# Standards Self-Review Template

The purpose of this self-review template is to enable your service to explore how it meets the New Zealand Standards **Ngā Paerewa Health and Disability Services Standard NZS 8134:2021** in your service’s context and in the context of Enabling Good Lives (EGL); and where your service is doing more work. The template provides the opportunity for you to explain your unique context within which your service meets or exceeds the Standards and delivers EGL in a way that meets the needs of the disabled people your service serves.

## Columns:

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| **What does this mean for our service?** | This is the opportunity for the service to explain its unique context – to answer the question “how we meet the Standards at our place, in our way” | Where necessary, the language in this template has been adapted to reflect the disability sector rather than health. |
| **What does good look like?** | If you were applying the standard in a successful way, what might that look like (again, think about your context) |
| **Are we at that level?** | Is your current level of performance below, at, or above what good looks like? |
| **Is it observable and measurable?** | How do you measure your performance in this area? |
| **What do we want to do about it?** | If action is needed, what needs to be done |
| **Who is responsible?** | Who carries the responsibility? When do they report progress? To whom? |

## Our Rights – Rating 1 = Meets criteria, 2 = Partially Meets Criteria, 3 – Does not meet Criteria.

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| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **What objectives are in place to ensure the standards are met?** | **What monitoring and performance measures are in place?** |  | **Who is responsible?** |
| * 1. Pae ora healthy futures – embracing, supporting, and encouraging a Māori world view of Disability Support
 |  |  |  |  |  |  |
| Criteria* + 1. Enact and embed Te Tiriti o Waitangi in all its work
		2. Service is culturally safe
		3. Maori disability support staff are actively recruited
		4. Provider is Maori centred
		5. Provider works in partnership with Iwi and Maori organisations
 | Rate each criterion33333 |  | Examples1. Raise awareness among staff and stakeholders about the importance of Te Tiriti o Waitangi and its relevance to disability support services.
2. Develop cultural competence among staff by providing training, resources, and ongoing professional development on Māori cultural practices and protocols. Incorporate the principles of Te Tiriti o Waitangi into the organization's policies, procedures, and strategic planning.
3. Implement robust systems to prevent cultural bias, discrimination, or racism within the organization and address any instances that arise.
4. Tailor services to meet the unique cultural, linguistic, and spiritual needs of Māori individuals, respecting their tikanga (customs) and te reo Māori (Māori language).
5. Continuously seek feedback from Māori individuals, their whānau, and their communities to inform service improvements and foster accountability.
 | Examples:1. The level of representation of Maori engagement and participation in decision-making processes at various levels of the organisation (e.g. governance, policy development, service planning).
2. Evaluate the cultural competence of staff, including their knowledge of Maori cultural practices, protocols and te reo Maori.
3. Evaluate the effectiveness of interventions and support provided to improve the overall well-being and quality of life for Maori service users.
4. Evaluate the existence and effectiveness of partnerships and collaborations with Maori led organisations, iwi in the design, delivery and evaluation of disability support services.
5. Assess the completion rates and effectiveness of cultural competence training programmes for staff.
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|  |  |  | **What objectives are in place to ensure the standards are met?** | **What monitoring and performance measures are in place?** |  |  |
| * 1. Ola manuia of Pacific peoples in Aotearoa – provision of comprehensive and equitable services underpinned by Pacific world views and developed in collaboration with Pacific peoples

