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9(2)(a)

RE Official Information Act request CDHB 10166

I refer to your email dated 14 August 2019 requesting the following information under the Official Information Act from Canterbury DHB. This request relates Funded Family Care (FFC). Specifically:

1. What is your DHBs policy on Funded Family Care (FFC)? Please provide a copy of it.

Please find the Canterbury DHB Paid Family Carer Policy for Home-Based Care attached as **Appendix 1**.

- 2. How many people within your DHB catchment are currently claiming FFC in this financial year?**
 - a. What is the cost of that?**
- 3. How many individuals claimed FFC within your DHB catchment for the 2015/16 financial year?**
 - a. What is the cost of that?**
- 4. How many individuals claimed FFC within your DHB catchment for the 2016/17 financial year?**
 - a. What is the cost of that?**
- 5. How many individuals claimed FFC within your DHB catchment for the 2017/18 financial year?**
 - a. What is the cost of that?**
- 6. How many individuals claimed FFC within your DHB in the 2018/19 financial year?**
 - a. What is the cost of that?**

Paid family carers are employed outside of the DHB, as such we do not regularly monitor numbers. Our only figures are from 2018, when the Ministry was assessing the impact of their proposed changes to the Paid Family Care (PFC) policy on DHBs.

In 2018 we had less than 30 people receiving Paid Family Care (out of approximately 6500 people receiving Home Based Support Services in any given month). They are paid out of the bulk funding pool (therefore would be funded for care regardless of whether this was provided by a family member or support worker). In many of the cases, they are support workers who are ALSO family members (so family person is included in their roster).

The Canterbury DHB does not collect or hold the information requested. We are therefore declining a specific response to your questions under section 18(g) of the Official Information Act.

We can, however, tell you:

- Canterbury DHB's Paid Family Carer policy (attached as **Appendix 1**) is applied in exceptional cases where the high or complex needs of an individual cannot be met by existing support services or processes. In these cases, the services of the Paid Family Carer are purchased from a DHB-contracted provider; that is, the provider contracts with the family member to provide services that otherwise would be provided by support workers already employed by the provider.
- Practically, this means that family members may be Paid Family Carers where there are cultural or language barriers to usual service provision; where the individual has an implacable objection to support workers; or where relationships between provider(s) and the individual have broken down.
- Importantly: Paid Family Carers are not paid for all the care tasks that they provide for their family member (the client). They are paid for those services, allocated by NASC that **would otherwise be provided by an employed support worker**. The maximum is 40 hours a week – informal carers may provide many more hours care than this.
- Paid Family Carers (PFCs) are paid out of the bulk funding for Home Based Support Services, therefore the Paid Family Carer programme does not currently represent an extra cost to the DHB.
- Because our PFCs are contracted through providers, they are covered by Pay Equity as are all other eligible employees of these organisations (Access, Healthcare NZ, and Nurse Maude). They are not treated differently than other employees. Many of the Paid Family Carers are support workers who are employed by the provider who happen to pick up the cares for their family member as part of their other work.
- The main reasons for employing family carers are as follows:
 - Cultural needs (where the cultural needs of the client can only be met – or can be best met – by family members or those who understand the culture fully). For example, where there is a prohibition around nudity a family member may be the best option to aid an elderly person with showering.
 - Language needs (where family member shares language with the client – especially where translators may be hard to come by)
 - Personality requirements (where client has refused services from other support workers for whatever reason)
 - Mental Health needs (as above).

Our policy allows for Paid Family Care in exceptional circumstances, and this is considered on a case-by-case basis. For clarity – it is considered where services are allocated by NASC, and cannot otherwise be provided by Home and Community Support Services (HCSS) providers.

7. What is the annual budgeted and actual expenditure for the NASC in your DHB for the financial years 2015/16; 2016/17; 2017/18; 2018/19 and the current year's budget 2019/20.

Needs Assessment in Canterbury is provided by our Older Person's Health and Rehab NASC teams, Mental Health services, and by bulk-funded Home and Community Support Services providers (Access Home Health, Healthcare of NZ, and The Nurse Maude Association).

