments</td>
<td>• communication needs and options</td>
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</table>
| • behaviour supports  
• a range of supports and interventions  
• the impact of impairments on physical and mental health | • the impact of multiple impairments on people’s lives  
• communication needs and options  
• behaviour supports  
• a range of evidence-informed supports and interventions  
• the impact of impairments on physical and mental health | • understanding of and responsiveness to the impact of multiple impairments on people’s lives  
• understanding of and responsiveness to the communication needs and options  
• behaviour supports  
• a range of evidence-informed supports and interventions  
• the impacts of impairments on physical and mental health |
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<tbody>
<tr>
<td>Is aware of models of abuse and neglect, ensures the prevention of abuse and neglect, and is aware of the physical, social and emotional effects of abuse and neglect</td>
<td>Uses current best practice to prevent, identify, and assist people who have been abused and/or neglected including the impacts of trauma arising from abuse and neglect</td>
<td>Provides staff education about models of abuse and neglect, and ensures all staff use current best practice to prevent, identify, and assist people who have been abused and/or neglected, and to work effectively with the impacts of trauma arising from abuse and neglect</td>
<td>Develops robust organisational systems and processes that:</td>
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<td>• reflect holistic approaches</td>
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<td>• reflect current best practice to prevent abuse and neglect</td>
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<td>• reflect current best practice to support people who have been abused and/or neglected, and in relation to trauma</td>
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<td>• ensure an immediate and appropriate response to abuse and neglect</td>
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<td>• facilitate an easy, prompt, safe and transparent feedback and complaints process</td>
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<tr>
<td>Is aware of the importance of disabled-person-driven plans for achieving a good life</td>
<td>Proactively works with each disabled person, and where appropriate their family or whānau, to develop and implement plans that are disabled-person-driven and work towards achieving a good life</td>
<td>Proactively works with the disabled person, and where appropriate their family or whānau, and actively enables other staff to monitor and review plans to achieve a good life</td>
<td>Ensures systems, processes and practices reflect a disabled-person-driven philosophy, with the goal of leading a good life</td>
</tr>
<tr>
<td>Effectively and inclusively works with each disabled person to achieve plans, and facilitates access to relevant information</td>
<td>Works in a flexible and innovative way with each disabled person, and where appropriate their family or whānau, to achieve plans and facilitate access to information</td>
<td>Proactively works with the disabled person, and where appropriate their family or whānau, and actively enables other staff to achieve plans, access information, and ensure current best practice interventions and service provision, and implements measures to ensure feedback on these things</td>
<td>Ensures implementation of systems, processes and practices that reflect: • a disabled-person-driven approach • current best practice • the most effective interventions • the best quality and most effective service provision</td>
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<tr>
<td>Ensures disabled people lead decision-making (and where appropriate, their families or whānau), especially about interventions and service provision, and seeks feedback about the effectiveness of these services and interventions</td>
<td></td>
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<td>feedback on the quality and effectiveness of interventions and services</td>
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Real Skill 2: Working with Māori

Every person working in disability contributes to whānau ora for Māori.

**PERFORMANCE INDICATORS**

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<tbody>
<tr>
<td>Recognises that disabled people may consider waiata, karakia and te reo Māori as contributors to their wellbeing and living a good life</td>
<td>Understands that speakers of te reo Māori may use metaphors to describe their situation</td>
<td>Works in a proactive way to ensure Māori can communicate in ways that are consistent with their preferences</td>
<td>Actively promotes and ensures the availability of funding and resources to:</td>
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<tr>
<td>Uses available resources, such as te reo Māori speakers, and information written in both English and te reo Māori when appropriate</td>
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<td></td>
<td>• ensure easy access to te reo Māori speakers and information written in both English and te reo Māori</td>
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<td>• support staff and the service to integrate te ao Māori and te reo Māori into service delivery</td>
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</table>
### Essential
- Understands that disabled people and their whānau may wish to nominate a person to speak on their behalf, and supports the involvement of nominated speakers

### Capable
- Uses knowledge of local Māori groups (e.g. mana whenua), and their roles, responsibilities and relationships with each other, as guardians of Māori cultural knowledge and te reo Māori

### Enhanced
- Establishes and maintains connections with local Māori groups, and demonstrates understanding of their roles, responsibilities and relationships with each other, as guardians of Māori cultural knowledge and te reo Māori

### Leader
- Actively supports systems, processes, policies and practice that reflect appropriate kaupapa for Māori
- Develops and maintains relationships and partnerships with local Māori
- Uses local Māori to verify the relevance and common practice of te reo Māori

Is familiar with local Māori groups (e.g. mana whenua), and their roles, responsibilities and relationships with each other, as guardians of Māori cultural knowledge and te reo Māori

Demonstrates respect for te reo Māori and tikanga
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<td>Demonstrates effective communication and engagement that promotes early service access for Māori</td>
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<td>Puts strategies in place to ensure Māori disabled people and staff know how to access Māori responsive services, kaumātua, kaimahi Māori and cultural interventions (e.g. rongoā, tohunga)</td>
</tr>
<tr>
<td><strong>Whakawhanaunga</strong></td>
<td>Applies knowledge and understanding of the different roles and responsibilities within whānau and the nature of whānau relationships with a disabled person</td>
<td>Engages whakawhanaunga processes with whānau</td>
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<tr>
<td>Recognises and understands the different roles and responsibilities within whānau and the nature of whānau relationships with a disabled person</td>
<td>Actively promotes Māori methods of interaction that support relationships, particularly with whānau (such as ‘Nō hea koe?’ or ‘where do you come from?’) and tātai (establishing links)</td>
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<tr>
<td>Aware of Māori methods of interaction that support relationships, particularly with whānau (such as ‘Nō hea koe?’ or ‘where do you come from?’) and tātai (establishing links)</td>
<td>Uses Māori methods of interaction that support relationships, particularly with whānau (such as ‘Nō hea koe?’ or ‘Where do you come from?’) and tātai (establishing links)</td>
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<td>Promotes an environment that:</td>
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<td>• is conducive to effective service delivery processes for whānau and significant others, for whānau hui and assessments of a disabled person’s needs (e.g. at an appropriate time of day or evening, with sufficient time, and in an appropriate place)</td>
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<td>• supports whakawhanaungā processes</td>
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<tr>
<td>Understands that some disabled people may be disconnected from their whānau</td>
<td>Engages with disabled people’s self-identified whānau</td>
<td>Actively promotes engagement with disabled people’s self-identified whānau</td>
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<tr>
<td><strong>Hauora Māori</strong>&lt;br&gt;Develops an understanding of Māori models or perspectives of hauora in service delivery&lt;br&gt;Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing</td>
<td>Incorporates Māori models of hauora in service delivery&lt;br&gt;Is familiar with local resources and promotes access to them to support choices and whānau ora</td>
<td>Models the use of and facilitates staff access to education about:&lt;br&gt;• Māori models of hauora&lt;br&gt;• local resources and support choices&lt;br&gt;• ways to optimise the physical, social, cultural, spiritual and mental dimensions of wellbeing</td>
<td>Ensures organisational systems and processes reflect a broad concept of whānau and include the disabled person’s self-identified significant others&lt;br&gt;Promotes and provides for processes and practices that meet cultural requirements, such as:&lt;br&gt;• use of whānau ora principles and philosophy&lt;br&gt;• use of Māori models of hauora&lt;br&gt;• resource allocation and prioritisation to reduce Māori health inequalities</td>
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| Uses interventions with the disabled person and their whānau that optimise the physical, social, cultural, spiritual and mental dimensions of wellbeing | • the Treaty of Waitangi and application of the Treaty in day-to-day work  
Gathers outcomes information that indicates Māori and whānau satisfaction | • activities that measure the cultural effectiveness of performance and service delivery  
• outcomes information that indicates Māori and whānau satisfaction  
• measures to uphold the principles of the Treaty of Waitangi and apply them in organisational policy and practice, and across service delivery | |
<p>| Understands that a disabled person and their whānau may use whenua, moana and ngahere in the support of whānau ora | Demonstrates knowledge of whenua, moana and ngahere, when appropriate, in the support of whānau ora | Models use of and facilitates staff access to education about whenua, moana and ngahere in the support of whānau ora | Promotes and provides for processes, practices and resources that facilitate knowledge about whenua, moana and ngahere in the support of whānau ora |</p>
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<tr>
<td>Demonstrates an understanding of the principles of tino rangatiratanga</td>
<td>Recognises and actively supports the resourcefulness and capacity of</td>
<td>Models use of and facilitates staff access to education about whānau</td>
<td>Promotes and provides for processes, practices and resources that</td>
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<tr>
<td>(self-determination) and mana motuhake (autonomy) and actively protects</td>
<td>disabled people and their whānau</td>
<td>ora principles and philosophy</td>
<td>facilitate knowledge about whānau ora principles and philosophy</td>
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<td>disabled people’s rights</td>
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<td>Respects the relationship between the government and tangata whenua, and</td>
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<td>upholds the principles of the Treaty of Waitangi</td>
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<tr>
<td><strong>Wairua</strong></td>
<td>Understands concepts and perceptions of Māori spirituality and the role and function of Māori spiritual practices in the support of disabled people and whānau ora</td>
<td>Demonstrates understanding of and facilitates staff access to education about concepts and perceptions of Māori spirituality, and the role and function of Māori spiritual practices in the support of disabled people and whānau ora</td>
<td>Promotes and provides for resources that support:</td>
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<td>- Māori-responsive interventions and processes to meet the wairua needs of disabled people, their whānau and staff</td>
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<td>- staff access to kaumātua and kaimahi Māori to support whānau ora</td>
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<tr>
<td><strong>Tuakiri tangata</strong></td>
<td>Is aware of available kaupapa Māori interventions, and supports the choice of disabled people and their whānau to engage in Māori-responsive services and activities that optimise cultural linkages and whānau connectedness</td>
<td>Actively uses available kaupapa Māori interventions, and supports the choice of disabled people and their whānau to engage in Māori-responsive services and activities that optimise cultural linkages and whānau connectedness</td>
<td>Promotes and supports:</td>
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<tr>
<td>Acknowledges the importance of identity as Māori to the disabled person and the process of whānau ora</td>
<td></td>
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<td>- interventions and services to emphasise cultural linkages and whanaungatanga in practice</td>
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<tr>
<td>Demonstrates knowledge and application of cultural safety and cultural competence in terms of working with Māori</td>
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<td>- staff access to wānanga and training that enhances knowledge and understanding of tuakiri tangata and its importance to relationships</td>
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<tr>
<td><strong>Manaaki</strong>&lt;br&gt;Acknowledges the significance of hospitality, respect and kindness to the processes of engagement and whakamana, which contribute to whānau ora</td>
<td>Employs manaaki in hosting, working with and supporting disabled people and their whānau, including when working with community agencies and organisations. Examples of manaaki are working together with disabled people and their whānau in developing plans, and hosting disabled people and their whānau with respect and dignity</td>
<td>Models and actively promotes manaaki in all work with Māori</td>
<td>Promotes and supports:&lt;br&gt;• understanding of manaaki and its significance when working with disabled people and their whānau&lt;br&gt;• the manaaki of the community being engaged with&lt;br&gt;• staff learning and professional development about applying manaaki in practice</td>
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</table>
Real Skill 3: Working with families and whānau
Every person working in disability encourages and supports families and whānau to participate in the lives of disabled people (where appropriate and consent is given by the disabled person), and ensures that families and whānau, including the children of disabled people, have access to information, education and support.

**PERFORMANCE INDICATORS**

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<tbody>
<tr>
<td>Understands that a disabled person’s family and whānau may extend beyond traditional concepts of a family (such as the ‘nuclear family’)</td>
<td>Respectfully engages with whoever the disabled person recognises as their family or whānau (and only with the disabled person’s permission)</td>
<td>Models best practice and facilitates staff education in relation to: • whānau ora, and ways to enhance whānau capacity and engage meaningfully with Māori • ways to ensure the recognition, support, and participation of family and whānau</td>
<td>Develops robust service systems, based on current best practice, and feedback mechanisms, that: • ensure the participation and support of family and whānau • actively support whānau ora and enhance whānau capacity</td>
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| Understands that Māori have processes that promote and support the establishment of relationships through kinship, genealogy, history and geographical location | Demonstrates respect for and facilitates access to processes for Māori that promote and support the establishment of relationships through kinship, genealogy, history and geographical location | • ways to foster effective relationships with whānau, hapū and iwi and communities, in order to support a disabled person’s wellbeing (as appropriate to role) | • recognise and respond to the strengths and needs of families and whānau  
• ensure specific provisions to identify and develop relationships with Māori  
Actively fosters and maintains relationships with whānau, hapū and iwi and communities, to support disabled people’s wellbeing |
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<tr>
<td>Establishes a positive connection with family and whānau, as part of a thorough assessment process and planning</td>
<td>Is able to explain to family and whānau the options available to them and appropriate interventions</td>
<td>Models current best practice and facilitates staff education in relation to:</td>
<td>Promotes organisational systems, strategies, policies and processes, and ensures adequate resources are available to ensure:</td>
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| Works with family and whānau in such a way that families and whānau feel heard, informed and supported | Facilitates family and whānau:  
  - access to relevant information and resources  
  - input into and inclusion in the disabled person’s plans  
  - participation in effective family meetings |  
  - the diverse options and latest interventions available  
  - the latest most accessible information and resources  
  - disabled-person-led, and family or whānau-led planning  
  - knowledge about group dynamics and how this applies to effectively engaging with families and whānau |  
  - current best practice is used across the organisation  
  - diverse options and the latest interventions are available  
  - the latest information and appropriate resources are available |
| Shares relevant information with family and whānau, while respecting the disabled person’s right to privacy | Respectfully listens to and engages with family and whānau perspectives |  
  |  
  | Is aware of family and whānau perspectives, including relationship dynamics within families and whānau |
**Essential**
Identifies those who can provide support within the community, including hapū and iwi

**Capable**
Demonstrates understanding of the dynamics of family and whānau relationships, and works accordingly with the disabled person.
Identifies those who can provide support within the community, including hapū and iwi, and connects family and whānau with them as appropriate.

**Enhanced**
- ways to effectively engage communities, remain abreast of community developments, and tap into the resources available in communities.

**Leader**
- the most effective processes to engage with communities and sustain effective relationships over time are used.
Real Skill 4: Working with communities

Every person working in disability recognises that disabled people and their families and whānau are part of a wider community, including communities of people who have things in common, such as the Deaf community.

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<tbody>
<tr>
<td>Understands how the disability system works and where their disability service fits within it</td>
<td>Demonstrates knowledge of the impact of current disability-related policies at the community level</td>
<td>Promotes understanding of and facilitates staff and community education about national and local disability related policies</td>
<td>Ensures current disability-related policies at a national and local level are embedded in organisational systems, strategies, processes and practices</td>
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<tr>
<td>Recognises that disabled people live within a wider network of structures such as whānau, hapū, iwi and broader Māori communities</td>
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<td></td>
<td>Actively networks and collaborates across sectors, including for example, with disability, education, whānau ora, health and social service providers, community agencies, local bodies and national organisations to ensure services are meeting the needs of disabled people</td>
</tr>
<tr>
<td>Demonstrates a comprehensive knowledge of community services, resources and organisations and actively supports disabled people to use them</td>
<td>Forms effective working relationships with key support agencies in the community, including whānau, hapū and iwi</td>
<td>Models, promotes and facilitates access to education relating to a social model of disability, within services and communities, as appropriate</td>
<td>Actively promotes, supports and involves communities to understand a social model of disability Ensures this approach is embedded in organisational systems strategies, policies and practices</td>
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<tr>
<td>Understands and uses a social model of disability</td>
<td>Actively demonstrates understanding of a social model of disability</td>
<td>Models, promotes and facilitates staff access to education relating to a social model of disability</td>
<td>Provides appropriate resources to ensure ongoing staff education about a social model of disability</td>
</tr>
</tbody>
</table>
Real Skill 5: Challenging stigma and discrimination

Every person working in disability understands the key principles of the Treaty of Waitangi (the Treaty), the United Nations Convention on the Rights of Persons with Disabilities (the Convention), New Zealand’s Human Rights Act 1993 (the Act), and the Health and Disability Commissioner’s Code of Rights (the Code), as these documents apply to stigma and discrimination.

Stigma means a set of negative and often unfair beliefs held about a particular group of people. Discrimination refers to unfairly treating a person, or group of people, differently from other people.

All staff use strategies, appropriate to their role, to challenge stigma and discrimination wherever it is experienced, and promote the inherent dignity, value and human rights of disabled people.
## PERFORMANCE INDICATORS

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<tbody>
<tr>
<td>Understands the impact of stigma and discrimination on disabled people, families and whānau, services and communities</td>
<td>Actively demonstrates understanding of stigma and its impacts, and promotes non-discrimination in all areas of work</td>
<td>Models and applies a comprehensive knowledge of, and promotes and ensures ongoing staff education and training in relation to matters affecting disabled people’s human rights, including:</td>
<td>Ensures all organisational policies, systems, strategies and practices are non-discriminatory and consistent with the Treaty, the convention, the Act, and the Code</td>
</tr>
<tr>
<td>Understands and acknowledges the impact of language in relation to stigma and discrimination, and uses language that is non-judgmental and non-discriminatory</td>
<td>Actively applies knowledge of the Convention, the Act and the Code, and challenges stigma and discrimination as part of everyday practice</td>
<td>Promotes disabled people’s dignity, inherent value, and contribution to society, as part of everyday practice</td>
<td>Ensures adequate and ongoing resources are available for staff education and training relating to non-discriminatory practice</td>
</tr>
<tr>
<td>Actively demonstrates understanding of stigma and its impacts, and promotes non-discrimination in all areas of work</td>
<td>Models and applies a comprehensive knowledge of, and promotes and ensures ongoing staff education and training in relation to matters affecting disabled people’s human rights, including:</td>
<td>ensures ongoing staff education and training in relation to matters affecting disabled people’s human rights, including:</td>
<td>Ensures all organisational policies, systems, strategies and practices are non-discriminatory and consistent with the Treaty, the convention, the Act, and the Code</td>
</tr>
<tr>
<td>Promotes disabled people’s dignity, inherent value, and contribution to society, as part of everyday practice</td>
<td>Ensures all organisational policies, systems, strategies and practices are non-discriminatory and consistent with the Treaty, the convention, the Act, and the Code</td>
<td>Ensures adequate and ongoing resources are available for staff education and training relating to non-discriminatory practice</td>
<td>Ensures all organisational policies, systems, strategies and practices are non-discriminatory and consistent with the Treaty, the convention, the Act, and the Code</td>
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<td>Ensures adequate and ongoing resources are available for staff education and training relating to non-discriminatory practice</td>
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<tr>
<td>Challenges stigma and discrimination, and promotes social inclusion and the dignity and value of disabled people, as part of everyday practice</td>
<td>Promotes disabled people’s dignity, inherent value, and contribution to society, as part of everyday practice</td>
<td>• disabled people’s dignity, inherent value, and contribution to society</td>
<td>Ensures that the organisational culture, including one’s own attitudes and behaviour, are non-discriminatory in all aspects of work, internally and externally</td>
</tr>
<tr>
<td></td>
<td>Demonstrates understanding and remains aware of the intersections of discrimination relating to gender, ethnicity, age and sexual orientation</td>
<td>• the multiple intersections of discrimination, and resulting barriers and layers of disadvantage</td>
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<td></td>
<td></td>
<td>Promotes understanding of and models non-discriminatory attitudes, behavior and practice in all areas of work</td>
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<td></td>
<td>Challenges and assists others to recognise stigma and discrimination</td>
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<td></td>
<td></td>
<td>Promotes understanding of disabled people’s dignity and inherent value to society, and promotes leadership by disabled people</td>
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<tr>
<td>Challenges others and uses strategies to reduce stigma and discrimination (that are role appropriate), including promoting and facilitating social inclusion, and encouraging respect towards disabled people within services, families, whānau, and communities</td>
<td>Ensures organisational policies, systems, strategies and practices reflect awareness of and action to reduce the impact of multiple intersections of discrimination</td>
<td>Uses strategies to raise awareness, and educates and supports services, families, whānau, and communities to eliminate stigma and discrimination</td>
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</tbody>
</table>
Real Skill 6: Upholding law, policy and practice

Every person working in disability implements relevant international conventions and declarations, and national legislation, regulations, standards, codes and policies (appropriate to their role), in a way that enables disabled people to realise their full human rights and achieve a good life.