1.2.11.2.21.2.31.2.41.2.5 |  |  | 1. Improve access to disability support services for Pacific peoples.
2. Develop and deliver cultural competency training programmes for all staff members working with Pacific peoples.
3. Establish and maintain strong partnerships with Pacific community organisations including meetings and joint initiatives.
4. Track health indicators specific to Pacific people, e.g., chronic disease, mental health outcomes, and set targets for improvement.
 | 1. X% increase of Pacific peoples using disability support services by x date.
2. Regular staff assessments measure staff knowledge and understanding of Pacific cultures and their ability to apply culturally appropriate practices.
3. Conduct regular community surveys and focus groups to gather feedback on the quality and effectiveness of disability support services to Pacific peoples.
4. Regular health assessments occur and identified health issues are addressed in a timely manner.
 |  |  |
| 1.3 My rights during service delivery – providing services and support to people in a way that upholds their rights and complies with legal requirements |  |  | **What objectives are in place to ensure the standards are met?** | **What monitoring and performance measures are in place?** |  |  |
| Criteria* + 1. Provider knows and understands my rights and ensures I am informed on my rights
		2. Services provided comply with my rights
		3. Opportunities for discussion and clarification of my rights are provided
		4. Support will be in accordance with my wishes, including independent advocacy
		5. Maori mana Motuhake is recognised by my provider
 | Rate each criterion33333 |  | Examples:1. Develop a comprehensive knowledge of the rights of disabled people.
2. Provide training to staff on disability rights legislation, conventions, and frameworks
3. Ensure organisational policies, practices and services align with disability rights.
4. Promote inclusion, diversity, and accessibility in all aspects of the organisation.
5. Empower disabled people to exercise their rights and have their voices heard.
 | Examples:1. Track number of staff who have completed disability rights training.
2. Survey service users and stakeholders to gauge their perception of the organisation’s understanding of disability rights.
3. Informational resources and materials on disability rights that are easily accessible to staff, service users and the wider community.
4. Measure the diversity of staff, volunteers, and board members though demographic surveys.
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| * 1. I am treated with respect – providing services and support to people in a way that is inclusive and respectful to their identity and experiences
 |  |  | Examples:1. Provide services and facilities that are accessible and promote inclusive design principles.
2. Provide services that are person centred and tailored to the individual’s needs and preferences.
3. Provide access to information, resources, and support networks that that enable self-advocacy.
4. Create a culturally inclusive environment that respects and values the diverse identities and experiences of the people supported.
5. Ensure a co-ordinated approach with other providers to supporting people with disabilities that avoids duplication of services andenables sharing of best practice and resources.
6. Seek regular feedback from individuals with disabilities and their families and whanau.
7. Raise awareness about disability issues among the wider community.
8. Seek external accreditation or certification.
9. Provide skill development to increase the independence of disabled people by promoting employment and training opportunities.
 | Examples:1. Legislative accessibility requirements are met across all relevant areas.
2. Evidence involvement of people with disabilities being involved in decision – making.
3. Service users report that they have increase control over their lives.
4. Staff complete cultural competence training.
5. Evidence of partnerships and collaborations with a range of government and non-government organisations is available.
6. Evidence that feedback has been acted upon when it relates to service improvements.
7. Evidence of workshops, presentations, seminars have taken place to promote understanding, challenge stereotypes and foster inclusivity.
8. Services are assessed as being of a consistent high quality and are aligned with best practice.
9. Report on the number of people in employment and in training.
 |  |  |
| * 1. I am protected from abuse - ensuring people are safe and protected from abuse
 |  |  | Examples:1. Develop and implement policies and procedures outlining zero tolerance for abuse, neglect, or exploitation.
2. Develop and implement a comprehensive staff training and education programme so staff can
 | Examples: |  |  |
|  |  |  |  |  |  |  |
| * + 1. Services will be free of discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse or neglect.
		2. Effective safeguards to protect me from abuse and revictimisation.
		3. My property respected and finances shall be protected within the scope of the service.
		4. Professional boundaries shall be maintained,
		5. Safe to ask how institutional and systemic racism acting here.
		6. A strengths-based and holistic model will be prioritised to ensure wellbeing outcomes for Maori.
 | Ratings:3.3.3.3.3.3. |  | Examples:1. Create and implement a robust safeguarding policy that outlines procedures for recognising and reporting and responding to abuse.
2. Promote awareness and prevention of abuse.
3. Conduct regular awareness campaigns and training sessions for service users on their rights.
4. Establish partnerships with local authorities, police, community law offices, complaints organisations to enhance the safety and protection of service users.
 | Examples:1. Monitor compliance with the policy and procedures through audits and assessments.
2. Record the number of awareness campaigns and training sessions conducted for service users.
3. Measure the level of understanding among service users through thorough pre and post training assessments.
4. Monitor participation in relevant networks, initiatives, and events related to abuse prevention.
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| Effective communication– listening and respecting to voices of our service users and communicating effectively with them about their choices |  |  |  |  |  |  |
| I am informed and able to make choices – providing service users with necessary information about their rights, choices, and control, so they can make informed decisions |  |  |  |  |  |  |
| I have the right to complain – having a fair, transparent, and equitable system to easily receive and resolve complaints |  |  |  |  |  |  |