As this is an integrated part of service delivery in terms of our internal clinical teams, the FTE costs of NASC cannot be separated out as a discrete service cost. As our Home and Community Support Services are bulk funded, and needs assessment coordination is an inseparable part of the overall cost of service delivery, it is likewise impossible to quantify in any real way the cost of needs assessment as carried out by contracted providers.

As such, Canterbury District Health Board is unable to quantify in the way it is requested the budgeted and actual expenditure for NASC services over the requested financial years.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek a review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gullery', with a long, sweeping horizontal line extending to the right.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Canterbury District Health Board

Paid Family Carer Policy

For Home-Based Care

21 May 2014

RELEASED UNDER THE OFFICIAL INFORMATION ACT

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Canterbury DHB Paid Family Carer Policy for Home-Based Care

1. This is the Canterbury DHB Paid Family Carer Policy for Home-based Care 2014.
2. This policy replaces our former exceptions process for paid family care but it should be noted that this new policy continues to apply only in exceptional cases.

Commencement

3. This policy starts on 21 May 2014.

Introduction

4. The Canterbury DHB recognises the important role of families and whānau in voluntarily providing care and support to their family/whānau members, including disabled family members.
5. DHB-funded home-based care services are based on an assessment of the person's identified health and/or disability needs and provided to people who need them most. They are generally delivered by paid carers who are not family members of the person receiving the care.
6. Part 4A of the New Zealand Public Health and Disability Act 2000 (the Act), however, requires the DHB to have a family care policy that allows payment of some family members for providing health and disability support services to an adult disabled member of the same family with high and complex needs, or where there are good reasons to do so.
7. Part 4A of the Act also affirms the principle that, in the context of the funding of health and support services, families generally have primary responsibility for the well-being of their family members. Any payments for such services delivered by the paid family members of Service users must be within sustainable limits.
8. This Paid Family Carer policy details the circumstances in which the DHB will pay an eligible family member for providing home-based care services to an eligible service user with high and complex needs.
9. This Paid Family Carer policy may change from time to time to ensure consistency, so far as is practicable and will be reviewed in December 2014.

Principles

10. This policy is based on the following principles:
 - a. The family has the right to accept and manage their responsibilities in their own home
 - b. The family must be given adequate information to facilitate an informed choice.
 - c. Choices in how people live their lives at home are respected
 - d. The unique dynamics of the home and family/whānau/aiga setting are respected
 - e. The contribution of family carers is valued whether they are paid or unpaid
 - f. Carer stress will be formally assessed and assessment results, shared with the carer to facilitate informed choice.

11. In regard to the employment of a DHB-funded paid family carer, the following principles are expected to apply:
- This will enable the service user to be better cared for in their home and more able to take part in family and community life than if a non-family paid carer was employed for this role.
 - The relationship between the paid family carer providing services and the rest of the family is vital and must operate in a way that ensures that the interests of the service user being cared for are promoted.
 - The paid family care management arrangements will be implemented in a way that respects the specific needs of Māori, Pasifika and other ethnic groups.

Canterbury DHB Paid Family Carer policy details

Service Coverage and Management Arrangements

12. This policy replaces our former exceptions process for paid family care but it should be noted that this new policy continues to apply only in exceptional cases. Exceptional cases are those individuals who have high or complex assessed needs that cannot met by existing support services or processes.
13. This Paid Family Carer Policy is a family care policy agreed within the meaning of Part 4A of the Act. It therefore allows DHB funding by exception to some people 18 years and over (who are eligible to receive publicly funded health and disability services) to receive their allocated Services from a paid family member.
14. The payment for paid family care is for home-based care only. These Services are for people who need help in their home or community. They may include personal care such as assistance with showering and consuming of food or assistance with night support in some cases. It can also include household management such as cleaning and cooking as well as some supports for the person to access community activities in certain circumstances.
15. The Canterbury DHB requires that the paid family care arrangement is managed by purchase of Services from a DHB contracted provider, who will employ eligible paid family carers to deliver Services to eligible adult family member – either solely, or in addition to providing Services through employees who are not family members.
16. Canterbury DHB will grandparent any existing family carer arrangements as from 21 May 2014 until other arrangements can be made.
17. Key service linkages will include: NASC, the employing service provider, Respite Care, Carer Support, General Practice, other as required.