In particular, every person upholds the Treaty of Waitangi (the Treaty), the United Nations Declaration on the Rights of Indigenous Peoples (the Declaration), the United Nations Convention on the Rights of Persons with Disabilities (the Convention), the New Zealand Human Rights Act 1993 (the Act), the Health and Disability Commissioner’s Code of Consumers’ Rights (the Code), a social model of disability, and whānau ora philosophy and practice.
<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
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<tbody>
<tr>
<td>Essential</td>
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<tr>
<td>Is familiar with and actively learns about ways to ensure the rights of disabled people and their families and whānau are upheld, in relation to:</td>
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<tr>
<td>• the human rights dimensions of the Treaty</td>
</tr>
<tr>
<td>• the general principles of the Convention</td>
</tr>
<tr>
<td>• the Declaration</td>
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<tr>
<td>• the Act, as it relates to disabled people</td>
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<tr>
<td>• the Code</td>
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<tr>
<td>• the social model of disability</td>
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<tr>
<td>• whānau ora</td>
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<tr>
<td>Essential</td>
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<tr>
<td>Is aware of policy, legislation and standards of practice that recognise the significance of te reo Māori, and Māori concepts, world views and models of practice (e.g. Te Whare Tapa Whā or Te Wheke) that are consistent with whānau ora</td>
</tr>
<tr>
<td>Is aware of New Zealand Sign Language as an official language, and supports its use</td>
</tr>
</tbody>
</table>
Real Skill 7: Maintaining professional and personal development

Every person working in disability actively reflects on the way they work, communicate and engage with disabled people and their families and whānau, and with others working in disability to enable disabled people to achieve their self-identified goals and aspirations, and attain a good life.

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<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
<th>Essential</th>
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<tbody>
<tr>
<td>Understands a disabled-person-driven approach and social model of disability</td>
<td>Actively demonstrates a disabled-person-driven approach and social model of disability</td>
<td>Proactively models a disabled-person-driven approach and social model of disability</td>
<td>Leads, resources and nurtures an organisational and/or team environment that:</td>
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<tr>
<td>Works in a team in a positive, respectful and effective way by understanding team roles and accommodating different working styles</td>
<td>Works in a positive and respectful way and facilitates collaborative working with other team members</td>
<td>Provides role clarity, and models collaborative working relationships</td>
<td>• articulates a clear, disabled-person-focused vision for the service and a social model of disability</td>
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<td></td>
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<td>Models and facilitates access to staff education relating to effective communication and meaningful engagement with others</td>
<td>• provides role clarity (both individual and team)</td>
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<tr>
<td>Encourages synergy with others working in disability</td>
<td>Encourages cross-sector collaboration</td>
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<tr>
<td>Communicates effectively (e.g. verbally, in writing, when listening, using non-verbal communication, and using disability-specific methods), with a wide range of people</td>
<td>Understands complex and multifaceted communication processes</td>
<td>Manages complex and multifaceted communication processes</td>
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<tr>
<td>Pronounces Māori names and words correctly and asks when unsure</td>
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<tr>
<td>Understands how research and evaluation can be of use to work in disability</td>
<td>Is familiar with current research and evaluation in the disability and related sectors</td>
<td>Understands research and evaluation and the benefits of these to ensuring current best practice</td>
<td>Ensures that processes and activities are in place to guide research and evaluation that foster innovation and effective disabled-person-driven, outcomes-focused service delivery</td>
<td></td>
</tr>
<tr>
<td>Gathers and uses information to inform decisions relevant to their role</td>
<td>Collects good-quality information and uses it in decision-making, with a focus on improving outcomes for disabled people</td>
<td>Actively seeks out information relevant to their role, to assist planning and quality improvement, with a focus on developing improved practices and processes to ensure quality outcomes for disabled people</td>
<td>Uses information to assist planning and quality improvement, with a focus on improved quality outcomes for disabled people at a systemic level</td>
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<tr>
<td>Engages with colleagues to give and receive constructive feedback</td>
<td>Participates in professional and personal development through feedback, supervision, appraisal and reflective practice</td>
<td>Models and ensures practices and processes that are conducive to a healthy workplace, and team and organisational culture (as appropriate to the work context), whether working alone, in a team or in a large organisation</td>
<td>Creates a healthy workplace and organisational culture that encourages and supports the professional development of individuals and teams, as well as personal development</td>
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<tr>
<td>Understands and practises self-care</td>
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<tr>
<td>Reflects on own practice to identify strengths and needs</td>
<td>Supports colleagues to achieve goals and meet challenges</td>
<td>Provides coaching, support and constructive feedback, and challenges staff to enable them to reach their full potential</td>
<td>Takes a leadership role and ensures coaching, support and constructive feedback are given to staff at all levels, in order to enhance workforce quality, capacity and capability</td>
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<tr>
<td>Seeks and takes up learning opportunities</td>
<td>Keeps up-to-date with changes in practice and participates in lifelong learning</td>
<td>Models current best practice and remains abreast of bicultural and international developments</td>
<td>Ensures adequate resources are available for staff education and training</td>
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</tbody>
</table>
Glossary

**Aroha**
Love, compassion, empathy, sympathy.

**Community**
The people living in a particular area, or people who are considered as a unit because of a common nationality, culture, occupation, belief, interest or experience.

**Citizen**
The position of being a legally recognised subject or national of a state or commonwealth (for example, ‘a New Zealand citizen’).

**Culture**
The shared attitudes, beliefs, values, experiences and practices of groups in society.

**Discrimination**
Unfairly treating a person or group of people differently from others.

**Family**
Relatives, whānau, partners, friends or others nominated by the disabled person.

**Genealogy**
The ancestry of a person, family or group.

**Geographical**
Of or pertaining to geography, or to the natural features or population of a region or regions.

**Hauora**
Health and wellbeing.

**Hapū**
Clans or descent groups.

**Hui**
Meeting, gathering.

**Iwi**
Tribe or largest groups of people that descend from a common ancestor or waka.
Kaimahi
Worker, staff, employee.

Karakia
Prayer, incantation, invocation, blessing, spiritual protection.

Kaumātua
Respected elder; older person.

Kaupapa
Philosophy, foundation, platform, theme, plan.

Kawa
Protocol, etiquette, sacred ritual.

Kinship
Connection by blood, marriage, or adoption; family relationship.

Mana whenua
The customary authority exercised by the tangata whenua in an identified area.

Manaaki
This is the expression of love and hospitality towards others and the act of taking care of them.

Metaphor
A figure of speech in which a word or phrase is applied to an object or action.

Moana
The sea and great lakes.

Ngahere
The bush; forest.

Rongoā Māori
Rongoā is traditional Māori medicine. It comprises diverse practices and an emphasis on the spiritual dimension of health. Rongoā includes herbal remedies, physical therapies such as massage and manipulation, and spiritual healing.
**Stigma**
A set of negative and often unfair beliefs that a society or group of people have about something or someone.

**Te Ao Māori**
The Māori World.

**Te reo Māori**
Māori language. Te reo Māori is at the heart of Māori culture and identity.

**Tātai**
In Māori knowledge, all the world is believed to be related. People, birds, fish, trees and the natural environment are all members of a cosmic family. This linking is referenced and explained in tātai or genealogies and their recitation.

**Tikanga**
Code of conduct, method, plan, custom, the right way of doing things.

**Tino rangatiratanga**
Rangatiratanga refers to chieftainship. The word tino means very, full, total, absolute. So tino rangatiratanga means total control, responsibility, full authority, absolute sovereignty.

**Tohunga**
The term derives from ‘tohu’, meaning to guide or direct; it also comes from an alternative meaning of ‘tohu’ (sign or manifestation) meaning appointed one. The term tohunga is also used for an expert in a particular field.

**Tuakiri tangata**
Persona, personality and identity. Tuakiri tangata embraces aspects of mauri, hinengaro, auahatanga, whatumanawa, tinana, wairua, pūmanawa, mana, tapu and noa.

**Waiata**
Sing, chant, song.
Wairua
Spiritual dimension. For many, the spiritual affects how people feel and how they respond.

Whakawhanaunga
A process of establishing relationships, relating well to others.

Wānanga
Learning, discussion, ponder, contemplate.

Whakamana
Empower, enable.

Whānau
Often defined as family and to give birth, whānau has been proposed as a key component of Māori identity and the healing process. Whānau describes groups interconnected by kinship ties. In modern times, groups use whānau to encompass their common purpose and whānau values.

Whānau ora
Māori families achieving maximum health and wellbeing.

Whanaungatanga
Wider relationships. Whanaungatanga is kinship in its broadest sense and concerns itself with the process of establishing and maintaining links and relationships.

Whenua
Land, placenta.

Sources:
Keri Opai, te reo Māori/tikanga consultant to Te Pou
Te Whare o Tiki (Matua Rakī and Te Pou, 2013)
www.maoridictionary.co.nz
www.merriam-webster.com
www.teara.govt.nz
Let’s get real
REAL SKILLS FOR PEOPLE WORKING IN DISABILITY
Workforce planning tool

www.tepou.co.nz/letsgetrealdisability
Acknowledgements

Te Pou would like to thank and acknowledge Kate Hirst for undertaking the consultation and adaptation work with the disability sector. Te Pou would also like to thank the human resource managers and other managers and leaders in the disability sector who contributed and provided valuable and insightful feedback on the various drafts. We hope these tools and resources complement and assist the great work you all do in the sector.


Let’s get real: Disability has been adapted by Te Pou.

Citation: Te Pou o Te Whakaaro Nui. (2015). Let’s get real: Disability: Workforce planning tool. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.

ISBN: 978-0-0908322-06-0
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Introduction

There are constant changes taking place in the disability sector which affect organisations that deliver services to disabled people. These changes can impact on how you work now and how you will work in future.

A planned approach to workforce development is therefore essential. Analysing your workforce at an individual, team and service level is central to meeting the needs of current and future users of disability services.

Successful organisations understand that employees are their most important asset. Having the right people, with the rights skills, in the right place, at the right time with the right attitude is crucial to an organisation’s success.

Let’s get real: Disability: A framework describes the essential knowledge, skills, values and attitudes required to deliver quality services that meet the needs and aspirations of disabled people, and their carers, families and whānau. This workforce framework comes with a suite of resources to aid implementation in your organisation, and some of these are set out below. See Te Pou’s website to download these resources.

Let’s get real: Disability: Guide for leaders and managers gives an overview of the framework and suggestions as to how you can implement Let’s get real: Disability within your organisation.

Let’s get real: Disability Human Resources tool guides you through implementing the framework throughout the HR functions in your organisation, at a strategic, operational and individual level. If you implement the framework throughout your recruitment, selection and performance functions (as set out in the HR tool), service workforce planning will naturally follow.

Let’s get real: Disability Service planning tool guides you through analysing your workforce at an individual, team and service level to assess its current and future needs. It provides you with the processes and templates to do this, including an Assessment tool for staff to assess their skills against the Seven Real Skills.
This *Let’s get real: Disability Workforce planning tool* is a continuation of the *Service planning tool* and will take the analysis you have already carried out to guide you through the process of developing workforce and action plans that are aligned to *Let’s get real: Disability* and the seven Real Skills.

If you already have comprehensive and best-practice planning systems and processes in place, these tools enable you to ensure they are aligned to *Let’s get real: Disability* and the seven Real Skills.

For those organisations that do not have comprehensive systems and processes, this tool provides practical templates that can be used to integrate the *Let’s get real: Disability* framework into everyday practice.

The intended outcome of *Let’s get real: Disability* is that your workforce demonstrates the relevant performance indicators in practice. There are many ways to achieve this, and the use of the tools is only one.

**Who is this tool for?**

This *Workforce planning tool* is for leaders and managers. It is particularly aimed at small and medium-sized businesses. It aims to demonstrate that putting people at the centre of workforce planning, not only means you will be providing good quality services but makes good business sense too. This tool takes the analysis you completed in the *Service planning tool* and guides you through the process of creating a workforce plan and action plan. This maybe as informal as notes and thoughts, or a formal plan, depending upon the needs, and possibly the size, of your organisation.

Regional facilitators at Te Pou can support you with implementation. Refer to the regional facilitator contact information on Te Pou’s website: [www.tepou.co.nz](http://www.tepou.co.nz).

This *Workforce planning tool*, and the accompanying *Service planning tool*, is adapted from *Practical approaches to workforce planning* (Skills for Care, 2014).

**What is workforce planning?**

Workforce planning is a process used to analyse and plan for your workforce to meet your current and future business needs.

Workforce planning assist leaders and managers to:

- plan for the future
- anticipate change
- manage the workforce
- meet business goals.

Additionally, using the *Let’s get real: Disability* framework to guide workforce planning means disabled people will get consistent, high quality services, delivered by a workforce with the appropriate knowledge, skills, values and attitudes.
What is a workforce plan?

A workforce plan describes your future workforce needs to enable you to meet the objectives set out in your business plan. By including Let’s get real: Disability in your workforce plan, you will ensure your organisation adapts to future changes in the disability sector in a way that puts disabled people at the centre of everything you do.

What is a workforce action plan?

A workforce action plan describes the specific actions required to fulfil the goals identified in your workforce plan. It may also be called an implementation plan or development plan.

Key principles of good workforce planning

Commitment, support, participation

Let’s get real: Disability prioritises disabled people, their carers, families and whānau as important stakeholders in any change process. Identifying and including key stakeholders early will gain their support and commitment, and ensure you put the people who use services, and their carers, family and whānau at the centre of your planning. Other stakeholders include leaders, managers and teams working in disability, as well as the communities they serve.

Leadership

Let’s get real: Disability supports strong leadership as essential to any change process to ensure active participation from those involved.

Communication

Good communication is vital to maintaining engagement throughout the process, and is essential to success. Internal and external stakeholders should be included in your communication plans.
Including *Let’s get real: Disability* in workforce planning

Figure 1 identifies a four stage process to include *Let’s get real: Disability* in your service-level workforce planning. Each stage has one or more processes or templates to support its implementation. You can download templates to complete for your organisation from Te Pou’s website: www.tepou.co.nz/letsgetrealdisability.

*Figure 1. Including *Let’s get real: Disability* in service and workforce planning*

Analyse: Use the *Service planning tool.*

Plan, Do, Review: Use the *Workforce planning tool.*
Planning the plan

The service analysis and gap analysis you prepared using the Service planning tool and Assessment tool will be used in this step to consider how you will go about developing your workforce plan. Use Template 1 for this.

**Template 1. Identify drivers that affect your workforce plan**

<table>
<thead>
<tr>
<th>Ask</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you included all the relevant stakeholders?</td>
<td>Consider the seven Real Skills to identify key stakeholders and any particular strategy you need to put in place to engage or consult with them.</td>
</tr>
</tbody>
</table>
| What resources do you have to manage the process? | Do you have a dedicated resource?  
Do you have the capacity and capability within the team?  
Who will be the sponsor?  
Who needs to be influenced to ensure success?  
How will you ensure everyone knows their role or contribution?  
What are the timeframe constraints?  
What will be delivered?  
How will you know you have achieved what you set out to do? |
| What are the drivers for workforce change?     | Are you clear about where you want your organisation to be to meet your needs?  
Which services will be affected?  
What timescales are you working to?  
Are you responding to workforce or skills shortages?  
Are these urgent?  
How are Let’s get real: Disability and the seven Real Skills driving change? |
| What are the intended benefits of the change? | Examples include service quality improvements or reducing costs related to staff turnover. It could also be the introduction of Let’s get real: Disability or improved performance against the seven Real Skills performance indicators. |
| What does your workforce look like in the future? | What will be different?  
Do you need different ways of working and/or different roles? Does this include voluntary or freelance workers?  
How will this impact on current staff?  
What will your future workforce look like if it reflects Let’s get real: Disability? |
<table>
<thead>
<tr>
<th>Are there any gaps?</th>
<th>Using the information from the Assessment tool and the gap analysis in the Service planning tool, have you identified gaps in skills, knowledge, attitudes and values against the seven Real Skills? How will you address these gaps?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>What are your current workforce costs? Are there ways of improving efficiency or effectiveness? Are your pay rates competitive to ensure you attract the best people for the job?</td>
</tr>
<tr>
<td>Risk</td>
<td>Have you identified the risks? Do you have strategies in place to manage those risks? What are the risks of taking no action?</td>
</tr>
<tr>
<td>Measuring achievement</td>
<td>How will you know you have achieved the aims of your plan? What outcomes do you want? How will disabled people’s lives be improved? How will you measure the improvements? How will you use Let’s get real: Disability to measure success?</td>
</tr>
</tbody>
</table>
Write a workforce plan

The *Service planning tool* and *Assessment tool* led you through the *Analyse* stage of the workforce planning process.

The *Plan* stage of this process brought together the information and data you gathered there to inform the outline of your workforce plan.

Use Template 2 to write your workforce plan. This can be done at a team, service or organisational level. This plan will be used to inform stakeholders about your intentions for change.