## Workforce and Structure

| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **Are we at that level?** | **Is it observable and measurable?** | **What do we want to do about it?** | **Who is responsible?** |
| --- | --- | --- | --- | --- | --- | --- |
| Governance – have an accountable governance body for delivering responsive and inclusive services that are sensitive to cultural diversity  |  |  |  |  |  |  |
| Quality and risk – have an effective governance system to provide high quality services that meet the needs of service users while supporting our staff, with built-in quality improvement elements |  |  |  |  |  |  |
| * 1. Service management – ensure the effective person-centred and whānau-centred service delivery
 |  |  |  |  |  |  |
| * + 1. Sufficient staff on duty at all times to provide culturally and clinically safe services.
		2. Staff have skills, attitude, quals, experience and attributes for service being delivered.
		3. Systems implemented to determine and develop competencies of staff to meet the needs of people equitably.
		4.
 | Ratings |  | Examples:1. Establish staffing objectives that determine appropriate staff-to-client ratios. These ratios can consider the specific needs and complexities of the clients, the availability of necessary resources, and any regulatory requirements.
2. Actively advertise for positions, targeting diverse candidate pools, and conducting thorough interviews to ensure skills and qualifications are aligned with the job requirements.
3. Provide ongoing training and professional development opportunities for staff. This can include workshops, seminars, and courses to enhance their knowledge and skills in disability support, cultural competency,
4. Training programmes that focus on effective communication active listening techniques for support workers, and health equity are implemented
5. Conduct individual care planning with each client and involve them and their families or whanau in the decision-making process.
6.
 | Examples:1. Conduct regular health assessments for clients ensuring their physical, mental spiritual, and emotional well-being is monitored.
2. Conduct regular performance evaluations to assess the communication skills of support workers and provide feedback for improvement.
3. Care/support plans are monitored, and progress is recorded against each client’s personal goals and care plans are adjusted accordingly.
4. Regular satisfaction surveys among clients, families and support workers are undertaken and feedback on the quality of care is gathered.
5. Policies are in place within the service to guide the participation of clients, their families and whanau
 |  |  |
| * 1. Support workers and their availability – have sufficient support workers who are skilled and qualifies to provide culturally safe, respectful, and quality services.
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| * 1. Information – ensure the collection, storage, and use of personal information of service users is accurate, sufficient, secure, accessible, and confidential
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## Pathways to Wellbeing

| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **Are we at that level?** | **Is it observable and measurable?** | **What do we want to do about it?** | **Who is responsible?** |
| --- | --- | --- | --- | --- | --- | --- |
| * 1. Entry and declining entry – adopt a person-centred and whānau-centred approach to the care of service users
 |  |  |  |  |  |  |
| * 1. My pathway to wellbeing – work in partnership with people and whānau to support wellbeing
 |  |  |  |  |  |  |
| * 1. Individualised activities – support our service users to participate in meaningful community and social activities
 |  |  |  |  |  |  |
| * 1. My medication – ensure people receive their medication that complies with legislative requirements and safe practice guidelines
 |  |  |  |  |  |  |
| * 1. Nutrition to support wellbeing – ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.
 |  |  |  |  |  |  |
| * 1. Transition, transfer, and discharge – working alongside each person and whānau to provide and coordinate a supported transition of care or support
 |  |  |  |  |  |  |

## Person-Centred and Safe Environment

| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **Are we at that level?** | **Is it observable and measurable?** | **What do we want to do about it?** | **Who is responsible?** |
| --- | --- | --- | --- | --- | --- | --- |
| * 1. The facility – our physical environment is safe, well-maintained, tidy, comfortable, and accessible. Our service users can move independently and freely.
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| * 1. Security of people and workforce – deliver support in a planned and safe way including during emergency or unexpected events
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## Infection Prevention and Antimicrobial Stewardship

| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **Are we at that level?** | **Is it observable and measurable?** | **What do we want to do about it?** | **Who is responsible?** |
| --- | --- | --- | --- | --- | --- | --- |
| * 1. Governance – our governance is accountable for ensuring the Infection
	2. Prevention (IP) and Anti-microbial Stewardship (AMS) needs of our service are being met. We participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concerns.
 |  |  |  |  |  |  |
| The infection prevention programme and implementation – develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services  |  |  |  |  |  |  |
| AMS and implementation - promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services |  |  |  |  |  |  |
| Surveillance of support associated infection – carry out surveillance of healthcare-associated infections (HAIs) and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, objectives, and priorities with an equity focus.  |  |  |  |  |  |  |
| Environment – provide services in a clean, hygienic environment  |  |  |  |  |  |  |

## Restraint and Seclusion

| **Standard – NZS 8134:2021** | **What does this mean for our service?** | **What does good look like?** | **Are we at that level?** | **Is it observable and measurable?** | **What do we want to do about it?** | **Who is responsible?** |
| --- | --- | --- | --- | --- | --- | --- |
| A process for restraint – demonstrates the rationale for the use of the restraint in the context of aiming for elimination  |  |  |  |  |  |  |
| Safe restraint – consider least restrictive practices, implement de-escalation techniques, alternative interventions, and only use approved restraint as the last resort |  |  |  |  |  |  |
| Quality review of restraint – maintain and work towards a restraint-free environment by collecting, monitoring, and reviewing data |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Seclusion – no longer consider seclusion a therapeutic intervention. Only occur when our environment is not conducive to elimination of seclusion.  |  |  |  |  |  |  |