Suggested transition arrangements

18. Disabled people for whom a family carer is currently being funded by a DHB but the family relationship and other circumstances are such that they will not be eligible under the new DHB policy, where possible should be transitioned to arrangements that comply with the DHB's certified Paid Family Care policy as soon as reasonably practicable.

19. DHB clients, who fall into the group that can be funded if there are exceptional circumstances, and who wish to continue with their funded family supports, should be reassessed by a NASC for the purpose of determining their eligibility under the certified policy.
20. Those that are ineligible for funding of a paid family carer under the policy may require co-ordination of alternative home-based support services by non-family members.
21. Consideration may be given to allowing existing arrangements that fall outside of the certified policy to continue, on a case-by-case basis. Considerations should include whether the paid family care arrangement has been long-standing, and where the welfare and care of the disabled person would be significantly and detrimentally affected. Similarly, continuing funding arrangements for situations where the person being supported is very ill or dying, when a change of carer would cause distress, should be considered.

Key Roles and Relationships

22. The key roles and relationships that will make the preferred funding or purchasing mechanism for paid family care function efficiently in the Canterbury DHBs catchment area are as follows:

- a. Under the management arrangement outlined above, only eligible family member(s) of eligible adult Service users will be paid employees.
- b. Under the management arrangements outlined above, the employer(s) of the paid family carer will be:

A generalist DHB-contracted Service provider with approval from the DHB to employ paid family carers.

This will include but not be limited to:

1. Home-Based Support service providers
2. Mental Health Community Support Providers
3. Other as deemed relevant to service users' needs.
- c. The Paid Family Carer will participate in service planning.

DHBs <i>(as policy owner and funder, who contracts with provider organisation to employ family carer)</i>	<ul style="list-style-type: none"> • Have a written and certified family care policy • Collect information on the policy implementation • Contract with home-based care provider organisations • Monitor and audit delivery, safety and quality of paid family care. • Uses existing service specifications to operationalise this policy
DHB NASC services	<ul style="list-style-type: none"> • Determine the person's eligibility for access to home-based support • Assess the support needs of the person and develops service plan • Determines the family carers eligibility to be paid family carer • Authorises DHB contracted HBSS provider to provide service

Provider organisations <i>(as DHB agent and employer of the paid family carer,)</i>	<ul style="list-style-type: none"> • Approve the capability of the family carer, if employing them • Set up the service arrangement • Employ and pay the family carer • Comply with all laws as an employer • Provide the family carer with any required orientation and training • Provide replacement care, if the family carer is unavailable • Monitor and review the performance of the family carer • Ensure person's needs are being met and refers concerns to NASC • Report to the DHB on the paid family care arrangements.
Paid Family Carers <i>(as employees of the provider organisation and caregiver to the family member)</i>	<ul style="list-style-type: none"> • Subject to negotiations, ensure the contract with the contracted provider includes the provision of home-based support services, and covers gaining paid family carers written agreement to at least the following matters: <ul style="list-style-type: none"> ○ agree to allow the DHB or the DHB's agent to visit the home for any assessment, evaluation, monitoring and auditing ○ provide the service to the family member to the required standard ○ comply with the responsibility of providing the service ○ notify the DHB NASC of any problems that affect delivery, safety or quality ○ notify the DHB NASC of any change in the disabled person's circumstances that makes them not eligible for family care.
Eligible person requiring home-based support services <i>(if family carer is employed by a provider organisation)</i>	<ul style="list-style-type: none"> • Agree (in writing unless that is not possible) to a family member providing the service instead of any other employee of the contracted provider • Comply with monitoring and auditing of service
Family Role	<ul style="list-style-type: none"> • DHB recognises the importance of the natural support family members provide to one another • Needs assessment will identify the level of support required over and above the natural support • DHB contracted services will only be responsible for support services required over the expected natural support provided by family members. • Voluntarily provides care and support to their family/whānau members as required (in addition to any PFC, individualised funding or contracted services)

Criteria for the Paid Family Carer policy

23. A person who is disabled with high or very high needs is eligible to receive home-based care from a paid family member instead of from any other employee of the contracted provider by meeting all of the eligibility requirements and at least one of the exceptional circumstances (see below).