*Some questions to ask when completing the plan*

- How will you assign actions?
- What are your timescales?
- How will you tell everyone who needs to know?
- How will you keep everyone informed as you progress?
- How and who will monitor progress?

**Template 2. Let’s get real: Disability workforce plan**

**Introduction**

Describe the background and rationale for the plan. Is this about incorporating *Let’s get real: Disability* or are there other drivers? Use the information you gathered in the Analyse stage to describe the workforce landscape.

**Review the previous year**

Taken from your service and gap analysis in relation to *Let’s get real: Disability*. Use the information you gathered in the *Service planning tool* to describe what you have achieved in the last year and any outstanding actions.
Long-term plan

Use the seven Real Skills as a starting point for your high level outcomes.

Working with disabled people

Every person working in disability works in partnership with and enables disabled people (and where appropriate, their family and whānau) to lead decision-making and have control over their lives.

Every person working in disability uses strategies to engage meaningfully with disabled people, and focuses on disabled people's self-identified aspirations and strengths.

Every person working in disability recognises that people may have several impairments and face multiple disadvantages, which could include barriers relating to their gender, culture, ethnicity and age.

Working with Māori

Every person working in disability contributes to whānau ora for Māori.

Working with families and whānau

Every person working in disability encourages and supports families and whānau to participate in the lives of disabled people (where appropriate and consent is given by the disabled person), and ensures that families and whānau, including the children of disabled people, have access to information, education and support.

Working with communities

Every person working in disability recognises that disabled people, and their families and whānau, are part of a wider community, including communities of people who have things in common, such as the Deaf community.

Challenging stigma and discrimination

Every person working in disability understands the key principles of the Treaty of Waitangi, the United Nations Convention on the Rights of Persons with Disabilities, New Zealand’s Human Rights Act 1993, and the Health and Disability Commissioner’s Code of Right, as these documents apply to stigma and discrimination.

All staff use strategies, appropriate to their role, to challenge stigma and discrimination wherever it is experienced, and promote the inherent dignity, value and human rights of disabled people.

Upholding law, policy and practice

Every person working in disability implements relevant international conventions and declarations, and national legislation, regulations, standards, codes and policies (appropriate to their role), in a way that enables disabled people to realise their full human rights and achieve a good life.

In particular, every person upholds the Treaty of Waitangi, the United Nations Declaration on the Rights of Indigenous Peoples, the United Nations Convention on the Rights of Persons with Disabilities, the New Zealand Human Rights Act 1993, the Health and Disability Commissioner’s Code of Rights, a social model of disability, and whānau ora philosophy and practice.

Maintaining professional and personal development

Every person working in disability actively reflects on the way they work, communicate and engage with disabled people and their families and whānau, and with others working in disability to enable disabled people to achieve their self-identified goals and aspirations, and attain a good life.

Outcomes for this year

Prioritise which outcomes you want to focus on this year. You may decide to have a smaller number of actions related to all the Real Skills, or a larger number related to specific skills that you identified in your gap analysis.

How we will achieve those aims (actions) and how we will know success?

Identify SMART (specific, measurable, achievable, realistic and timely) actions.

Budget

Is there a budget assigned for each action? If not, how will the action be funded (for example, from within the baseline budget?)

How we will ensure everyone knows about the plan

Ensure you include all stakeholders, both internal and external.

What are the communication actions that will support the plan? Who, what, why and when?

Who has signed off the plan?

Are there internal or external boards or committees that need to see and sign off the plan?
**Write a workforce action plan**

Use Template 3 to turn your workforce plan into an action plan including the seven Real Skills and performance indicators for *Let’s get real: Disability*. Complete this for each action. The example below is just one way you can describe these actions.

**Template 3. Let’s get real: Disability workforce action plan**

<table>
<thead>
<tr>
<th>Action (from the Workforce plan)</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1</td>
<td>Real skill: Working with Māori</td>
</tr>
<tr>
<td></td>
<td>Improve support worker’s knowledge and practice of tikanga Māori.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What do you want to achieve? (the outcome – SMART)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Māori are supported to achieve their self-determined goals and aspirations.</td>
</tr>
<tr>
<td></td>
<td>Indicator</td>
</tr>
<tr>
<td></td>
<td>All current support workers attend tikanga Māori best practice training by 30 December.</td>
</tr>
<tr>
<td></td>
<td>Induction includes tikanga Māori best practice training by 30 June.</td>
</tr>
</tbody>
</table>

| Action required. | Identify budget available (finance director) by 28 February. |
| Who is responsible? | Source tikanga Māori training provider (training manager) by 28 February. |
| When will it be achieved? | Get costings (training manager) by 31 March. |
|                        | Book training for existing employees (training manager and team leaders) by 30 June. |
|                        | Include in induction process (training manager) by 30 June. |
|                        | Oversee training delivery (training manager and team leaders) ongoing. |
|                        | Attend training (existing and new support workers) ongoing. |
|                        | Evaluate training (training manager, team leaders, attendees) ongoing. |
|                        | Review success of training and quality of training provider (training manager and team leaders) annually. |

<table>
<thead>
<tr>
<th>Evidence of outcomes</th>
<th>100 per cent of support workers demonstrate tikanga Māori best practice evidenced by feedback from:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• disabled Māori and whānau via satisfaction survey</td>
</tr>
<tr>
<td></td>
<td>• colleagues via work shadowing</td>
</tr>
<tr>
<td></td>
<td>• the community via hui at local marae.</td>
</tr>
</tbody>
</table>
Regular monitoring of the action plan

This step begins with monitoring the actions from your action plan to ensure they are on track and to identify any risks or issues that may have arisen. You will need to decide if these risks or issues could prevent you meeting the outcomes in your plan. You may also identify opportunities that have arisen which require incorporation into the plan.

Use Template 4 to monitor your action plan.

Template 4. Monthly reporting template

<table>
<thead>
<tr>
<th>Action number</th>
<th>Date</th>
<th>Objective</th>
<th>Action</th>
<th>Who is responsible</th>
<th>Key milestones</th>
<th>Status (red/amber/green)</th>
<th>Progress</th>
<th>Comments/future activity</th>
<th>Risks</th>
<th>Budget expenditure/status</th>
</tr>
</thead>
</table>
**Regular review and evaluation**

The final step is to schedule regular reviews to evaluate the action plan, for example annually or quarterly. Template 5 gives some suggested questions to ask during review and evaluation.

**Template 5. Review and evaluate the workforce action plan**

<table>
<thead>
<tr>
<th>Question</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the changes achieve the outcomes you desired?</td>
<td></td>
</tr>
<tr>
<td>Did the new developments help meet your business priorities?</td>
<td></td>
</tr>
<tr>
<td>Do your employees have a better understanding of <em>Let’s get real: Disability</em> and do they model its attitudes and values in their practice?</td>
<td></td>
</tr>
<tr>
<td>What are your key achievements?</td>
<td></td>
</tr>
<tr>
<td>What lessons have you learned, or what might you do differently in future?</td>
<td></td>
</tr>
<tr>
<td>Have you shared your findings with key stakeholders?</td>
<td></td>
</tr>
<tr>
<td>How will you celebrate and reward success?</td>
<td></td>
</tr>
<tr>
<td>How will you sustain and continuously improve the knowledge, skills, attitudes and values of your workforce?</td>
<td></td>
</tr>
<tr>
<td>How did your budget perform against actual costs? Does it require adjustment in the future?</td>
<td></td>
</tr>
<tr>
<td>What’s next?</td>
<td></td>
</tr>
</tbody>
</table>

As this process is cyclical, your review process will feed back into the **Analyse** stage described in the *Service planning tool*. 

---

*Let’s get real: Disability*

*Workforce planning tool*
Bibliography


Let’s get real
REAL SKILLS FOR PEOPLE WORKING IN DISABILITY

www.tepou.co.nz/letsgetrealdisability
Guide for leaders and managers

www.tepou.co.nz/letsgetrealdisability
Acknowledgements

Te Pou would like to thank and acknowledge Kate Hirst for undertaking the consultation and adaptation work with the disability sector. Te Pou would also like to thank the human resource managers and other managers and leaders in the disability sector who contributed and provided valuable and insightful feedback on the various drafts. We hope these tools and resources complement and assist the great work you all do in the sector.

Source document: Let’s get real: Real Skills for people working in mental health and addiction. (Ministry of Health, 2008).

Let’s get real: Disability has been adapted by Te Pou.

Citation: Te Pou o Te Whakaaro Nui. (2015). Let’s get real: Disability: Leaders and managers guide. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.

ISBN: 978-0-0908322-00-8
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This Guide for leaders and managers explains how to use the Let’s get real: Disability framework and its implementation tools, in your organisation.

The guide provides practical suggestions, resources and links to further information that you can use or adapt when implementing Let’s get real: Disability. It also answers common questions about the framework and its implementation.

This guide should be read in conjunction with Let’s get real: Disability: A framework, which is available from www.tepou.co.nz/letsgetrealdisability. The framework describes the essential attitudes, values, knowledge and skills needed to deliver quality services to disabled people, and their carers, families and whānau.

Let’s get real: Disability is a workforce quality initiative that aims to build and develop the disability workforce so that it can better meet the needs and aspirations of disabled people, and their carers, families and whānau. It also helps organisations meet their obligations under relevant New Zealand standards and audit requirements, and to implement Putting People First: A review of disability support services performance and quality management processes for purchased provider services.

Let’s get real: Disability is intended to complement, rather than replace, existing workforce frameworks and values, and be a vehicle for demonstrating existing good practice within your organisation.

Let’s get real: Disability has a practical focus, so it is easy to understand and use in different contexts. Your ownership and championing of the framework is key to its successful implementation in your organisation. You are encouraged to pick-and-mix from the Let’s get real: Disability tools and resources to suit your organisation’s needs.
The language we use

*Let’s get real: Disability* recognises the power that language has to define people’s lives, relationships and ways of working.

The term ‘disabled people’ reflects the disabling process described by the social model of disability. It is used throughout *Let’s get real: Disability*. However, the framework recognises that individuals have the right to define their own identity and experiences, for example by saying ‘I am Deaf’ or ‘I am a person with a learning disability’.

The tagline for *Let’s get real: Disability* is ‘Real Skills for people working in disability’. This wording reflects a shift away from a service-centred model of practice and the notion that disabled people need support (ie as demonstrated by the phrase ‘working in disability support services’). While the term ‘in disability’ is grammatically incorrect, it reflects the principles that underlie a disabled-person-driven approach to enabling a good life.
Overview

Background of *Let’s get real: Disability*

*Let’s get real: Disability* was adapted from *Let’s get real: Real Skills for people working in mental health and addiction*. It was adapted by Te Pou, in consultation with leaders from across the disability sector, including disabled people’s organisations.

Following *Let’s get real: Disability*’s endorsement by the Ministry of Health, tools have been adapted that support its implementation within disability support organisations.

According to the World Health Organization, workforce planning and development is about ensuring an organisation has the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, at the right cost, with the right work output.

Workforce development helps organisations and managers:

- plan for the future
- anticipate change
- manage the workforce
- meet business goals.

To achieve evidence-based workforce development, a workforce planning approach is needed. This approach is outlined in *Getting it Right: Workforce planning guide*, which is available on Te Pou’s website. *Let’s get real: Disability* addresses several aspects of this approach, in particular ensuring people have the right skills and right attitude and are doing the right work.

*Let’s get real: Disability* describes a disabled-person-driven approach for providing quality disability services. It applies in all employment situations, as disabled people are increasingly employing people directly. However, organisations will especially benefit from its system-wide approach.
Let's get real: Disability is informed by the Treaty of Waitangi, the United Nations Convention on the Rights of Persons with Disabilities, the New Zealand Disability Strategy: Making a world of difference: Whakanui oranga and the New Zealand Human Rights Act 1993. It is consistent with the social model of disability and a whānau ora approach.

Let’s get real: Disability also aligns to key Ministry of Health documents and strategies such as Putting People First, Whāia Te Ao Mārama: The Māori disability action plan for disability support services 2012 to 2017 and Faiva Ora National Pasifika Disability Plan 2010–2013.

Let’s get real: Disability supports organisations to meet health and disability standards, such as the NZS 8134 Health and disability services (general) Standards and the NZS 8158:2012 Home and Community Support Sector Standard and therefore the Ministry of Health’s audit requirements.

Aims of Let’s get real: Disability

Let’s get real: Disability aims to achieve the following.

• Strengthen shared understanding as disabled people, carers, families and whānau, support workers, professionals, managers, planners and funders, people working in health and in non-government organisations, will understand the shared work that each person is engaged in.

• Affirm good practice as appropriate knowledge, skills and attitudes will be better recognised and valued, through human resource, performance management and professional development processes. Much of this practice will already be happening within organisations.

• Bring together the essential knowledge, skills and attitudes required of all staff working in disability (regulated and non-regulated), and complement organisational or professional competency frameworks.

• Improve transferability as other services around New Zealand will be able to recognise and value workers’ knowledge, skills and attitudes.

• Enhance effective workforce development as all disability workforce development activities, including education and training, human resource strategies, organisational development, and research and evaluation, will reflect back to Let’s get real: Disability: A framework.

• Increase accountability as by documenting the essential knowledge, skills and attitudes needed, people working in disability can be measured against them and be more accountable to disabled people, and their carers, families and whānau.
This section identifies some ways to get started with implementing *Let’s get real: Disability*. This includes the use of the framework tools and some information about roles and responsibilities. In addition, there are examples of possible implementation approaches, and examples of how the framework helps organisations meet their obligations under the relevant NZ standards and the recommendations of *Putting People First*.

Many organisations will already be demonstrating the values, attitudes, skills and knowledge in *Let’s get real: Disability*. However, the implementation of the framework may involve change for some organisations. As with any effective change process, consultation with disabled people, their carers, families and whānau and other stakeholders should be built into the planning process from the beginning. If you need more information on change management you can find it at www.tepou.co.nz/letsgetrealdisability.

*Let’s get real: Disability* aims to inform all areas of organisational practice. It is designed to be integrated into existing organisational processes, for example, in human resources processes, service planning, educational training. By using the framework, you are adopting current thinking, demonstrating whānau ora and strengthening your organisation’s existing practice.

Implementation of *Let’s get real: Disability* can be approached in many ways.

- As a systemic approach across human resource processes and quality systems.

- Through teams working together to identify areas where they can strengthen their knowledge and skills to better meet the needs and aspirations of disabled people, and their carers, families and whānau.
• As an opportunity for organisations to collaborate and share resources and training opportunities. For example providers of home and community support services could work together to develop a shared training package on the Real Skill ‘Working with Māori’.

• To improve consistency and continuity across and within organisations. For example, representatives from community, residential and non-government organisation services could work together to develop assessment and support planning templates that would be used whenever a disabled person accesses services.

Regardless of the approach, implementation provides an opportunity to build upon and improve practice of the seven Real Skills identified in *Let’s get real: Disability*.

**Beginning implementation in your organisation**

Before implementation, it is important that you are familiar with the content of *Let’s get real: Disability: A framework* and its tools.

**Values-based practice and Let’s get real: Disability**

A key aspect of *Let’s get real: Disability* is the inclusion of values and attitudes. This is in recognition of the importance that values and attitudes have in the disability sector. Values-based practice identifies that values are both pervasive and powerful, and that they influence decisions about health care.

For more information on values based practice see *Position paper: Values based practice* at www.tepou.co.nz.
Let’s get real: Disability attitudes and values
Table 1 sets out the values and attitudes that people working in disability should demonstrate.

<table>
<thead>
<tr>
<th>Values</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human rights</td>
<td>Compassionate, caring, sensitive, understanding</td>
</tr>
<tr>
<td>Respect</td>
<td>Enabling, encouraging, accepting, supportive</td>
</tr>
<tr>
<td>Service</td>
<td>Genuine, warm, friendly, fun</td>
</tr>
<tr>
<td>Communities</td>
<td>Honest, fair, sincere, trustworthy</td>
</tr>
<tr>
<td>Relationships</td>
<td>Non-judgemental, non-discriminatory, uncritical</td>
</tr>
<tr>
<td></td>
<td>Open-minded, culturally aware, self-aware, innovative, positive risk-takers</td>
</tr>
<tr>
<td></td>
<td>Optimistic, positive, enthusiastic, inspiring,</td>
</tr>
<tr>
<td></td>
<td>Patient, tolerant, flexible, accommodating</td>
</tr>
<tr>
<td></td>
<td>Professional, accountable, reliable, responsible,</td>
</tr>
<tr>
<td></td>
<td>Resilient, emotionally strong, able to bounce back in the face of challenges</td>
</tr>
<tr>
<td></td>
<td>Understanding, perceptive, considerate, responsive</td>
</tr>
</tbody>
</table>

Many organisations already work from a values base and have a clearly articulated set of organisational values that link with all of their systems. Your own organisation’s values may well be reflected in many of the values of Let’s get real: Disability.

The seven Real Skills
The seven Real Skills identified in Let’s get real: Disability are:

- working with disabled people
- working with Māori
- working with families/whānau
- working with communities
- challenging stigma and discrimination
- upholding law, policy and practice
- maintaining professional and personal development.
The performance indicators

Each of the seven Real Skills has a broad definition and four sets of performance indicators attached to it. The performance indicators are cumulative and set at the following four levels.

- **Essential** – intended for all people working in disability regardless of their role, profession, or the organisation they work for.

- **Capable** – intended for people working in disability whose roles involve less complex skills and knowledge, for example, disability support workers, community support workers and intensive support workers. Staff working at this level will be expected to demonstrate both the essential level and capable level of the Real Skills appropriate to their role.

- **Enhanced** – applies to all people working in disability at an advanced or senior level, whose roles involve complex skills and knowledge, for example whānau advisors, behavioural support advisors, professional practitioners and intensive support specialists. Staff working at this level will need to demonstrate the essential, capable and enhanced levels of the Real Skills, appropriate to their role.

- **Leader** – team leaders, managers or service leaders working at this level will be expected to demonstrate the essential, capable, enhanced and leader level of the Real Skills appropriate to their role.

Tools for implementing *Let’s get real: Disability*

The following tools and templates for *Let's get real: Disability* can be downloaded from www.tepou.co.nz/letsgetrealdisability. You can adapt and complete the tools and templates for use in your organisation.

The intended outcome of *Let’s get real: Disability* is that your workforce demonstrates the relevant performance indicators in practice. There are many ways to achieve this, and using the framework tools is only one. For example, your organisation may already have its own processes for demonstrating the values, attitudes and seven Real Skills of *Let’s get real: Disability*. 
Guide for leaders and managers
This guide provides an overview for leaders and managers on using the tools to support implementation of Let’s get real: Disability within their organisations.