Eligibility requirements

24. Service user eligibility

A person is eligible for paid family care if they are:

- a. 18 years and older (if the management arrangements involve the service user being the employer¹)
- b. Have high or very high needs as assessed by NASC
- c. Eligible for publicly funded health and disability services
- d. Assessed as needing Long-term mental health and addiction services
- e. Assessed as needing Long-term support/Chronic Health Conditions and
- f. Eligible for DHB-funded HCSS.

25. Paid Family Carer Eligibility

A family member is eligible to be assessed for suitability for providing paid family care to an eligible disabled member of their family if they are:

- a. assessed as fit to work as their relative's paid family carer. Note: Carer stress and physical health will be two key considerations.
- b. has the relevant immigration status to be employed in New Zealand.
- c. aged 18 or over
- d. parent step-parent or grandparent, child, stepchild or grandchild, sister, half-sister, stepsister, brother, half-brother, or stepbrother, aunt or uncle, nephew or niece, first cousin.
- e. other family carer relationships may be considered, at the discretion of the DHB (eg in-laws or guardians)

26. The assessment criteria to be applied to determine whether those family members who are eligible for assessment are suitable to be paid family carers will be applied on an individual basis by the existing NASC in conjunction with Planning and Funding. Access to Paid Family Care may or may not affect the Family Carer's access to other respite and Carer Supports.

27. The assessment criteria the approved assessors will take into account:

- a. the nature of the Services to be provided and
- b. the skills and experience needed to undertake it
- c. the exceptional circumstances of the service user and their wider family/whanau (refer below).

¹ This limitation applies in the DSS Funded Family Care Policy because the contractual arrangements underpinning Section 88 notices require the disabled person to enter into a contract with the Crown for funding and with the paid family carer for service provision.

Exceptional circumstances criteria

28. One or more of the following exceptional circumstances criteria must be fulfilled to permit a family member to be paid to provide home-based care. The DHB will consider each application on a case by case basis.
- a. The level of the person's support needs is so high or very high that without their able and willing parent or resident family/whānau carer(s) being paid to support these needs the person would be unable to remain living in their chosen living environment.²
 - b. There is significant risk to the safety or wellbeing of either the eligible service user or a non-family/whānau carer if the chosen family/whānau carer is not employed to provide the care (eg, evident distress to the person caused by alteration of routine and changes of carer).
 - c. No alternative non-family/whānau carer is available (eg, the person and their family/whānau live in an isolated rural locality).
 - d. Significant communication issues exist due to the person's condition or impairment, and the chosen family/whānau carer(s) and the person understand each other but no other available carer could adequately provide the person's supports because of this.
29. Note that specific cultural considerations on their own would not be grounds for an exception but the absence of culturally specific care may be a contributing factor when considering an exception on other grounds in the transitioning arrangements as in sections 19-21 above.

Exclusions

30. People are not eligible for DHB paid family care if the person:
- a. is not a New Zealand resident
 - b. requiring care is under 18 years of age
 - c. nominated to provide the care is under 18 years of age
 - d. will need supports for less than six months (i.e. has a temporary or short-term disability)
 - e. is assessed for home-based supports but does not have high or very high needs
 - f. is in residential care
 - g. is eligible for DHB Funded Family Care
 - h. is primarily impaired by an injury whose cover has been accepted by ACC
 - i. the service user's spouse, civil union, de facto partner.

Accessing paid family carer home-based support

31. Service users can access paid family care through self-referral or a referral from a health practitioner to a DHB funded needs assessment and service coordination (NASC) service.

² Note that some people reach a point at which it is only clinically appropriate and financial sustainable

32. If the person is already receiving home-based care from a contracted provider and seeks access to paid family care, the provider may refer the person to the DHB NASC to re-assess the change in supports needs.

Decision review process

33. If the service user seeking paid family care is not happy with decisions relating to their needs assessment, eligibility for paid family care or service allocation, or the person seeking to be approved as a paid family carer they may seek a review.
34. The process for the review is as follows:
 - a. If the review is of a decision of a NASC, the NA/SC service will utilise their own review process which is detailed in their Operations Manual].
 - b. The DHB may review a decision to reject the application for paid family care, if the person requests a review of the assessment findings and decision on eligibility.

Agreements to provide paid family care

The following conditions must be met before paid family care Services can be implemented.

35. The eligible person must first agree that they want an approved family carer to provide the Service. The person may be supported to make this decision.
36. If the family carer is contracted via a provider, the provider is required to appoint family carers on merit consistent with section 22 of the Human Rights Act 1993.
37. The approved family carer must agree to provide the Service instead of a non-family Service provider. More than one family carer may be approved to provide the paid family care the eligible person has been assessed as providing.
38. The family carer must be capable of providing the Service and will only be approved on merit.
39. Approved family carers are able to access the same caregiver training as delivered by home based support providers.
40. The parties agree to the type, range and quality of Service to be provided and delivered according to the individual service arrangement, and in a safe and acceptable manner to the person.
41. All the parties agree to provisions for replacement care for when the family carer is unable or unavailable to provide Services.
42. If all the parties agree, then an employment contract is signed between the employer and the employee (as per Section 5 above on contractual mechanisms and employee/employer relationships.)
43. Subject to the DHB's current paid family carer contractual requirements, the contract will be the standard terms and conditions of the employer but will also include matters relating to:
 - a. ensuring that the family carer does not carry out any other paid work, outside the agreed hours of the disability support services, if that work is likely to affect the provision, safety or quality of those services

- b. complying with monitoring or auditing processes, and with any requirements following those processes.
- c. any other conditions that apply to the care situation, including for replacement care.
- d. Service allocation

Payment rate

- 44. The actual rate of pay to be agreed between the family carer and their employer must be in line with current Home Based Support Worker hourly rates which take account of the provisions of other employment-related legislation.

Limits on hours of paid family care

- 45. The provider may employ one or more family carers within the maximum allocation of 40 hours per week.
- 46. In the event that the care allocation exceeds 40 hours per week, the service user must be reviewed by the NA/SC and an exceptional circumstances request lodged with Canterbury DHB Planning and Funding.
- 47. Canterbury DHB Planning and Funding will review applications for an allocation beyond 40 hours per week on a case by case basis.

Individual service plan

- 48. The Individual Service Plan will incorporate information consistent with that gathered for all relevant services in Canterbury DHB. This includes but is not limited to Home Based Support and Mental Health services.
- 49. The delivery of the Service by the family member to the eligible person will be recorded in the person's individual service plan progress notes.
- 50. The plan will determine which of the assessed needs can be met by the person's natural supports, which can be supported by the Paid Family Carer, and which can be supported by other agencies, which may or may not be funded by the Canterbury DHB.
- 51. The plan will be reviewed not less than annually.
- 52. The parties also acknowledge that they must meet their obligations that:
 - a. services are delivered as planned and agreed
 - b. arrangements for replacement care are in place if the family carer is unavailable to provide Paid Family Care
 - c. they comply with monitoring and auditing.
- 53. Information to be provided to the DHB
- 54. Canterbury DHB will collect the following information on the Paid Family Care arrangement which is in line with the Current Home Based Support Service reporting requirements.

- i. Client Name
- ii. Client NHI
- iii. Client Domicile/ Post code
- iv. Ethnicity
- v. Name of paid carer
- vi. Relationship of paid carer to the client
- vii. Whether paid carer resides with client
- viii. Referral date
- ix. Admission date
- x. Discharge date
- xi. Package of Care (domestic assistance and/ or personal cares)
- xii. Reassessment date (if any)
- xiii. Review date (if any)

Monitoring, audit and review

Monitoring and auditing

55. Canterbury DHB may undertake monitoring and auditing to:

- a. ensure the home-based services are being provided as agreed;
- b. verify that payments are being used properly;
- c. confirm that all other requirements have been complied with.

56. All the parties must co-operate with monitoring or auditing as per Canterbury DHB's current regulatory requirements for Designated Audit Agency audits of Home Based Support Providers.