Workforce planning tool
The Workforce planning tool helps services to:

- include and use Let’s get real: Disability in service planning
- assess teams against the seven Real Skills in order to inform a workforce plan.

The Workforce planning tool comes with an Assessment tool, which will enable you to aggregate individual, team and organisation-wide assessments against the performance indicators in Let’s get real: Disability.

Human resources tool
Provides:

- a high-level guide to help organisations understand Let’s get real: Disability and how it can be introduced and integrated into existing human resources systems and processes
- comprehensive templates that can be downloaded and adapted for immediate use.

Who is responsible for implementation?
Leaders and managers in the disability sector are responsible for driving the implementation of Let’s get real: Disability. Teams and individual staff are also responsible for reflecting upon their own skills in relationship to the seven Real Skills, and participating in any change process.
Process for implementing Let’s get real: Disability

Figure 1 outlines a six-step process for organisations and services to follow when implementing Let’s get real: Disability. Each of the six steps is described below, along with guidance and practical examples on how to progress implementation.

**Figure 1. Let’s get real: Disability implementation process**
Step 1 – prepare an organisational snapshot

Implementation starts with a snapshot of how your organisation aligns to Let’s get real: Disability. The snapshot will inform your choices about which of the framework tools or templates you will use.

You can use the following template as a guide for considering how your organisation’s systems, structures and strategies align to Let’s get real: Disability. You may not have all the documents described below or you may call them something different.

It is also important that all staff are briefed and understand Let’s get real: Disability and the seven Real Skills.

<table>
<thead>
<tr>
<th>Area to assess for alignment to Let’s get real: Disability</th>
<th>Your organisation’s resources</th>
<th>Questions to consider</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision and values</td>
<td>• Vision</td>
<td>Do your organisational vision, mission and values align to the values in Let’s get real: Disability?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Values statement</td>
<td>If not, do you need to incorporate these values?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mission statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>• Strategic plan</td>
<td>Do these plans address the values and attitudes in Let’s get real: Disability?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service plan</td>
<td>Do service plans address the four competency levels in the framework and how to address competency gaps?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Service development plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Quality plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Quality improvement plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annual plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area to assess for alignment to <em>Let’s get real: Disability</em></td>
<td>Your organisation’s resources</td>
<td>Questions to consider</td>
<td>Findings</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Systems</td>
<td><strong>Human resource systems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Role or job descriptions</td>
<td>Are the values, attitudes, and Real Skills and performance indicators integrated across recruitment, role and job descriptions, personal and team development plan templates, and training and development plans?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Interview preparation</td>
<td>Does your interview process include stakeholder representatives?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Training and development</td>
<td>Do you include equal employment opportunities guidance across your human resource systems?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Performance management</td>
<td>Do you use the Real Skills as a basis for coaching and mentoring?</td>
<td></td>
</tr>
<tr>
<td>Area to assess for alignment to <em>Let’s get real: Disability</em></td>
<td>Your organisation’s resources</td>
<td>Questions to consider</td>
<td>Findings</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Quality systems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stakeholder involvement</td>
<td></td>
<td>Are stakeholders involved in decision-making mechanisms and groups for your quality systems?</td>
<td></td>
</tr>
<tr>
<td>• In-service training and development</td>
<td></td>
<td>How do your quality systems ensure disabled people are at the centre of what you do?</td>
<td></td>
</tr>
<tr>
<td>• Audit</td>
<td></td>
<td>Do you have stakeholder roles on audit groups?</td>
<td></td>
</tr>
<tr>
<td>• Complaints, feedback and appeals process</td>
<td></td>
<td>How do your quality systems ensure that the human rights of disabled people are upheld and championed?</td>
<td></td>
</tr>
<tr>
<td>• Policies on safety and human rights</td>
<td></td>
<td>Have you considered all aspects of accessibility to your services?</td>
<td></td>
</tr>
<tr>
<td>• Service access policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area to assess for alignment to <em>Let’s get real: Disability</em></td>
<td>Your organisation’s resources</td>
<td>Questions to consider</td>
<td>Findings</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Structure</td>
<td><strong>Governance</strong></td>
<td>Does your governance structure include key stakeholders? If not, how are the views of stakeholders represented at a strategic level? What other mechanisms do you have, or could you put in place, to provide this representation? Does your management structure have dedicated stakeholder roles, such as consumer, carer, family and whānau advisors, or cultural or community liaison roles?</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td>Does your team structure reflect a mix of performance levels – essential, capable, enhanced and leader?</td>
<td></td>
</tr>
</tbody>
</table>
Step 2 – ensure stakeholder involvement

Stakeholder involvement is an essential part of Let’s get real: Disability. Involving stakeholders is important to the success of any organisational change process. For example you may want to include disabled people, and their carers, families and whānau on recruitment panels or in a group tasked with implementing the framework within your organisation.

Step 3 – identify tools for implementation

The Let’s get real: Disability tools (described on page 11 and 12) incorporate practical templates that you can use to integrate the framework into your organisation.

The tools and templates are designed to help organisations identify gaps in their systems, processes and practice, and develop strategies to improve their alignment with Let’s get real: Disability.

Many organisations already have comprehensive and best-practice planning systems and processes; the Let’s get real: Disability tools are intended to complement, rather than replace, these.

As an example, an organisation may review and modify its job descriptions to include the seven Real Skills. The Real Skills’ performance indicators could be used to create performance measures for the job descriptions, which could then be included in the organisation’s performance management and coaching cycle to ensure staff’s skills improve. The Human resources tool has adaptable templates to support this process.
Step 4 – develop an approach and action plan

Once you have decided which tools are best suited to your organisation, there are a number of approaches to implementation that you could choose.

• Taking a project approach to trial particular tools in selected teams or services prior to rolling them out.

• Incorporating the implementation of Let’s get real: Disability into your standard organisational planning and development activities, for example human resources and workforce activities, such as orientation programmes and in-service training.

• Working in partnership with other teams or organisations to share a resource to support implementation.

• Releasing the time of individual staff from normal duties to manage the implementation process as a professional development opportunity.

Depending on which approach you choose, you will also need to consider who in your organisation will drive the implementation of Let’s get real: Disability and the use of its tools.

We recommend that implementation is championed by managers and leaders. In particular, quality managers, professional advisors and human resource managers (or those with responsibility for these functions) will be key to the success of Let’s get real: Disability’s implementation. Other key roles could include training and development managers.

Key roles and responsibilities that would support a project approach to the implementation of Let’s get real: Disability are described in the next section of this guide (Roles and responsibilities for implementing Let’s get real: Disability). You will also find more information on project management on Te Pou’s website.
Your action plan will outline the steps that your organisation or team will take to implement *Let’s get real: Disability*, and who will be responsible for particular tasks. You can use the checklist in Figure 2 to guide the content of your plan.

**Figure 2: *Let’s get real: Disability* action plan checklist**

<table>
<thead>
<tr>
<th>Task</th>
<th>Completed?</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify sponsor and sign off process</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Identify key stakeholders</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Set key deliverables, milestones and timeframes</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Consider financial implications</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Develop communication and reporting process</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Identify resources required</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Identify risks</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Determine roles and responsibilities</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>Develop review and evaluation process</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

**Step 5 – activate the implementation plan**

The roles, responsibilities and timeframes in the action plan must be clearly defined and explained to all staff involved. You should also document the key deliverables and milestones, and the processes for monitoring, evaluation and review.

You might also decide to include *Let’s get real: Disability* as a regular agenda item in relevant meetings.

**Step 6 – review and evaluate**

The implementation of *Let’s get real: Disability* requires regular review and evaluation. One approach may be to include implementation in your regular project management reporting systems.
Roles and responsibilities for implementing *Let’s get real: Disability*

Implementation can take different approaches (see Step 4 in the previous section). In this section we describe a project approach to implementing *Let’s get real: Disability*.

You may also like to look at Te Pou’s website, which describes in detail the typical roles and responsibilities that arise when implementing projects and programmes, such as *Let’s get real: Disability*.

Depending on the size of your organisation, project roles may be integrated into an individual’s existing workload or may be a dedicated resource. For example, the sponsor is likely to be a senior manager with a number of other responsibilities, whereas a project manager may work just on project implementation. The roles may be assigned to one or more individuals, and individuals may play one or more roles. The roles described below are typical ones for implementing a project or programme. This is just one way of implementing *Let’s get real: Disability*, and organisations may already have their own change processes that they prefer to follow.

A **project sponsor** is usually a senior manager, as they have overall responsibility for the project’s delivery and need to be able to facilitate organisational support for it. They will also act as the champion of the project and can assist the project manager to overcome any organisational barriers that arise during the project.

The sponsor will usually be part of, and may chair, the **project steering group**. The steering group usually includes stakeholders, as well as team leaders, human resource representatives, and quality or other managers. This group ensures input is received from key stakeholders, and provides project governance, leadership and support for the project manager.

Involving **stakeholders** will be a key factor in successful implementation of *Let’s get real: Disability*. You may want to include representation from the following groups:

- disabled people
- carers
- family or whānau
- Māori (individuals with an understanding of disability services)
- Pasifika (individuals with an understanding of disability services).
Depending on the size and nature of your service, you may decide to have a dedicated **project manager** who can carry out day-to-day aspects of the project, under the leadership and guidance of the sponsor, steering group and other stakeholders.

It is essential that **Let’s get real: Disability** implementation has clear **leadership** to support team members. Depending on the size of your organisation, there may be a number of managers or leaders who take a lead role in implementation.

**Let’s get real: Disability** applies to everyone working in disability. It is important that all team members understand they have a key role in bringing the seven Real Skills to life in their day-to-day practice.

**Let’s get real: Disability and New Zealand standards**

The NZS 8158:2012 *Home and Community Support Sector Standard* takes a principles-based approach, which describes the outcomes to be achieved rather than procedures to be followed.

Table 3 sets out the underpinning principles included in the standard, along with the Real Skills that relate to them. It also includes examples of how implementing **Let’s get real: Disability** supports achievement of the standard’s principles and therefore the related Ministry of Health audit requirements. These examples are not exhaustive.
Table 3: Alignment between NZS 8158:2012 Home and Community Support Sector Standard and Let’s get real: Disability, with examples

<table>
<thead>
<tr>
<th>Principle from the standard</th>
<th>Real Skills</th>
<th>Examples of ways that Let’s get real: Disability supports meeting the standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working in partnership with people, families and whānau</td>
<td>• Working with disabled people</td>
<td>• Involving stakeholders in the implementation of Let’s get real: Disability evidences working in partnership with disabled people, families and whānau.</td>
</tr>
<tr>
<td></td>
<td>• Working with Māori</td>
<td>• Developing person-centred support plans with disabled people and where relevant, their families and whānau.</td>
</tr>
<tr>
<td></td>
<td>• Working with families/whānau</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Upholding law, policy and practice</td>
<td></td>
</tr>
<tr>
<td>Respecting rights and responsibilities</td>
<td>• Working with disabled people</td>
<td>Your team can use the Assessment tool to identify if everyone understands and implements the principles of the Human Rights Act 1993, the UN Convention on the Rights of Persons with Disabilities and other relevant legislation.</td>
</tr>
<tr>
<td></td>
<td>• Working with Māori</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Working with families/whānau</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Upholding law, policy and practice</td>
<td></td>
</tr>
<tr>
<td>Respecting dignity, autonomy and privacy</td>
<td>• Working with disabled people</td>
<td>Policies and procedures reflect the Real Skills, attitudes and values so that everyone working in your organisation understands your expectations of what is appropriate behaviour and practice.</td>
</tr>
<tr>
<td></td>
<td>• Working with Māori</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Challenging stigma and discrimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Upholding law, policy and practice</td>
<td></td>
</tr>
<tr>
<td>Responding to people’s cultural identity</td>
<td>• Working with disabled people</td>
<td>Everyone in your organisation has access to best practice tikanga training and has a level of cultural competency appropriate to their role.</td>
</tr>
<tr>
<td></td>
<td>• Working with Māori</td>
<td></td>
</tr>
<tr>
<td>Principle from the standard</td>
<td>Real Skills</td>
<td>Examples of ways that <em>Let’s get real: Disability</em> supports meeting the standard</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Supporting people to make their own decisions</td>
<td>Working with disabled people</td>
<td>One of the performance indicators for the Real Skill ‘Working with disabled people’ states that the worker “Is aware of the importance of disabled-person-driven plans for achieving a good life.” Using the individual performance development plan process in the <em>Human resources tool</em>, you can identify if a staff member needs development in this area and facilitate access to training or mentoring if needed.</td>
</tr>
</tbody>
</table>
| Maximising flexibility, choice and control | Working with disabled people | • Using the *Human resources tool* checklist for orientation for new staff members, you can ensure that new staff know where to find relevant information.  
• One of the performance indicators for the Real Skill ‘Working with disabled people’ is: “Has a flexible and creative approach to supporting the disabled person”. Using the *Assessment tool*, staff members assess themselves against each performance indicator and can identify if they need development in this area. |
If you have integrated *Let’s get real: Disability* in a systemic way across your human resource functions, your role descriptions will include the seven Real Skills. During induction or performance reviews, staff may identify skills gaps using the *Assessment tool*. These can be aggregated using the *Workforce planning tool* to identify team and organisation-wide training needs. This can then be the basis for your workforce development plan.

*NZS 8134.0:2008 Health and Disability Services (General) Standard* is an overarching standard. It outlines the definitions and audit framework applicable across the suite of standards that all organisations subject to the Health and Disability Services Act 2001 are required to operate to.

As a systemic approach, *Let’s get real: Disability* provides a framework and tools that build individual knowledge and skills, and improve organisational performance. When a service implements the framework across all its systems and processes, it is significantly assisted in meeting the standards. In this way, the framework can also support a service to achieve Ministry of Health audit requirements.

For examples of how *Let’s get real: Disability* supports services to meet the *NZS 8134.0:2008 Health and Disability Services (General) Standard* see Table 4. These are not exhaustive.
### Table 4: Alignment between NZS 8134.0:2008 Health and Disability Services (General) Standard and Let’s get real: Disability, with examples

<table>
<thead>
<tr>
<th>Standard number and description</th>
<th>Real Skills</th>
<th>Examples of ways Let’s get real: Disability supports meeting the standard</th>
</tr>
</thead>
</table>
| 1.7 Discrimination              | • Working with disabled people  
                                  • Working with Māori  
                                  • Working with families/whānau  
                                  • Challenging stigma and discrimination | The performance indicator in the Real Skill ‘Challenging stigma and Discrimination’ for a staff member working at an Enhanced level includes: “Models and applies a comprehensive knowledge of, and promotes and ensures ongoing staff education and training in relation to matters affecting disabled people’s rights, including the Treaty, the Convention, the Act and the Code.” This performance indicator could be adapted to be used in role descriptions and job descriptions, which are then the basis of performance reviews and personal development plans. |
| 2.7 Human resource management   | • Working with disabled people  
                                  • Working with Māori  
                                  • Working with families/whānau  
                                  • Upholding law, policy and practice | The Let’s get real: Disability Human resources tool provides many templates relevant to these processes, which reflect the Real Skills and that organisations can adapt to their specific needs. Integrating Let’s get real: Disability into human resource processes highlights the expectation that all staff will be required to incorporate the Real Skills into their everyday practice. |
**Let’s get real: Disability and Putting People First**

*Let’s get real: Disability* can support services to meet the recommendations in the *Putting People First* review.

The four themes in *Putting People First* are designed to be implemented by the Ministry of Health through strategy, contract and performance mechanisms. *Let’s get real: Disability* helps organisations align their practice to the four themes at a service level. Having a systemic approach to the implementation of the framework is a way for organisations to provide evidence of good practice.

**Theme one – support providers to place disabled people at the centre of their service**

*Let’s get real: Disability* is a disabled-person-centred workforce framework. It helps organisations align to this theme by using the Real Skills performance indicators in their recruitment, selection and performance management processes. This ensures workers have the right values, attitudes, skills and knowledge to deliver quality services to disabled people.

**Theme two – give disabled people a voice**

The Real Skill ‘Working with disabled people’ ensures every person working in disability:

- works in partnership with and enables disabled people (and where appropriate, their family and whānau) to lead decision-making and have control over their lives
- uses strategies to engage meaningfully with disabled people, and focuses on disabled people’s self-identified aspirations and strengths.

**Theme three – ensure complaints resolution processes keep disabled people safe and resolve the complaint**

The Real Skill ‘Working with disabled people’ describes the need for everyone working in disability to be aware of models of abuse and neglect, and for those operating at leader level to facilitate an easy, prompt, safe and transparent feedback and complaints process.
**Theme four – improve performance management**

*Let’s get real: Disability* is a workforce quality initiative. Implementing the framework across an organisation increases accountability and evidences good practice. It also identifies where development is needed. In this way it allows an organisation to identify strengths and weaknesses in its performance, and gives them practical tools to improve their performance where required.

**Implementation scenarios and resources**

**Scenarios**

The following scenarios illustrate the flexible approach that can be taken to implement *Let’s get real: Disability* at an organisational level.

**Scenario A: We Care Trust**

We Care Trust is a large non-government organisation providing community residential support services for people with intellectual disabilities. The trust employs 130 full-time-equivalent staff, split over a number of houses. These comprise mainly of team and house coordinators and support workers, along with some specialist roles, including registered health professionals and community liaison specialists.

We Care Trust’s budget for workforce development is limited. The trust wants to ensure that it is meeting the recommendations in *Putting People First*. Recommendation 1 is to embrace good performance and actively promote this by:

- clearly defining and communicating what constitutes good performance, and the expected outcomes, and monitor against these
- supporting and encouraging best practice and how this can be achieved
- show-casing great examples, including how these were achieved.

We Care Trust has decided to do this by reviewing its performance management processes and incorporating the seven Real Skills and their performance indicators into its performance development plans, performance reviews and supervision. It has also introduced a *Let’s get real: Disability* Employee of the Month Award for staff members who demonstrate examples of good practice. This good practice is discussed in team meetings and highlighted in the staff newsletter.
Scenario B: Sunrise Healthcare

Sunrise Healthcare provides home and community support services for disabled people across an urban and semi-rural population. Sunrise has adopted a phased implementation approach for *Let's get real: Disability*, starting with the *Human resources tool*.

Following a review of its existing human resource management systems, Sunrise identified that the *Human resources tool* could help develop and improve its current processes. Sunrise formulated a plan to integrate *Let's get real: Disability* into its recruitment processes, revamping the style and content of interviews and how it assesses potential staff.

Phase two of Sunrise’s implementation plan is centred on incorporating *Let’s get real: Disability* into its existing performance appraisal system for staff. In order to complete this work, Sunrise has allocated 0.2 full-time-equivalent of a project manager role to an existing team leader over a period of six months.

Resources

*Let’s get real: Real skills for people working in disability: A framework* and its tools can be downloaded from Te Pou’s website, www.tepou.co.nz/letsgetrealdisability. They include:

- the *Human resources tool* and templates to help organisations review their human resource systems and processes to ensure they align with the *Let’s get real: Disability* framework, and incorporate the significant benefits of key stakeholder involvement
- the *Workforce planning tool*, closely linked to the *Service planning tool*, to assist organisations to develop a team profile and workforce plan to improve the skills of team members in the seven Real Skills
- the *Service planning tool* closely linked to the *Workforce planning tool* to support the inclusion of *Let’s get real: Disability* in planning, budgeting, delivering and evaluating services
- a PowerPoint presentation to help deliver key messages about *Let’s get real: Disability* to staff and other key stakeholders
- a detailed project planner to guide you through implementing *Let’s get real: Disability* in your organisation
- the *Let’s get real: Disability* video, which provides background and information on the vision.

Support

Regional facilitators at Te Pou can support service providers to implement *Let’s get real: Disability* at a regional level. The focus of this support is on helping services use the framework tools and other resources to demonstrate the performance indicators of the seven Real Skills.

To contact a regional facilitator in your area see the contact information on Te Pou’s website, www.tepou.co.nz.
Bibliography


Service planning tool

www.tepou.co.nz/letsgetrealdisability
Acknowledgements

Te Pou would like to thank and acknowledge Kate Hirst for undertaking the consultation and adaptation work with the disability sector. Te Pou would also like to thank the human resource managers and other managers and leaders in the disability sector who contributed and provided valuable and insightful feedback on the various drafts. We hope these tools and resources complement and assist the great work you all do in the sector.


*Let’s get real*: Disability has been adapted by Te Pou.

Citation: Te Pou o Te Whakaaro Nui. (2015). *Let’s get real: Disability: Service planning tool*. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.

ISBN: 978-0-0908322-03-9
## Contents

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Introduction

There are constant changes taking place in the disability sector which affect organisations that deliver services to disabled people. These changes can impact on how you work now and how you will work in future.

A planned approach to workforce development is therefore essential. Analysing your workforce at an individual, team and service level is central to meeting the needs of current and future users of disability services.

Successful organisations understand that employees are their most important asset. Having the right people, with the right skills, in the right place, at the right time with the right attitude is crucial to an organisation’s success.

*Let’s get real: Disability: A framework* describes the essential knowledge, skills, values and attitudes required to deliver quality services that meet the needs and aspirations of disabled people, and their carers, families and whānau. This workforce framework comes with a suite of resources to aid implementation in your organisation, and some of these are set out below. See Te Pou’s website to download these resources.

*Let’s get real: Disability: Guide for leaders and managers* gives an overview of the framework and suggestions on how you can implement *Let’s get real: Disability* within your organisation.

*Let’s get real: Disability Human Resources tool* guides you through implementing the framework throughout the HR functions in your organisation, at a strategic, operational and individual level. If you implement the framework throughout your recruitment, selection and performance functions (as set out in the *HR tool*), service workforce planning will naturally follow.

This *Let’s get real: Disability Service planning tool* guides you through analysing your workforce at an individual, team and service level to assess its current and future needs. It provides you with the processes and templates to do this, including an *Assessment tool* for staff to assess their skills against the Seven Real Skills.
Let’s get real: Disability Workforce planning tool is a continuation of this Service planning tool and will take the analysis you have already carried out to guide you through the process of developing workforce and action plans that are aligned to Let’s get real: Disability and the seven Real Skills.

If you already have comprehensive and best-practice planning systems and processes in place, these tools enable you to ensure they are aligned to Let’s get real: Disability and the seven Real Skills.

For those organisations that do not have comprehensive systems and processes, this tool provides practical templates that can be used to integrate the Let’s get real: Disability framework into everyday practice.

The intended outcome of Let’s get real: Disability is that your workforce demonstrates the relevant performance indicators in practice. There are many ways to achieve this, and the use of the tools is only one.

**Who is this tool for?**

This Service planning tool, and the accompanying Workforce planning tool, is for leaders and managers. It is particularly aimed at small and medium-sized businesses. It guides you through the first stage of workforce planning: analysing your workforce.

This Service planning tool and the accompanying Workforce planning tool are adapted from Practical approaches to workforce planning (Skills for Care, 2014).

Regional facilitators at Te Pou can also support you with implementation. Refer to the regional facilitator contact information on Te Pou’s website: www.tepou.co.nz.
What is workforce planning?

Workforce planning is a process used to analyse and plan for your workforce to meet your current and future business needs.

Workforce planning assists leaders and managers to:
• plan for the future
• anticipate change
• manage the workforce
• meet business goals.

Additionally, using the Let’s get real: Disability framework to guide workforce planning means disabled people will get consistent, high quality services, delivered by a workforce with the appropriate knowledge, skills, values and attitudes.

Service-level workforce planning

Service-level workforce planning ensures you have the right people in the right roles, within the available budget, with the essential attitudes, values, knowledge and skills needed to deliver quality services to disabled people, and their carers, families and whānau, now and into the future.

Workforce planning can also occur at an organisational or whole of sector level. This tool, and the accompanying Workforce planning tool, will assist you to plan at a service-level to align your workforce to Let’s get real: Disability.

Key principles of good workforce planning

Commitment, support, participation
Let’s get real: Disability prioritises disabled people, their carers, families and whānau as important stakeholders in any change process. Identifying and including key stakeholders early will gain their support and commitment, and ensure you put the people who use services, and their carers, family and whānau at the centre of your planning. Other stakeholders include leaders, managers and teams working in disability, as well as the communities they serve.

Leadership
Let’s get real: Disability supports strong leadership as essential to any change process to ensure active participation from those involved.

Communication
Good communication is vital to maintaining engagement throughout the process, and is essential to success. Internal and external stakeholders should be included in your communication plans.
Including Let’s get real: Disability in service-level workforce planning

Figure 1 identifies a four stage process to include Let’s get real: Disability in your service-level workforce planning. Each stage has one or more processes or templates to support its implementation. You can download templates to complete for your organisation from Te Pou’s website: www.tepou.co.nz/letsgetrealdisability.

**Figure 1. Including Let’s get real: Disability in service and workforce planning**

- **Analyze**: Use the Service planning tool.
- **Plan, Do, Review**: Use the Workforce planning tool.
This stage will help you understand the context within which your organisation operates, internally and externally, and will ensure you understand the environment in which your workforce planning needs to take place. This involves gathering all the information you need to analyse your workforce needs and carrying out a gap analysis. The Workforce planning tool will then take this analysis and guide you through creating a workforce and action plan.

**Drivers that affect workforce planning**

Do you know and understand the environment in which your organisation operates? What are the key local or national drivers that impact on the shape of your service and the way in which you operate? Use Template 1 to identify these drivers. You may have collected this information during strategic planning exercises, or it may have been carried out at an organisational level.

**Some questions to ask**

- What are the latest national or sector plans and guidelines that impact on your services?
- Are there any specific strategies for workforce development?
- How will changes in legislation or other trends impact on your workforce in the future?
- Are there gaps in the information? If so, where can you find that information?
- Do you need to make changes to your current workforce?
- What attitudes, values, skills and knowledge do you need in your workforce?
- Have you carried out a PESTEL analysis (political, economic, social, technical, environmental or legal) or a SWOT analysis (strengths, weaknesses, opportunities and threats)? Te Pou’s website has a template to carry out a PESTEL analysis.
### Template 1. Identify drivers that affect your workforce planning

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples only (complete this section for your own organisation)</th>
</tr>
</thead>
</table>
| International conventions                                           | United Nations Convention on the Rights of People with Disabilities  
|                                                                     | United Nations Declaration on the Rights of Indigenous Peoples  |
| National plans and standards                                         | Relevant New Zealand standards  
|                                                                     | New Zealand Disability Strategy  
|                                                                     | Putting People First  
|                                                                     | Whaia Te Ao Marama: The Māori Disability Action Plan  
|                                                                     | He Korowai Oranga: National Māori Health Strategy  
|                                                                     | Faiva Ora: National Pasifika Disability Plan  
|                                                                     | Disability Action Plan 2014-18  
|                                                                     | Disability Workforce Action Plan 2013-16  |
| Local plans                                                          | Local council plans which could impact on your organisation, for example long-term plans and development plans  
|                                                                     | Public health initiatives, for example housing or the needs of a rural population  |
| Organisational and business plans                                    | Organisational or service vision, mission or goals  
|                                                                     | Business strategy and plan  
|                                                                     | Quality strategy and plan  
|                                                                     | HR strategy and plan  
|                                                                     | Existing workforce strategy and plan  
|                                                                     | Contracts and contractual obligations  |
| Data and information about the disability sector, local trends, your target population and your own organisational trends | Workforce data about the sector  
|                                                                     | Trends and demographic information such as the Census or the 2013 Disability Survey  
|                                                                     | Recruitment and retention/staff turnover  
|                                                                     | Your own staff demographics or attributes  |
| **Ask:**                                                             | What is your target population? Is this population changing? How does your service reflect this population now? In the future?  
|                                                                     | Are there groups that have any unique needs? How well are you addressing these at the moment? And in the future?  |
| Stakeholder feedback                                                | **Ask:**  
|                                                                     | What do your customer surveys say?  
|                                                                     | Have you sought specific feedback on workforce planning and/or Let's get real: Disability?  |
**Individual and team assessments**

Use the Assessment tool, available online at www.tepou.co.nz/letsgetrealdisability, or as Template 20 in the HR tool, for the individuals in your team to self-assess against the seven Real Skills and performance indicators of Let’s get real: Disability.

You may have completed these assessments as part of your HR, recruitment or performance development processes. Once everyone in your team has completed an individual assessment, use Template 2 to summarise the results.

This shows your team and its strengths and weaknesses against the seven Real Skills. This can also be completed at a service level.

**Template 2. Team assessment, Real Skills**
Team profile

Using the results of the team assessments, use Template 3 to prepare a team profile which will describe the attributes of your team or service that are relevant to workforce planning.

**Template 3. Team profile**

<table>
<thead>
<tr>
<th>Description (suggestions only, complete as it fits with your organisation)</th>
<th>Information about the team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTEs</td>
<td></td>
</tr>
<tr>
<td>Number of actual staff</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies</td>
<td></td>
</tr>
<tr>
<td>Turnover rates</td>
<td></td>
</tr>
</tbody>
</table>
| Demographics: details of the team and how they relate to the community you serve. For example, if you offer services to younger people do your support workers reflect this? Or, if you have a predominantly older workforce, will this impact on your succession planning? | Age  
Ethnicity  
Language  
Gender  
Other |
| Range of qualifications/performance levels as specified in *Let’s get real: Disability.* Include professional roles represented. | Essential  
Capable  
Practitioner  
Leader |
| Skills individual employees have which are currently under-utilised, including those related to the seven Real Skills. These could be skills they have gained in other roles but which are not considered essential for their current role. |  |
| Roles currently under-represented in the team. |  |
Feedback from the people you serve

There are a number of ways of gathering feedback from different stakeholders and you may already be collecting much of this information through satisfaction surveys, audits, focus groups or other mechanisms. Template 4 gives you an example of how to collect this feedback in relation to Let’s get real: Disability. You could do this through an anonymous questionnaire or online survey.

Template 4. Gathering stakeholder feedback

Feedback about your recent contact with our service

Dear (name)

As someone who recently had contact with our service, I would like to invite you to share any feedback you might have about your experience.

Your feedback is highly valued by our service. It helps us identify where we are performing well and where we can make improvements to ensure people have the best possible experience during their time with us.

Your response is entirely anonymous.

We use a tool called Let’s get real: Disability to assess the performance of our staff. This tool helps to show us if a staff member is demonstrating the skills we believe they should when they are working with you. The tool is used to identify areas for improvement and to show where a staff member is performing well.

The following table lists seven Real Skills from Let’s get real: Disability. Please read the skill descriptions and, reflecting on the service you received, record whether you believe the staff member is competent or not competent in that skill. You can also include comments in the right hand column.

Please return this to us in the postage-paid envelope that is included.

I have also included information on Let’s get real: Disability for you to read which provides more information about this assessment tool and the seven Real Skills.

We sincerely appreciate your feedback and time, and look forward to hearing from you.

Kind regards

(Name of manager and role)
<table>
<thead>
<tr>
<th>Real Skill</th>
<th>Competent/ Not competent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working with disabled people</strong>&lt;br&gt;Every person working in disability works in partnership with and enables disabled people (and where appropriate, their family and whānau) to lead decision-making and have control over their lives.&lt;br&gt;Every person working in disability uses strategies to engage meaningfully with disabled people, and focuses on disabled people’s self-identified aspirations and strengths.&lt;br&gt;Every person working in disability recognises that people may have several impairments and face multiple disadvantages, which could include barriers relating to their gender, culture, ethnicity and age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Working with Māori</strong>&lt;br&gt;Every person working in disability contributes to whānau ora for Māori.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Working with families and whānau</strong>&lt;br&gt;Every person working in disability encourages and supports families and whānau to participate in the lives of disabled people (where appropriate and consent is given by the disabled person), and ensures that families and whānau, including the children of disabled people, have access to information, education and support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Working with communities</strong>&lt;br&gt;Every person working in disability recognises that disabled people, and their families and whānau, are part of a wider community, including communities of people who have things in common, such as the Deaf community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Challenging stigma and discrimination</strong>&lt;br&gt;Every person working in disability understands the key principles of the Treaty of Waitangi, the United Nations Convention on the Rights of Persons with Disabilities, New Zealand’s Human Rights Act 1993, and the Health and Disability Commissioner’s Code of Right, as these documents apply to stigma and discrimination.&lt;br&gt;All staff use strategies, appropriate to their role, to challenge stigma and discrimination wherever it is experienced, and promote the inherent dignity, value and human rights of disabled people.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Real Skill

<table>
<thead>
<tr>
<th>Real Skill</th>
<th>Competent/Not competent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upholding law, policy and practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every person working in disability implements relevant international</td>
<td></td>
<td></td>
</tr>
<tr>
<td>conventions and declarations, and national legislation, regulations,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>standards, codes and policies (appropriate to their role), in a way that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>enables disabled people to realise their full human rights and achieve a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>good life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In particular, every person upholds the Treaty of Waitangi, the United</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nations Declaration on the Rights of Indigenous Peoples, the United</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nations Convention on the Rights of Persons with Disabilities, the New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zealand Human Rights Act 1993, the Health and Disability Commissioner’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code of Rights, a social model of disability, and whānau ora philosophy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintaining professional and personal development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every person working in disability actively reflects on the way they</td>
<td></td>
<td></td>
</tr>
<tr>
<td>work, communicate and engage with disabled people and their families and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>whānau, and with others working in disability to enable disabled people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to achieve their self-identified goals and aspirations, and attain a good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>life.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note to manager: the examples in the table above are high level Real Skills, we suggest you replace them with performance indicators relevant to the competency level of the individual staff member.
Service assessment and gap analysis

When you have collected all the relevant information, you will need to analyse what it means for your current and future workforce. You may want to consider the next three to five years in your planning.

The final part of this process is to identify gaps in your planning in relation to Let’s get real: Disability. Template 5 demonstrates one way of recording and analysing this information, but you may have other ways to do this.

**Template 5. Service and gap analysis**

<table>
<thead>
<tr>
<th>Area</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation and conventions</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
</tr>
<tr>
<td></td>
<td>Impact for your organisation</td>
</tr>
<tr>
<td></td>
<td>Gaps in relation to Let’s get real: Disability</td>
</tr>
<tr>
<td></td>
<td>Working with disabled people</td>
</tr>
<tr>
<td></td>
<td>Working with Māori</td>
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<tr>
<td></td>
<td>Working with families and whānau</td>
</tr>
<tr>
<td></td>
<td>Working with communities</td>
</tr>
<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
<tr>
<td>National plans</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
</tr>
<tr>
<td></td>
<td>Impact for your organisation</td>
</tr>
<tr>
<td></td>
<td>Gaps in relation to Let’s get real: Disability</td>
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<td></td>
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<td>Working with Māori</td>
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<td></td>
<td>Working with families and whānau</td>
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<tr>
<td></td>
<td>Working with communities</td>
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<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
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<tr>
<td>Local plans</td>
<td>What you found</td>
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<td></td>
<td>Analysis of what you found</td>
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<td></td>
<td>Impact for your organisation</td>
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<td>Gaps in relation to Let’s get real: Disability</td>
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<td>Working with Māori</td>
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<td>Working with families and whānau</td>
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<td></td>
<td>Working with communities</td>
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<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
</tbody>
</table>
The next stage of the workforce planning process is set out in the *Workforce planning tool*. 

<table>
<thead>
<tr>
<th>Area</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational and business plans</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
</tr>
<tr>
<td></td>
<td>Impact for your organisation</td>
</tr>
<tr>
<td></td>
<td>Gaps in relation to <em>Let’s get real: Disability</em></td>
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<tr>
<td></td>
<td>Working with disabled people</td>
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<td></td>
<td>Working with Māori</td>
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<td></td>
<td>Working with families and whānau</td>
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<td></td>
<td>Working with communities</td>
</tr>
<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
<tr>
<td>Data and information</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
</tr>
<tr>
<td></td>
<td>Impact for your organisation</td>
</tr>
<tr>
<td></td>
<td>Gaps in relation to <em>Let’s get real: Disability</em></td>
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<tr>
<td></td>
<td>Working with disabled people</td>
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<td></td>
<td>Working with Māori</td>
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<td></td>
<td>Working with families and whānau</td>
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<td></td>
<td>Working with communities</td>
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<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
<tr>
<td>Team profile</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
</tr>
<tr>
<td></td>
<td>Impact for your organisation</td>
</tr>
<tr>
<td></td>
<td>Gaps in relation to <em>Let’s get real: Disability</em></td>
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<tr>
<td></td>
<td>Working with disabled people</td>
</tr>
<tr>
<td></td>
<td>Working with Māori</td>
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<td></td>
<td>Working with families and whānau</td>
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<td></td>
<td>Working with communities</td>
</tr>
<tr>
<td></td>
<td>Challenging stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
<tr>
<td>Stakeholder feedback</td>
<td>What you found</td>
</tr>
<tr>
<td></td>
<td>Analysis of what you found</td>
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<tr>
<td></td>
<td>Impact for your organisation</td>
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<td>Gaps in relation to <em>Let’s get real: Disability</em></td>
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<td></td>
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<td></td>
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<td></td>
<td>Upholding law, policy and practice</td>
</tr>
<tr>
<td></td>
<td>Maintaining professional and personal development</td>
</tr>
</tbody>
</table>
Bibliography


Let’s get real
REAL SKILLS FOR PEOPLE WORKING IN DISABILITY

www.tepou.co.nz/letsgetrealdisability
Human resources tool

www.tepou.co.nz/letsgetrealdisability
Acknowledgements

Te Pou would like to thank and acknowledge Kate Hirst for undertaking the consultation and adaptation work with the disability sector. Te Pou would also like to thank the human resource managers and other managers and leaders in the disability sector who contributed and provided valuable and insightful feedback on the various drafts. We hope these tools and resources complement and assist the great work you all do in the sector.