Review

57. Canterbury DHB will use the same service review schedules as outline for the Home Based Support Services.

Certification

This policy was certified on 21 May 2014

Canterbury District Health Board

David Mates

Chief Executive Officer



[Signature]

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Definitions/Construction

Definitions

58. The following terms have the meanings given to them:

DHB – a District Health Board as defined in section 6(1) of the New Zealand Public Health and Disability Act 2000

DHB Funded Home Based Care Services - DHB-funded home-based care services are based on an assessment of the person's identified health and/or disability needs and provided to people who need them most. They are generally delivered by paid carers who are not family members of the person receiving the care.

Eligible Person - The Health and Disability Services Eligibility Direction 2011 sets out the eligibility criteria for publicly funded health and disability services in New Zealand. The groups of people who meet the criteria defined in the Direction can receive some or all of publicly funded health and disability services. For foreign nationals, eligibility is largely based on immigration status. A person needs to be eligible at the time they receive health or disability services for those services to be publicly funded. Access to services is also based on assessed need therefore eligibility is not the only determinant of access to publically funded services.

Employer – a generalist DHB-contracted Service provider with approval from the DHB to employ paid family carers.

Family carer – the family member who is approved by the DHB, and employed by the contracted provider, to provide the Services to an eligible disabled family member;

Family members – as defined under section 70B(2) of the New Zealand Public Health and Disability Act 2000 includes:

- a) Spouse, civil union partner, or de facto partner; or
- b) Parent, step parent, or grandparent; or
- c) Child, stepchild, or grandchild; or
- d) Sister, half-sister, brother, half-brother, or stepbrother; or
- e) Aunt or uncle; or
- f) Nephew or niece; or
- g) First cousin

Home – the person's usual place of residence, or any other place where the home-based care Services are regularly provided;

Home-based care – Services

Individual service plan – the arrangement of personal care or household tasks, or both, for the service user

Ministry – Ministry of Health (representing the Crown);

Monitoring – as set out in the DHB's family care policy;

NASC – Needs Assessment and Service Co-ordination agencies

Paid family care – Services or home based care

Paid family care management arrangements – Will be implemented in a way that respects the specific needs of Maori, Pasifika and other ethnic groups/

Paid family carer policy (PFC) – this policy made under Part 4A of the New Zealand Public Health and Disability Act 2000

Person (service user) – a person who is receiving the Services;

Services – home based care

Support Services – disability support services under section 6(1) of the New Zealand Public Health and Disability Act 2000;

Construction (aids to reading this Policy)

59. Parts of this Policy are called clauses.

60. The Policy should be read as a whole, and in the context of Part 4A of the Act, to help with the meaning of any clause.

61. The singular includes the plural, and vice versa.

62. Any term used in this Policy, but not defined, has its meaning as understood in the health and disability sector or meaning in the New Zealand Public Health and Disability Act 2000.

References

Funded Family Care Operational Policy 2013, Ministry of Health and *The Funded Family Care Notice 2013*, New Zealand Gazette, 26/9/2013, No. 131, p.3670

<http://www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/funded-family-care-notice-and-operational-policy>

Parliamentary Digest No. 2049 New Zealand Public Health and Disability Amendment Bill (No 2) 2013

Part 4A of the New Zealand Public Health and Disability Act 2000

United Nations Convention on the Rights of Persons with Disabilities 2006

<http://www.legislation.govt.nz/>

Policy response:

- Cabinet Minute – Power to Act for Cabinet Social Policy Committee (CAB MIN (12) 44/5A)
- Cabinet Paper – Proposed response (11 December 2012)
- Cabinet Social Policy Committee Minute – Proposed response (SOC MIN (12) 28/2)
- Cabinet Paper – Implementation of proposed response and consideration of broader issues (22 March 2013)
- Cabinet Minute – Implementation of Proposed Response and Consideration of Broader issues (CAB MIN (13) 10/14)

<http://www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/funded-family-care-notice-and-operational-policy/funded-family-carers-background-documents>

Court Judgements

Ministry of Health v Atkinson and others [2012] NZCA 184

Spencer v Attorney-General [2013] NZHC 2580

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