*Let’s get real: Disability* has been adapted by Te Pou.

Citation: Te Pou o Te Whakaaro Nui. (2015). *Let’s get real: Disability: Human resources tool*. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.

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Introduction

Let’s get real: Disability is a framework that describes the essential knowledge, skills, values and attitudes required to deliver quality services to disabled people in New Zealand. Human resource (HR) systems and processes are fundamental to effectively developing and maintaining the disability sector workforce so that it continues to meet the needs of disabled people, now and in the future.

Workforce planning and development is about ensuring an organisation has the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, at the right cost, with the right work output (World Health Organization, 2010). It assists leaders and managers to:

- plan for the future
- anticipate change
- manage the workforce
- meet business goals.

Using Let’s get real: Disability addresses aspects of this, particularly having the right skills and right attitude, and doing the right work. To achieve evidence-based workforce development, a workforce planning approach is needed. The process for this is outlined in the Let’s get real: Disability: Workforce planning tool, (Te Pou 2015).

Sound HR processes can contribute to workforce planning. The objective of this Human resources tool is to support organisations to review their HR systems and processes, to ensure they align with the Let’s get real: Disability framework and incorporate the significant benefits of key stakeholder involvement. This will ensure that disability personnel are working within a framework informed by the UN Convention on the Rights of People with Disabilities, Te Tiriti o Waitangi, the New Zealand Disability Strategy, the recommendations of Putting People First, ethical standards, health and disability services standards, service specifications and the latest legislation.

Let’s get real: Disability: A framework and the tools that support its implementation are available in accessible formats on Te Pou’s website: www.tepou.co.nz/letsgetrealdisability.
It is acknowledged that many organisations already have comprehensive and best-practice HR systems and processes. This *Human resources tool* enables these organisations to identify how well their existing systems and processes align to the *Let’s get real: Disability* framework. For those without comprehensive systems in place, this tool provides templates that can be used to integrate the *Let’s get real: Disability* framework. Depending upon how developed your HR function is, you may choose to use different aspects of the tool.

The following processes and systems are addressed in this *Human resources tool*:

- recruitment
- selection
- orientation
- coaching and supervision
- performance development and management
- performance review
- stakeholder feedback on performance.

This *Human resources tool* must be read in conjunction with *Let’s get real: Disability: A framework*, which is available from Te Pou’s website: [www.tepou.co.nz/letsgetrealdisability](http://www.tepou.co.nz/letsgetrealdisability).
Including *Let’s get real: Disability* and the seven Real Skills in HR systems and processes

The seven Real Skills, along with their performance indicators, provide organisations with a comprehensive picture of a competent, skilled disability worker. This *Human resources tool* aims to support organisations to review their HR systems and processes so that they align with the *Let’s get real: Disability* framework. This is a continuous process of improvement and *Let’s get real: Disability* can be included in all areas of HR policy and practice. Information about, and examples of, each of the areas of HR systems and processes shown in Figure 1 are outlined in this tool, along with links to downloadable templates.

**Figure 1. HR systems and processes**

![Diagram of HR systems and processes](image-url)
Stage 1 – Involve disabled people, their carers, family and whānau, and cultural advisors

Involving disabled people, their carers, family and whānau, and cultural advisors when designing HR systems and processes ensures that stakeholder views are taken into account at all stages of staff recruitment, selection, orientation, performance development and performance review.

In some cases, disabled people may already be included as part of the service management team or in governance roles. In addition, your organisation may employ a cultural advisor or have access to advice through stakeholder groups.

An underpinning principle of Let’s get real: Disability is engagement with stakeholders. The right values and attitudes support engagement. Disabled people should be at the centre of decision-making about things that affect them and Let’s get real: Disability is a person-centred approach to workforce development.
Stage 2 – Set employer strategy and branding

Employer strategy

Recruitment and selection needs to align with organisational strategy and values, which may be influenced by political, economic, social, technological, legal and environmental drivers. See the website for more information on how to carry out a PESTLE analysis. This analysis may also be completed when carrying out workforce planning.

The Let’s get real: Disability framework can be used to support recruitment and selection strategies. In the absence of an organisational recruitment and selection strategy, Template 1 sets out a card-sort exercise for checking that all the steps in the recruitment process have been followed.

Template 2 sets out some key questions on recruitment and selection for HR managers to consider when reviewing the HR function in your organisation.

Figure 2. Political, economic, social, technological, environmental and legal drivers which could impact on your organisational strategy.
Employer branding

The purpose of branding is to create a unique and positive image to your customers – that is, disabled people using your service, and your current and future employees. Your organisation's image or brand needs to project a positive, attractive message to your target audiences.

New Zealand’s workforce is growing older and more diverse. If you are involved in considering your organisation’s branding, and what it portrays to diverse potential employees, these are some potential questions to ask.

- What is your employer brand?
- What messages do your advertisements give to candidates?
- How can Real Skills be incorporated into the brand?
- Do your advertisements include an Equal Employment Opportunities Trust (EEO) statement of support or logo (if your organisation is a member of the EEO Employers Group)?
- Are your logos or branding inclusive to the community you serve?
- How do you reflect diversity within your branding?
- Do you use images of diverse people?
Let's get real: Disability

Stage 3 – Develop recruitment policy and manage applications

Recruitment policy

Most organisations already have a recruitment policy. Examples of how Let’s get real: Disability can be included in key components of a recruitment policy are outlined in Table 1.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>How Let’s get real: Disability can be included in recruitment policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate Let’s get real: Disability in all aspects of recruitment and selection.</td>
<td>Aim to employ high-quality leaders who model and promote a high standard of the seven Real Skills.</td>
</tr>
<tr>
<td>Be apolitical, impartial and professional, and guarantee independence of staffing decisions.</td>
<td>Employment decisions should be made in an openly accountable, transparent and equitable manner, while maintaining privacy. Applicants should be assessed against the Real Skills relevant to their role. All references should be checked, with the applicant’s permission.</td>
</tr>
<tr>
<td>Involve merit-based decision-making in recruitment process.</td>
<td>Provide a fair, flexible, safe and rewarding workplace. Ensure a consistent recruitment process based on Let’s get real: Disability and the seven Real Skills.</td>
</tr>
<tr>
<td>Seek recruits who demonstrate the seven Real Skills.</td>
<td>Provide a fair system for reviewing decisions.</td>
</tr>
<tr>
<td>Comply with all anti-discrimination legislation.</td>
<td>Recognise, respect and use diversity, and focus on achieving results and managing performance.</td>
</tr>
<tr>
<td>Eliminate employment-related disadvantage for specific groups.</td>
<td>Use the seven Real Skills to identify strengths and weaknesses within your team’s competencies and put in place performance development and training where gaps are identified.</td>
</tr>
<tr>
<td>Provide reasonable opportunity for all eligible members of the community to apply.</td>
<td></td>
</tr>
<tr>
<td>Promote equality in employment.</td>
<td></td>
</tr>
<tr>
<td>Cultivate a diverse workplace culture</td>
<td></td>
</tr>
<tr>
<td>Be responsive in providing frank, honest, comprehensive, accurate and timely advice.</td>
<td>Using the seven Real Skills and their indicators, develop recruitment and orientation processes that support fairness, effectiveness, impartiality and courtesy towards disabled people.</td>
</tr>
<tr>
<td>Aim to employ staff who value: • workplace relationships • effective communication • consultation • cooperation • workplace improvement • feedback.</td>
<td>Aim to involve cultural and consumer advisors in major areas of recruitment and selection.</td>
</tr>
</tbody>
</table>

Source: Adapted from (Australian Public Service Commission, 2007).
Policy considerations

- Can an employment decision be cancelled? This needs to be considered in the context of current legislation.
- What is your policy on providing feedback and releasing selection documentation? (Refer to the Privacy Act 1993 for more information.)
- How long should you keep recruitment documentation after an appointment is made?
- What are the limitations on assigning different tasks and duties to a new employee if your requirements change?
- Items that need to be included in a formal employment contract are detailed later in this section. An Employment Agreement Builder is available on the Ministry of Business, Innovation and Employment website: www.dol.govt.nz.

Managing applications

Appointment letters

When communicating with applicants it is important to remember the following points.

- Let’s get real: Disability has underpinning values that are intended to be demonstrated and shared across the sector. One of these values is respect, which includes showing respect for employees and potential employees. In an appointment context, this means both successful and unsuccessful candidates should be advised of the outcome of their application. There are different requirements for this, depending on whether there is a collective agreement in place and whether the prospective employee is a member of a union with a collective agreement in place. See Templates 3 and 4 for sample appointment letters.

- All documentation relating to the recruitment process is subject to the Privacy Act 1993. An applicant may request to see this documentation. After the recruitment process is complete, the documentation should be returned to the person in your organisation who is responsible for HR and kept for a short time, in case an unsuccessful applicant asks to see it. You can retain information on unsuccessful candidates for as long as you require it for a lawful purpose. Privacy at work: A guide to the Privacy Act for employers and employees, (The Office of the Privacy Commissioner, 2008) is a book which can be downloaded free from the Privacy Commission’s website: www.privacy.org.nz and guides employees and employers through the Privacy Act and how it operates at work.

- Where candidates do not have the right to work in New Zealand, all offers of employment should be subject to immigration approval.

- For successful candidates, it is important to clarify both parties’ expectations. This could include discussions about training opportunities, career pathways, management style, organisational culture and realistic difficulties that might be faced. These open discussions are important to develop a positive psychological contract with the new recruit.
**Employment agreements**

Since 1 July 2011, every employee must have a written employment agreement. This can be either an individual agreement or a collective agreement. All employers are required to retain a signed copy of the employment agreement or the current signed terms and conditions of employment.

An individual employment agreement has mandatory clauses and clauses that should be included. The following clauses are mandatory in an individual employment agreement.

- The parties – the ‘employer’ and the ‘employee’.
- Position – job title.
- Duties – as set out in the job description.
- Place of work – for example, a fixed place of work.
- Hours of work – for example, full-time and the number of hours.
- Types of pay – for example, annual salary.
- Public holidays – for example, payment for work on a public holiday.
- Rights in contracting-out situations.
- Restructuring due to transfer – for example, employer to provide information and consider comments in restructuring situations.
- Negotiations with new employer – for example, employer to require offer of similar position in restructuring situations.
- No transfer or employment – for example, employer to activate redundancy provisions if employee not transferred to the new employer.
- Resolving employment relationship problems.

In addition to the mandatory clauses, the following clauses **should** be included in an individual employment agreement.

- Nature and term of the agreement.
- Obligations of the relationship.
- Wages or salary, and allowances.
- Holidays and leave entitlements.
- Other entitlements and benefits.
- Health and safety.
- Other employment obligations.
- Restructuring and redundancy.
- Termination of employment.
- Acknowledgement of the agreement.
- Declaration.

See the employment relations section of the Ministry of Business, Innovation and Employment website for more information (www.mbie.govt.nz) and the Employment Agreement Builder (also on the website), which guides you through developing a draft employment agreement.
Offers including a trial or probation period and unsuccessful candidate care

**Trial periods**

Employers can make an offer of employment to a prospective employee that includes a trial period of up to 90 calendar days. Any employment agreement that includes details of the trial period is only valid if it is signed before an employee starts work.

Trial periods are voluntary. Any trial period that you agree to with a new employee must be agreed to in good faith and in writing as part of the employment agreement. The employment agreement must state that you, the employer, may dismiss the employee during the trial period and the employee will not be able to raise a personal grievance on the grounds of unfair dismissal. You and the employee must bargain in a fair way about a proposed trial period. This includes considering and responding to any issues raised by the employee.

You may only agree to a trial period with an employee if he or she has not previously been employed by you.

While you are not required to provide written reasons for an employee's dismissal during a trial period, there is an expectation that if you were acting in good faith, you would inform the employee as to why he or she has been dismissed. Any provisions in the employment agreement about giving notice will need to be adhered to.

Employees on trial periods are entitled to all other minimum employment rights, for example, rights relating to health and safety, employment agreements, minimum pay, annual holidays, public holidays, leave and equal pay.

If a staff member has concerns about the performance of an employee during a trial period, then they should raise them with a manager, so there is the opportunity to address them.

If any employment relationship problem arises during the trial period, or if the employee is dismissed, the employer and the employee can access mediation services.

An employee who is given notice of dismissal before the end of a trial period cannot raise a personal grievance on the grounds of unjustified dismissal. She or he may, however, raise a personal grievance on other grounds, such as discrimination or harassment or an unjustified action by the employer that disadvantaged the employee.

**Probation periods**

Employers can agree to a probation period with new employees.

A probation period is different to a trial period. During a probation period, employers need to follow fair disciplinary or dismissal procedures: you cannot simply tell an employee to
leave at the end of a probation period. Employees who have been on a probation period can raise a personal grievance on the grounds of unjustified dismissal.

Employees on probation periods have similar minimum employment rights as full-time employees, both during and at the end of their probation period.

When you are offering someone a position involving a probation period, the process of offering and considering the employment agreement has to comply with the same requirements as for offers for permanent employment.

Any probation period must be agreed to with the employee in good faith and in writing as part of the employment agreement. You and the employee must bargain in a fair way about the probation period. This includes considering and responding to any issues raised by the employee.

The probation period must be recorded in writing in the employment agreement, including its duration and when the employee’s performance will be reviewed within the period (eg at 3 months, 6 months etc).

Realistic expectations for the probation period should also be clearly specified in writing, either in the letter offering the position or in the employment agreement.

The use of a probation period does not affect an employee’s right to be treated fairly and reasonably before any decision is made to dismiss or retain them.

You should use the same processes and take the same care in managing the probation period as you would take if you were performance-managing a permanent employee with a performance issue.

Good performance should be recognised and recorded. Where an employee is not performing to the expectations you have set out for them, you should discuss your concerns with the employee, and provide reasonable guidance and assistance to support their improved performance.

If you have promised specific training or support, this should be provided, especially where this is intended to help the employee to improve.

Any review or feedback commitments you make at the beginning of the probation period should be adhered to strictly, and documented in the employment agreement. It is also good practice to have a policy on probation periods, which can be given to the employee prior to their employment.
Unsuccessful candidates

You must handle any information or materials collected on candidates, including unsuccessful candidates, in a confidential manner. This may include:

- letters of application
- curriculum vitae
- application forms
- interview notes.

Items provided by the applicant can be returned to them. Where items are retained, they should be retained in a safe place, for a set period (in case of follow up by applicant), following which they should be confidentially destroyed.

It is good practice to inform unsuccessful applicants about the outcome of their application. Template 5 has an example of a letter to an unsuccessful candidate.

Stage 4 – Identify job vacancy, review need for the position, analyse job and develop sample role description

A staff member’s resignation may give you the opportunity to review the scope and need for the role within your team or wider organisation. Template 6 provides a checklist of actions for when a staff member resigns or leaves their role, to ensure you follow a structured process.

Template 7 helps you review the role to see whether it is still needed or whether the need has changed. You may be able to use the opportunity of a resignation to change the way your team works and to begin to incorporate more aspects of Let’s get real: Disability into the role.

Job analysis

We commonly understand jobs, and what tasks and responsibilities they include, using the following methods.

- Observation – what did the incumbent actually do?
- Discussion – with the incumbent about what they do.
- Diaries and logs of activities – what does the incumbent log every day as their activities?
- Critical incidents – in a crisis or emergency, what is the incumbent’s role, responsibilities or actual behaviour?
- Job analysis questionnaires – what answers does the incumbent provide?
- Card sort (see Template 1) – what activities, tasks and responsibilities has the incumbent identified?

Use Template 8 to help you complete a job analysis. You may find Scope it right, (Te Pou, 2015) helpful in this process. You can download this from Te Pou’s website.
Stage 5 – Write job description, person specification and application form

A job description:
• describes the outcomes required of a position
• enables effective matching of potential candidates to the specific requirements of a position
• is helpful to ensure that selection decisions are valid and should not be changed once advertising has started
• should be defined (with the involvement of disabled people and cultural advisors) to fit the organisation’s requirements
• identifies component tasks, responsibilities and anticipated outcomes
• should be reviewed, agreed by the employer and employee, and updated on a regular basis to reflect current and anticipated needs, including new technology.

Job descriptions that include the seven Real Skills will ensure increased accountability, as the employee can then be measured against the skill levels (essential, capable, enhanced and leader) during their performance reviews. It is likely that your organisational values and skills, along with your employees’ professional competencies, will already include some of the seven Real Skills.

In writing job descriptions, it can be helpful to focus on outcomes, rather than on the tasks to be performed, as an employee may find a better or more effective way to deliver the outcomes desired. Focusing on outcomes also widens the pool of potential candidates.

Template 9 is a sample job description including Let’s get real: Disability and the seven Real Skills.

Person specification (person profile)

The seven Real Skills sit alongside the professional and organisational competencies required for the job.

Template 10 is an example of a person specification that incorporates the attitudes, values, skills and knowledge of Let’s get real: Disability.

Application form guidelines

The application form is the basic source of employment information, and covers qualifications, experience and other job-related data.

Application forms are an opportunity to collect specific data from candidates. However, to meet the requirements of the Privacy Act 1993, your organisation must have clear practices about who will get to see the application material and who will know the identity of applicants. People applying for positions are entitled to know what these privacy practices are. Privacy practices vary depending on the type of vacancy and must be clearly understood by the appointment committee and recruitment panel (you may not have both of these).
In general, the identity of applicants (both internal and external), and the contents of their applications are strictly confidential, and are available only to those who formally constitute the appointment committee or recruitment panel.

General points to remember:
- application forms contain a series of questions that are designed to provide information on the general suitability of applicants for positions
- application forms must adhere to the Human Rights Act 1993
- questions are inadmissible if they are not job-related.


Legal requirements and rules to remember with respect to application forms include:
- any completed application forms received must be kept secure to maintain the privacy of applicants
- disclosing details of an application without consent, even by accident, is likely to breach the Privacy Act 1993
- under the Privacy Act 1993, it is advisable to specifically obtain an applicant’s consent before obtaining information from referees or other sources
- seeking information that is not relevant to the proper and safe performance of a job could also be in breach of the Privacy Act 1993 (see health screening, below)
- it is inappropriate to leave a message at the applicant’s current workplace; it is better to ask how and when the applicant prefers to be contacted.

When contacting referees and making independent inquiries, it is important to:
- ensure the collection of information does not intrude unreasonably on the applicant’s personal affairs
- avoid discussing employment agreements with the current employer.

**Health screening**

Care needs to be taken with pre-employment health screening. For instance, collecting this information for the purposes of discriminating against applicants with a disability, where the relevant exception in the Human Rights Act 1993 does not apply, would be unlawful. Seeking information that is not relevant to the proper and safe performance of a job could also be in breach of the Privacy Act 1993. See *Privacy at work* (Office of the Privacy Commissioner, 2008) on their website (www.privacy.org.nz) for more information on what health information you are allowed to ask for.

You can, however, ask applicants if they have any condition that may affect how they do the job, and what accommodations, if any, they need to enable them to perform the tasks involved in the job. For example, this could include physical changes to the workplace, specific computer programmes, a NZ Sign Language interpreter or flexible working practices. Applicants are only required to disclose issues that are relevant to the job.
Criminal convictions

It is standard practice for some organisations to conduct police vetting or have prospective employees sign declarations about their criminal convictions. Police do not issue police clearance certificates, but the applicant, or you (with their consent), can request a criminal record check from the Department of Justice.

You should also be aware of the Criminal Records (Clean Slate) Act 2004, which applies in certain circumstances. You cannot ask an applicant or employee to disregard the provisions of the act. As a result, they may have a conviction that they are not required to disclose.

Organisations can also register to request police vetting of individuals. The information disclosed in police vetting is different to that disclosed in a criminal record check. See www.police.govt.nz or www.justice.govt.nz for more information.

See Template 11 for an application form checklist and Template 12 for a sample application form using Let’s get real: Disability and the seven Real Skills.

Stage 6 – Plan recruitment process

You can use the card sort exercise in Template 1 to check that all the steps in the recruitment process have been followed, and that responsibilities and timeframes for the various steps have been allocated. This resource is particularly useful for new managers and team leaders.
Stage 7 – Consider recruitment options and check your advertisements

Recruitment options

There are several options for letting potential applicants know about vacancies. Options for internal applicants include:

- intranet
- computer bulletin boards
- global emails
- notice boards.

Options for external applicants include:

- your website homepages (current vacancies, career opportunities, jobs available)
- recruitment websites (national and international), for example TradeMe or Seek
- newspapers (local, national and international)
- industry-specific publications
- recruitment and employment agencies
- radio and television
- networks, for example marae, NZ Disability Support Network, Te Pou, Careerforce, other industry training organisations and disabled people’s organisations
- community notice boards
- work and income job boards
- schools and career expo days
- online social networks.

Use the checklist in Template 13 to rate how well your advertisement appeals to applicants.
Stage 8 – Conduct selection screening and initial interview

Once the application process has closed, you can use Templates 14 and 15 to carry out initial screening of applications to ensure all applicants meet the basic or mandatory requirements of the role. These templates help you to identify what you are looking for in applications or CVs in general, and specific to the seven Real Skills.

Initial interview

If you still have a large number of applicants for a vacancy after you have screened the application forms, you may wish to carry out a screening interview.

Screening interviews can be carried out by phone or by using accessible technology for Deaf applicants. They usually involve the interviewer giving a brief description of the job, then asking some set questions. All applicants should be asked the same questions.

As well as reducing the numbers of applicants you need to see for a full interview, screening interviews are helpful to:

- create some direct contact with candidates
- enable early screening for skills and values, such as communication and respect
- explore candidates’ motivation for applying for the position.

Here are some questions that could be asked in a screening interview. It is unlikely you would ask all of these questions; these are just suggestions.

- What attracts you most to this particular position?
- Which of your qualification(s) would contribute most to your ability to do this job?
- What have you done previously, including life experience, that might be relevant to this job?
- Are you able to work weekends, nights, shifts and statutory holidays?
- What achievement are you most proud of (professional and personal)?
- What were (are) your main responsibilities at your previous (current) job?
- What attributes and experience do you possess that apply to this position?
- Why are you looking to leave your current employment?
Things to look for in a candidate when asking them questions.

- Their ability to communicate clearly.
- Their phone manner, for example tone and politeness.
- Their ability to answer questions easily, and persuade the interviewer with direct and convincing answers.
- The answers as they apply to the skills needed for the role.
- Their persuasive ability.

Where good communication skills are important to the role, this early screening is especially important. You can save a lot of time and resources by early elimination of candidates who do not have the communication skills needed to carry out the role.

Following the screening interviews, decide on a shortlist of candidates to be invited to attend the main interview. You will find a sample invitation letter or email in Template 16. Alternatively, you can invite someone to an interview by phone.

Stage 9 – Guidelines for interviews with whānau members or support person present

Let’s get real: Disability supports the recognition of tangata whenua in accordance with Te Tiriti o Waitangi. It recognises cultural differences and equal employment opportunities and non-discriminatory treatment for all people.

The framework has its foundations in a number of national strategies, including He Korowai Oranga: Māori Health Strategy (Ministry of Health, 2014), which supports Māori participation at all levels of the health and disability sector; and Whaia Te Ao Marama: the Māori Disability Action Plan. One of the priorities in Whaia Te Ao Marama is to support the Māori disability workforce to develop leadership skills and career pathways.

International evidence shows that better health outcomes for people are achieved when people see their ethnicity reflected in the staff who deliver their health services. This approach is also consistent with the preferences expressed by Māori for Māori health professionals. In a workforce survey conducted in 2006, respondents indicated that having Māori colleagues, opportunities to network with other Māori health professionals and Māori role models encouraged them to keep working in the sector.

Let’s get real: Disability: A framework, and specifically the Real Skill ‘Working with Māori’, provides information that could be used to inform a Māori workforce development plan.

It is important to include appropriate cultural, family or whānau advisors, and disabled people in the selection process, interview preparation and allocation of interviewer roles. If you don’t have access to a Māori cultural advisor in your organisation you may wish to get advice from a Māori provider, another organisation with a cultural advisor, or look at

It is also important to enable the applicant’s whānau to attend the interview, if the applicant wants this. It is essential to let the candidate know who will be on the panel, so that suitable whānau members can be invited to the interview.

**The benefits of a whānau interview**

Having whānau support available in an interview helps address situations where applicants may be reticent about speaking too highly and confidently about themselves. This reticence can be due to Māori applicants’ culture and customs.

Whānau members attending interviews can provide valuable insights into an individual’s skills and achievements. Also, if the position requires a candidate to provide evidence of community-based support, they can demonstrate this by bringing whānau to support them. If successful, the new employee may bring enhanced community-based support with them into the job, which could be of benefit in their role.

It is important that interview panelists are briefed and trained to carry out whānau interviews.

*Source: Adapted from What are the benefits of a whānau interview? (Equal Employment Opportunities Trust, n.d)*

**Setting expectations**

When inviting short-listed candidates, you should confirm their intention to bring whānau or other support with them, even if this wasn’t indicated on the application form. You can do this when informing the candidate of the date and time of the interview. It is important to confirm the intention to bring whānau, and the names and number of whānau members attending, so you can ensure there will be sufficient space in the interview room and the correct protocols will occur.

- If the applicant is bringing whānau or other support, ask them what their expectations are for the interview.
  - Will the whānau members mihi the interview panel at the beginning? (In which case you need to have someone on the panel who can respond appropriately.)
  - Will the whānau members speak in te reo Māori, in English, or both languages? (To ensure you have a Māori speaker on the panel if necessary.)
  - When will the whānau members wish to contribute to the interview? (At the beginning, end or during the interview.)
  - Clarify your own expectations of the interview, so that both parties are clear on the way the interview will be conducted before it takes place.

Whānau and other support people may attend interviews with any applicants, not just those of Māori descent.
It is also important not to assume that, because a candidate is Māori, they will necessarily attend with whānau support.

Source: Adapted from Otago University’s recruitment factsheet, *Whānau interviews: Involving support people* (Otago University, 29 February, 2011)

For information on ensuring your HR policy and processes are accessible to all, see the Equal Employment Opportunities Trust website: www.eeotrust.org.nz.

For more information on whānau interviews, see Te Pou’s website: www.tepou.co.nz.

**Interviewing candidates with a disability**

One in five New Zealanders have a long-term impairment. People with disabilities are protected against discrimination at work under the Human Rights Act 1993 and the Employment Relations Act 2000. Disability is widely defined in law, so people who may not consider themselves disabled are protected. The Human Rights Act 1993 does not require a candidate to declare a disability.

Awareness of, and the ability to recognise difference is important so that you can identify when and how to change the way work is done to accommodate different abilities. This is called “reasonable accommodations” and can be as simple as moving files to a lower shelf, installing accessible software or changing a workstation around.

You can also remove barriers to recruitment and selection with forethought and making reasonable accommodations. For example, when writing job descriptions, consider what tasks and skills are essential and focus on what needs to be done, rather than how it needs to be done. A disabled person may be able to demonstrate they can carry out the work, if reasonable accommodations are made. For example, replace the term, “must have full NZ driver’s license”, with “travel throughout New Zealand will be required”.

When preparing interviews, ask all candidates, not just those who have disclosed a disability, if they have any requirements for the interview. This may include bringing a support person. Consider the location of the interview and whether it is accessible. Organise a New Zealand Sign Language Interpreter if required.

Consider the language you use in the interview. For example do not ask how stress in the role may affect a person’s disability. Instead ask a behavior based question, such as; how the candidate has dealt with competing priorities and tight deadlines in previous roles; how the candidate will do the job, not what they will not be able to do due to their disability.

See the Manager’s guide: a best practice approach to working with disabled employees (Employer’s forum on disability, 2007) and Employing disabled people: “the only true disability is a bad attitude, (EEO Trust, 2008) for more information on making your HR processes accessible to people with different disabilities.
Stage 10 – Hold main interview

Group or panel interview

A selection panel may be appointed, depending upon the seniority of the role or the number of posts being recruited for. If you convene a selection panel, it should consist of at least three people, ideally with a mix of genders.

- At least one panel member should have detailed knowledge of the requirements of the position.
- Panel members will normally be of an equal or more senior level or position than the position under consideration.
- The HR manager or a person with HR responsibility should be a member of every selection panel.
- Ideally, a disabled person and cultural representatives should be present on the panel.

Points for preparing effective interviews

- Prepare a set of behavioural and situational questions to ask candidates.
- Prepare sample responses and desirable key words.
- Develop a scoring system. A five-point scale is useful, where 5 demonstrates the highest competency:
  - 1 = far below minimum requirements
  - 2 = marginally below minimum requirements
  - 3 = just meets minimum requirements
  - 4 = marginally above minimum requirements
  - 5 = far above minimum requirements.

Interview procedure

- Welcome the candidate and their whānau or other support people. Use a karakia, mihi or other appropriate greeting, and give the candidate an opportunity to respond.
- Invite whānau or support people to speak for the applicant (beginning and end).
- Give more detail to the candidate about the requirements of the role and the way the organisation works (for example, an expectation that all support workers will achieve level 2 qualifications).
- Ask behavioural and situational questions.
- Invite whānau, support people and the candidate to ask questions or clarify.
- Outline the next steps, for example, whether there is a second interview, or other screening tools that may be used, such as role plays.
- Let the candidate know when they’ll be advised of the outcome.
- Thank the applicant, and their whānau and other support people, for attending.
Note that interviewers may only seek information that is relevant to the role and the applicant’s ability to carry out that role. The applicant is not under any obligation to say anything about their past. It is up to the interviewers to ask appropriate questions.

**Interview questions**

Template 17 sets out examples of behavioural and situational questions that you can use to gain information about an applicant’s Real Skills and Let’s get real: Disability values. You may also wish to ask interviewees to give a presentation on where they consider their skills and experience are in relation to the seven Real Skills.

**Stage 11 – Check qualifications and references**

It is important to check an applicant’s qualifications and references. Checks ensure that applicants have the educational and behavioural competencies they claim to possess, and that the organisation requires. Checks also ensure the applicant meets the legal requirements to practice, where this is appropriate.

**Points to remember about checks**

- Checking references and qualifications is common practice.
- Checks should be carried out once the preferred candidate has been selected, but prior to an appointment being confirmed or a job offer being made.
- You should ask the candidate to bring their original qualifications, or certified photocopies of them, to the interview.
- Recent graduates should also bring a transcript of their academic record.
- There are two types of reference – personal (about a person’s character) and professional (from a previous employer, ideally a manager to whom the person has reported).
- During the interview, you should confirm that the applicant is happy for you to contact their referees. This is to comply with the Privacy Act 1993.
- If additional references are required, you may wish to ask for one from a disabled person who has had a professional relationship with the candidate, or someone that the candidate has managed. Ideally at least one prior manager should be contacted for a reference.
- Ask referees to corroborate earlier evidence or statements made by the candidate.
- Candidates must be advised that there will be reference checks in your application forms, company recruitment and selection policies, any job information provided, and verbally, during the interview.
- A prospective employer cannot ask for general medical information or ACC claims. They can ask if a prospective employee has any health or medical conditions that might affect their ability to perform the job. A prospective employee can also be offered a job subject to passing a medical, which could include drug and alcohol testing.
Questions to ask referees

Examples of questions you may wish to ask referees.

- When did you work with, or employ the individual?
- Would you employ the individual again?
- Was there a reporting relationship between the referee and the individual?
- If there were any performance issues, how did the individual respond to the management of these?
- How diligent was the individual in his or her employment?

You should use both behavioural and situational questions (refer to the STAR acronym in Template 17), and a rating form when talking to referees.

The Human Rights Commission has resources on its website (www.hrc.co.nz), including Getting a job: An A to Z for employers and employees: Pre-employment guidelines. (Human Rights Commission, 2008) This sets out the types of questions you can and cannot ask.

You should also use the following questions to check the seven Real Skills.

- On a scale of one-to-five how would you rate the applicant’s ability to work with disabled people, work with Māori, challenge stigma and discrimination etc?
- Can you please give me an example of each of these?
- If the applicant was confronted with the following situation [give a situation from the workplace], how would he or she be likely to respond?

Drivers licence

If an applicant will be required to drive in the course of their employment, especially in a vehicle provided by the organisation, their driving record should be investigated.

- An applicant can apply to the Department of Courts for a certificate, which gives full details of both criminal and driving convictions. A job offer may be made conditional on receipt of this certificate.
- The Land Transport Safety Authority operates the Driver check website (www.nzta.govt.nz/drivercheck/about.html), which allows organisations to check on the status of potential employees’ drivers licences. The organisation needs to register to access this website.
- Beware of requiring candidates to have a drivers licence if this is not an essential part of a role, as it can indirectly discriminate against people applying for the role, particularly disabled people.
Professional registration

If the role requires registration with a professional body, then *Let’s get real: Disability* is designed to complement professional competencies and codes of ethics. See the appendices of *Let’s get real: Real skills for people working in mental health and addictions: HR tool* for information on the professional codes that may relate to people working in some areas of disability, such as social workers.

Immigration Act 2009

See Template 18 for information about the Immigration Act 2009 and how it relates to employment decisions. For more information, see the booklet *A guide to help employers check work entitlement* (Immigration New Zealand, 2011) on Immigration New Zealand’s website: www.immigration.govt.nz.

Overseas qualifications checks

To assess applicants’ overseas qualifications, refer to the qualifications table on the New Zealand Immigration Service website, which has a list of recognised qualifications: www.immigration.govt.nz. If the qualification is not listed, you will need to get a New Zealand Qualifications Authority assessment of the applicant’s qualifications.
Stage 12 – Carry out orientation

There are many things you can do to support a new employee to settle into their role and team. This process begins before the new employee starts work, and continues throughout their first year of their employment. For example, letting the team know that a new person is starting and what their role will be, and buddying them with an existing staff member will help them to settle in well in the first few days.

Template 19 has a checklist of things to consider, prior to, and in the first few days, weeks and months of a new employee’s arrival.

If the new employee is new to New Zealand, New Zealand now is a government website with information and resources to help new migrants settle in New Zealand: www.newzealandnow.govt.nz.

Immigration NZ has a guide to employing migrant workers in aged care, and a guide for migrants working in aged care. You can find the guides on the website: www.immigration.govt.nz.
The *Let’s get real: Disability* framework and the seven Real Skills provide the opportunity to build better performance and deliver quality services to disabled people.

There are three key areas to focus upon in relation to performance development and management:

- the seven Real Skills and their performance indicators
- organisational performance goals and needs
- professional competencies, as defined by the various professions.

It should be noted that the seven Real Skills align well with, and are complementary to, the competency sets defined by the various professional boards under the Health Practitioners Competence Assurance Act 2003.

The following sections offer managers some tools to develop, and give feedback on performance against the seven Real Skills in a semi-structured way. Regular feedback is crucial if people are to perform effectively and develop.

Performance development and management is an ongoing process. It includes development planning, setting goals, performance feedback, review of outcomes for disabled people and other stakeholders, coaching and supervision. Some of the feedback may be formal, through a performance review or survey, and some may be informal, such as where a manager notices something being done well (or otherwise) and gives the person feedback about this. Coaching and supervision are key mechanisms to provide performance feedback.

Performance management is equally valid for those employees who are performing well, as it is for those who are not doing their jobs effectively. Feedback is important for those who exceed expectations, as well as those who under-perform.
Feedback

Performance development and management may focus on three types of feedback.

- Results – the alignment of the employee’s performance with the strategic direction of the team or organisation, that is – what the employee does.
- Behaviours – helping the employee to demonstrate appropriate behaviours, values and attitudes towards disabled people, that is – how the employee does it.
- Outcomes – what the disabled people or other stakeholders feel about the services being delivered by the individual employee, that is – with what end result.

Table 2 gives examples of how each type feedback relates to different processes and performance measures.

<table>
<thead>
<tr>
<th>Type of feedback</th>
<th>Process</th>
<th>Type of measure</th>
</tr>
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<tbody>
<tr>
<td><strong>Results</strong></td>
<td>Set clear organisational goals</td>
<td>Goal attainment</td>
</tr>
<tr>
<td></td>
<td>Define key accountabilities</td>
<td>Management by objectives</td>
</tr>
<tr>
<td></td>
<td>Set team and individual goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measure results</td>
<td></td>
</tr>
<tr>
<td><strong>Behaviours</strong></td>
<td>Define desired behaviours, values and attitudes</td>
<td>Competency ratings</td>
</tr>
<tr>
<td></td>
<td>Review competency levels based on defined behaviours</td>
<td>Behaviourally anchored rating scales</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Establish desired outcomes, such as satisfaction with the service</td>
<td>360-degree feedback</td>
</tr>
<tr>
<td></td>
<td>Obtain feedback from key stakeholders</td>
<td>Stakeholder surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mystery shoppers</td>
</tr>
</tbody>
</table>
Stage 13 – Complete self-assessment of the seven Real Skills

It will be important that new recruits, or employees who are unfamiliar with the *Let’s get real: Disability* framework, grasp the key skills required of them, not only as they relate to their tasks, but in terms of their approach to disabled people, and their carers, families or whānau.

The seven Real Skills offer a clear framework for employees to understand the approach used in disability.

Employees can use the *Assessment tool* (available as Templates 20 and 21, or as an online tool on Te Pou’s website: www.tepou.co.nz/letsgetrealdisability) to assess their current skills and abilities against the seven Real Skills of *Let’s get real: Disability*. Managers can collate these assessments across their teams or the whole organisation to identify wider training needs. These templates can easily be used by employees and their managers when reviewing performance and level of competence.

All documentation relating to performance should be stored securely.

Stage 14 – Set an individual development plan

Following the completion of the self-assessment, the employee should complete an individual development plan as a draft to discuss with their manager.

Template 22 has a sample individual development plan aligned to the competencies in *Let’s get real: Disability*. The review meeting should occur within the first 3 months of employment or assignment to a new role, and as part of regular performance reviews.

It is important for employees and managers to jointly develop, agree and resource individual development plans. Staff development is important for the delivery of quality services to disabled people. Also, problems with performance can only be addressed if they are explicit.

Stage 15 offers a checklist for understanding and addressing barriers to performance.

Setting goals for the individual development plan

At this stage, the employee and manager set clear goals (usually not more than five to eight). The employee should understand:

- how these goals link to the direction of the organisation
- how these goals link to the goals of the service
- how these goals impact on others in the team
- how these goals impact on learning and development (and requirements of professional competencies if applicable)
• what outcomes are expected
• how these goals relate to Let’s get real: Disability
• how the seven Real Skills support the achievement of outcomes for disabled people, and their carers, families and whānau.

Some organisations use the following two-step process in setting goals.

**Step one: key performance areas**

Define the five to eight key performance areas for the role (the reasons why the role exists).

Each key performance area should be supplemented by a key performance indicator (how you will know when performance has been achieved). Table 3 shows some examples of this.

<table>
<thead>
<tr>
<th>Key performance area</th>
<th>Key performance indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>All disabled people are supported to develop goal setting and this is included in their support plans</td>
<td>All plans reflect citizenship, choice and control by the disabled person</td>
</tr>
<tr>
<td>Paperless reporting</td>
<td>Reduction in stationery costs</td>
</tr>
<tr>
<td>Community networks</td>
<td>Number of community networks linked to the team or service</td>
</tr>
<tr>
<td>Completion of NZ Certificate in Health and Wellbeing (Level 2)</td>
<td>Number of support workers who have completed a foundation skills qualification</td>
</tr>
</tbody>
</table>

**Step two: set goals**

Set one to two goals for each key performance area for the period under review. Goals need to be SMART: specific, measurable, achievable, realistic and timely.

Here are some examples of SMART goals.

• 100 per cent of support plans reflect citizenship, choice and control by the disabled person, by 30 September.
• To reduce stationery costs in the team or service by 5 per cent, by 31 December.
• To increase the number of community contacts in our network by 50 per cent, by the end of the financial year.
• 100 per cent of support workers will have completed the NZ Certificate in Health and Wellbeing (Level 2) qualification and recognition programme, by 30 June.
Stage 15 – Understand and address barriers to development

Leaders and managers need to ensure that barriers to their staff’s development are identified and removed. The relationship of coaching and supervision is pivotal to this, and is discussed in more detail in stage 16. The forms presented here are intended as a guide only.

The following is a list of questions a manager could ask to identify barriers to development.

- What have you achieved in your individual development plan so far?
- What do you still need to do?
- What has prevented you from meeting development goals? (See barriers to performance below.)
- What has helped you to achieve development goals?
- How much progress have you made towards achieving work goals?
- What barriers seem to prevent you from reaching the work goals?
- How are you applying the seven Real Skills in your achievement of work goals?
- What can the team do to assist you?
- What can you do more of?
- What can you do less of?
- What should you keep doing?
- What could the organisation be doing to assist you?

Barriers to performance

In a study of 25,000 managers, the top three barriers to performance were identified as:

- they don’t know why they should do it
- they don’t know what to do
- they don’t know how to do it.

Fournies believes managers can reduce the negative impact of these barriers by:

- getting agreement that a problem exists
- mutually discussing alternative solutions
- mutually agreeing on action to be taken to solve the problem
- following-up to ensure that agreed-upon action has been taken
- reinforcing any achievement.

Fournies suggests there are two parts to dealing effectively with an employee who does not know why they should do something. The first part is to teach them how an action impacts on the larger vision of the organisation, for example it increases the bottom line. However, an employee may not care about the bottom line enough to comply. Therefore, the second part is to teach them the positive and negative consequences of action or inaction.

In situations where an employee may not know what to do, Fournies believes they need to be told and in detail. For example, people may have a different view of what ‘on time’
means. For one person it may mean being at their desk, for another it is arriving into the car park. Fournies suggests you need to answer all of an employee’s questions, and check back on their understanding frequently.

Finally, in response to employees who don’t know how to do their job, he says you need to assume you will always need to train them. He also suggests that asking an experienced staff member to train someone does not cut it: you need to do the training, train the trainer, and create a manual so everyone is trained consistently. He also says you need to test employees after training and if need be, train them again.

**Barriers to development progress**

Fournies emphasises that performance issues are management problems, not employee problems.

If the employee is not achieving their goals, investigate whether there are any specific barriers to their development. Typical barriers to development progress might include not having enough time for development, or not having access to appropriate technology.

Source: Adapted from *Why employees don’t do what they are supposed to do and what to do about it* (Fournies, 2007)

Template 23 is a checklist of possible barriers to development.
Stage 16 – Provide coaching and supervision

Definitions for supervision and coaching

Professional supervision is distinct from other professional and complementary activities occurring in the workplace.

Activities such as line management supervision, preceptorship, mentoring, coaching and performance appraisals are similar to professional supervision. In each of these activities, there is a focus on developing the individual staff member, ensuring good outcomes for disabled people and developing the service. However, there are differences in terms of the purpose and function, and the nature of the interaction and relationship between the parties, for each of these activities.

In management supervision or line management supervision the manager is responsible for all staff in a team or service, including monitoring their performance to meet organisational goals, and determines the agenda for the relationship. It is a hierarchal reporting process, concerned with the evaluation and appraisal of a practitioner’s performance.

Preceptorship is an educative role specifically for newly-qualified and newly-appointed staff. The agenda is created by the staff member. However, the preceptor is likely to be appointed to their role and the duration of the relationship is time limited.

Mentorship or coaching is a method of working with a person to help them achieve a goal or develop a specific skill or skills. It is focused on the future and on building strengths. Furthermore, coaching is an interactive partnership for setting, understanding, and developing personal and professional goals, in the context of the strategic goals of the organisation. Coaching is a dialogue between the coach and the person receiving coaching.

Performance appraisal is a method of evaluating the job performance of an employee. There is a joint responsibility between the line manager and the employee to evaluate the employee’s current performance and set goals for his or her future.
**Professional supervision**, in contrast to the above practices, provides an individual with explicit and focused opportunities to consider and reflect on their practice. This occurs in the context of a sustained, confidential relationship, and aims to develop an effective practitioner.

*Source: National guidelines for the professional supervision of mental health and addiction nurses* (Te Pou, 2008). See also *Supervision guide for mental health and addiction kaiwhakahaere/ managers.* (Te Pou, 2015).

**Coaching**

Coaching is a key component of both performance development and management. Coaching is regarded as one of the most effective development approaches because it:

- builds commitment and motivation
- develops competencies
- develops a sense of collaboration
- provides corrective feedback
- empowers employees to learn and grow
- enables potential and talent to be identified
- enhances operational efficiency
- provides clear opportunities for reflection
- aligns personal employee development and organisational goals.

Coaching requires management commitment to ensure focus and coordination.

Template 24 has a checklist that an employee receiving coaching can use, before their coaching session, to generate ideas for goals or support based around the *Let’s get real: Disability* competencies.

**Professional supervision**

Professional staff may be required to participate in professional supervision to meet registration requirements. Professional supervision can often be sourced through the relevant registration body.

**Cultural competence and supervision**

Cultural competence encompasses competence in ethnic, gender, religious, sexual identity, disability and age diversity. It is critical in providing culturally safe and effective disability services, and therefore improving outcomes for disabled people.

Cultural competence should be addressed within supervision. The supervisee needs to develop an appreciation of cultural diversity in New Zealand, an understanding of his or her own culture, and the impact that he or she may have on others.

*Source: National guidelines for the professional supervision of mental health and addiction nurses* (Te Pou, 2008).
Stage 17 – Undertake performance review

The performance review is an opportunity for a manager and employee to:

• reflect on the employee’s performance over the past 6 months (or another appropriate timeframe, in line with your organisation’s policy)
• discuss goal outcomes
• discuss any learning and development needs (including as they relate to the seven Real Skills)
• discuss career aspirations
• set expectations
• clarify and seek to remove any barriers or problems
• review progress against any relevant professional competencies (under the Health Practitioners Competence Assurance Act 2003), as they relate to the seven Real Skills.

In the performance review, there is a focus on goals (whether they have been achieved and what they should be), and on professional competencies and the seven Real Skills (whether and how the employee has demonstrated them).

The employee should bring their completed self-assessment to the review meeting.

In stage 18, Template 26 will help you gather feedback from a variety of stakeholders about the employee’s performance as it pertains to the seven Real Skills.

The performance review meeting

The ongoing relationship of coaching and professional supervision will support the employee to meet identified goals. The key to an effective review meeting is preparation on the part of both the employee and manager. This suggests that both parties need at least 2 to 3 weeks’ notice to prepare and reflect on goals, behaviours and competencies.

In the meeting, it is important to establish rapport and to allow the employee to take the lead, in terms of giving feedback first about their goals, progress and competencies.

Some areas for reflection may include the following.

• How well have the goals been met? To what standard?
• Have behaviours facilitated or hindered the achievement of goals?
• Has the individual development plan for the past year been completed?
• What progress has been made on the seven Real Skills? Use the self-assessment completed by the employee for the basis of this conversation.
• Has the employee been adequately supported through coaching and professional supervision?
Preparation for review meeting

Employees will be notified in writing of the performance review date and who will be at the meeting. They will be supplied with a copy of their current job description, along with the agenda for the review meeting, which should include the following.

- Discuss overall performance for this review period.
- Review and rate performance against objectives for this period.
- Set new goals for forthcoming period.
- Identify, negotiate and agree resources for development.

Template 25 is an example of an Individual performance review including the seven Real Skills. Once completed, this individual performance review will be kept on the employee’s personnel file.

Stage 18 – Seek key stakeholder feedback

Feedback on employee performance

Template 26 can be used for gaining feedback on an employee’s performance from a range of stakeholders. This could include feedback from:

- disabled people
- family and whānau
- carers
- family and whānau advisors
- consumer representatives
- other members of the team
- cultural advisors
- community groups.

It is particularly important to get feedback from carers or family and whānau if the disabled person is unable to give their own feedback. It is important in seeking such feedback to reassure the parties that their feedback is anonymous, that there is no retribution for their views, and that all scores will be presented back to the employee in an aggregated way.

The template, along with the list of the seven Real Skills should be sent or emailed to the stakeholders.

In addition, if posted, a self-addressed pre-paid envelope addressed to the manager should be included.

Template 27 is a feedback summary for the employee’s manager to complete prior to meeting with the employee.
Resources

Let’s get real: Disability: A framework and its tools can be downloaded from Te Pou’s website: www.tepou.co.nz/letsgetrealdisability. They include the following.

• A Guide for leaders and managers, which explains how to use Let’s get real: Disability and its implementation tools in your organisation.

• An Assessment tool to help capture individual performance against the performance indicators, and collate these at a team or organisational level.

• A Workforce planning tool, closely linked to the Service planning tool, to assist organisations to develop a team profile and workforce plan to improve the skills of team members in the seven Real Skills.

• A Service planning tool closely linked to the Workforce planning tool to support the inclusion of Let’s get real: Disability in planning, budgeting, delivering and evaluating services.

• A PowerPoint presentation to help you deliver key messages about Let’s get real: Disability to your staff and other key stakeholders.

• A detailed Project planner to guide you through the implementation of Let’s get real: Disability in your organisation.

• The Let’s get real: Disability video, which provides background and information on the vision.

For support

Regional facilitators at Te Pou can support you with implementation. Refer to the regional facilitator contact information on Te Pou’s website: www.tepou.co.nz.
Bibliography


Let’s get real
REAL SKILLS FOR PEOPLE WORKING IN DISABILITY

www.tepou.co.nz/letsgetrealdisability
Developing Workforce Capability
In The Delivery of Quality Services To The Disability Community

Kim Wiseman
Building Capability Lead
Ko Awatea
Our Commitment

• We recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health care without discrimination on the basis of disability

• Our health care provision should be on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and promulgation of ethical standards for health care
Strategy Refresh

**Healthy Services**
Together we can provide leading services that are well supported to treat those who need us quickly, safely and with compassion.

**Healthy People, Whaanau & Families**
Together we can involve people, families and whaanau as an active part of their health care team.

**Healthy Communities**
Together we can help make healthy options the easy options for everyone and weave healthcare into the fabric of our communities.
CM Health’s Values

• Our current values are:
  care and respect, teamwork, professionalism, innovation, responsibility and partnership

• The values of care and respect and partnership are particularly relevant:
  – treating people with respect and dignity and achieving success by working together and valuing individual differences and diversity
Developing Capability

- Values refresh – staff / patient listening sessions
- CALM communication course – AI$_2$DET
- Safe Practice Effective Communication (SPEC) courses - mental health
- CALD training in particular CALD 8, Working with CALD Families – Disability (on-line and face to face)
- Health literacy development (in progress)
- Patient Experience Activity
Patient Experience

- **Capture** the experiences of patients and staff as they move through the care journey
- **Understand** the experiences captured to identify key ‘touch points’ in the care journey
- **Improve** care services based on a clear understanding of these touch points
- **Measure** the success of the improvement made

Adapted from NHS Institute for Innovation and Improvement 2009
Students’ and Consumers’ Coffee Corner:

- Coffee Corner offered students a chance to meet with patients and their whaanau in a café-style listening session

- 100 nursing and allied health students and healthcare consumers engaged in conversation and story-sharing to explore the patient’s experience of care
Empathy Zone:

• “I tried on a pair of goggles, to see what it would be like for a person who has glaucoma. What I experienced were blind spots in my vision, making it very hard to see. As I banged into chairs and tables, I kept thinking how would I cope with deteriorating vision on a day-to-day basis.”

Geraint Martin, CEO
Consumer Feedback

• Values refresh sessions ‘In Your Shoes’
  – participants from wide range of backgrounds including patients with disabilities & their families
  – helping to shape shared values and behaviours

• Patient complaints and compliments

• Patient Safety Leadership ‘Walk Around’
  – face to face interviews with patients and their whaanau/family
  – feedback to clinical managers with recommendations
Consumer Council

• 10 consumers representing a wide range of backgrounds, ethnicities, localities, ages and exposure to different health care services

• The council will:
  – provide advice to CMH to support the development of patient- and family/whaanau-centred care
  – raise issues that have been identified in the community

– represent the interests of consumers and bring a consumer and family/whaanau perspective to the development of CMH plans, policies, projects, publications and operational decisions
External Resources

Te Pou

- Re Run-Role Playing for Disability Awareness
- Intellectual Disability & Mental Health Issues
- Community Building for Disability Services
- Training for Inclusion: a practical workshop
- Enabling Good Lives
- CALD
- NZ Sign Language
- Tailored Workforce Development – Intellectual Disability
- The Speaking UP Course
Careerforce (te toi pukenga)

• National Certificates in Health, Disability and Aged Support (Level 2-4)
• National Certificate in Community Support Services (Intellectual Disability – Level 3)
• National Certificate in Community Support Services (Disability Information Provision – Level 4)
NZDSN Conferences 2015 - ‘Partnership for Outcomes – New Models in Action’

Examples of successful and proposed partnership models which are putting disabled people in the driver’s seat across 5 work streams:

- Person-directed planning and decision making
- Partnership initiatives in service provision
- Workforce development and the voice of disabled people
- Monitoring, evaluation, governance and leadership
- Organisational capacity, leadership and management
Building Capability Approach

### Assessment
- Identify desired outcomes i.e. impact on quality / safety
- Assess strategic alignment
- Analysis of existing learning interventions to ensure no duplication
- Identify design team

### Design / development
- Collaborative process including expertise from instructional design, improvement and subject matter experts
- What will be delivered, how will it be delivered, who will deliver it and to whom and when / how often and cost
- Curriculum / learning intervention developed
- Evaluation measures identified

### Implementation and evaluation
- Delivery plan developed
  - High quality learning solution implemented
  - Evaluation of impact
  - Review, amend / adjust where required
Perceived Problem

• The knowledge, attitudes and skills are lacking around issues pertaining to dealing with the disability community in delivering respectful and responsive care

• We need to increase the capability of our workforce around communication and care provision for people with disabilities and their families to enhance their experience of healthcare services
What's the Gap?

• Attitudes, behaviours & communication were the biggest ‘issues’ identified through the values refresh sessions
• Significant work underway to enhance patient and whaanau experience
• Need to understand more about where we are falling short for our disability community - from our disability community
Key Messages

• Respect and dignity
• Patient centred approach - no assumptions
• Focus on abilities, not disabilities
• Person first language
• Treat our disability community the way they want to be treated
• Co-design and delivery of development activity
Outcomes

• High quality patient and whaanau / family experience – all of the time
• Staff and services – responsive to the needs of patients and their families
• Improved organisational capability in disability awareness, inclusion, knowledge and language
• Working together to co-design services, training and processes
• Patient and family stories threaded through all development activity
Next Steps

• Understand more about where we are falling short for our disability community
• Work with Consumer Council, Patient Experience Team & PWCC Board to strengthen the wider capability building approach
• Proposal for development activity to DiSAC
• International Day of Persons With Disabilities
Don't underestimate me. I know more than I say, think more than I speak, & notice more than you realize.

“I was the only one who was consistently there.

I was the only one who knew the whole story.”

Ruby 84 years young......
THANK YOU