

The logo for LifeLinks is located on the left side of the page. It consists of the word "LIFE LINKS" in a white, sans-serif font, oriented vertically. The text is set against a dark, vertical rectangular background that features a faint, abstract, colorful pattern resembling a topographical map or a stylized face in shades of blue, green, and purple.

Greetings / Tena Koe

Please find enclosed an Information Pack which includes the following information sheets for your reference:

- Overview of LifeLinks outcome planning and coordination service
- Purpose and process of LifeLinks outcome planning and coordination service
- Your rights and responsibilities when receiving a health or disability service
- Health and Disability Commission's pamphlet about the Code of Health and Disability Services Consumers' Rights
- Consent for the collection and release of information
- Privacy Act, 1993 and Health Information Privacy Code
- Complaints process flow chart
- Advocacy and the Health and Disability Commission's Advocacy Service pamphlet
- Client Opinion Survey Questionnaire

If you require any further information about the LifeLinks' outcome planning and coordination service, please do not hesitate to contact us toll-free on 0800 866 877 or at community@lifelinks.co.nz.

I hope you find the information in this Information Pack helpful and we look forward to being of service to you.

Yours sincerely

Craig Hutchison
Managing Director
LifeLinks



Overview of LifeLinks Outcome Planning and Outcome Coordination Service He tirohangawhanui ō Nga Oranga Mekemeka

Introduction

The Ministry of Health has established a process to deliver community based supports for people with disabilities.

LifeLinks is contracted to provide an outcome planning and coordination service for people with intellectual, physical, neurological and/or sensory disabilities and aged between 0-65 years.

The coverage area for our outcome planning and coordination service is Canterbury, from the Clarence River in the north to the Waitaki River in the south, and the West Coast.

Eligibility

To access LifeLinks outcome planning and outcome coordination service and government-funded disability support services, you need to meet the Ministry of health's eligibility criteria. The eligibility criteria include:

- People with a physical, intellectual, neurological or sensory disability, or a combination of these
- Person's disability likely to continue for at least 6 months
- Person's disability limits their ability to function independently, to the extent that ongoing support is required
- People with Autism Spectrum Disorder
- People are usually aged between 0-65 years
- People are a New Zealand citizen, or permanent resident, or are from another country which has a funding agreement with New Zealand.

Referral

If you, or a family member, wish to access LifeLinks outcome planning and outcome coordination services, please complete our referral form below, or contact us for more information at office@lifelinks.co.nz .

You can complete the referral form yourself or with your agreement any other person or organisation listed below can make the referral on your behalf.

- Your family, whānau, aiga or carer
- A doctor or other health professional
- Someone from a disability or community organisation

If you wish to make a referral to our service, please complete the referral form online or complete a paper copy of the referral form and email to office@lifelinks.co.nz or post to PO Box 2379 Christchurch 8140.

When you submit the referral form make sure you attach a letter from your doctor confirming your diagnosis.

Outcome Planning and Outcome Coordination

Once your eligibility for service has been confirmed one of our outcome planners will contact you directly to arrange a suitable time, date and place for a meeting to develop your Outcome Plan. You are welcome to invite support people to this meeting if you wish.

If English is your second language or you are deaf we will arrange a professional interpreter to also be present at the meeting.

If you wish to have cultural support at the meeting we can arrange this for you.

Our service is a client/tangata whaiora and family/whānau centred and directed process.

It proceeds at your pace; within your timeframe; and in the place of your choice. At the end of the outcome planning meeting, a report is prepared that includes a list of prioritised outcomes that you have identified.

Once you agree to the content of the report and the identified prioritised outcomes, our LifeLinks staff member will provide you with information on services that may support you to achieve your desired outcomes. You will be offered choices of providers where possible and the LifeLinks staff member will make referrals to support services as required.

Review

The purpose of a review is to ensure that the mix of supports that you have remain relevant to your circumstances and continue to assist you to achieve your goals.

Generally, reviews occur every 12 months. However, if your circumstances change please contact LifeLinks so that an early review can be arranged.



**Purpose and Process of
Outcome Planning and Coordination**
Nga Tikanga me nga Whakarereketanga ote Whaingā Aromatawai

PURPOSE/TIKANGA

The purpose of outcome planning and outcome coordination is to facilitate a process whereby our LifeLinks staff work with you to identify your goals and outcomes in order to determine what supports you may need either to enhance or maintain your level of independence within your community. When putting together a support package, LifeLinks staff will consider whether community supports and/or funded supports are appropriate; the level of funded support that can be accessed; and, the ways in which such support might contribute to meeting your identified goals and outcomes.

PROCESS/RAUPAPA MAHI

Planning

The process of outcome planning involves us visiting you to work together to identify your strengths and abilities; what you would like to be doing; and, any support that you may need because of your disability to achieve your identified goals. This is all written down and is called the Outcome Plan. This Outcome Plan belongs to you. On completion it will include a prioritised list of your, and/or your family/whānau member's, goals or desired outcomes.

Coordination

The coordination process begins after you have signed the Outcome Plan. This process involves writing a support plan which says what should happen to maintain or enhance a more independent/ordinary life for you.

We will work with you to access particular services that will assist you in your day-to-day life, and that of your family/whānau. It is our job to know about many different services that can help people with disabilities. We will then connect you with the services of your choice, and also later, check in with you to see if the services are okay.

If we cannot find a service that best fits your particular circumstances, it means that there is a "gap" in services. Records of these "gaps" are kept and used to

help the Ministry of Health better plan for the services that people with disabilities require.

YOUR RIGHTS WHEN RECEIVING A HEALTH OR DISABILITY SERVICE

Tou nei tikanga I Te Wa I Whiwhi Ai Tou nei Hauora / Haua Ratonga

1. Respect

You should always be treated with respect. This includes being listened to and respected for your culture, values, ideas and beliefs, as well as your right to personal privacy.

2. Fair Treatment

No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.

3. Dignity and Independence

You should be treated in a way that values you as a person and services should support you to live a dignified, independent life.

4. Proper Standards

You have the right to be treated with care and skill, and to receive services that are right for your circumstances. All those involved in supporting you should work together for you.

5. Communication

You have the right to be listened to and understood, ask questions, and receive information in whatever way you require. When it is required, and practicable, an interpreter should be available.

6. Information

You have the right to know what is happening to you and be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you be fully informed.

7. It's Your Decision

It is up to you to decide. You can say no or change your mind at any time.

8. Support

You have the right to have someone with you to give you support in most circumstances.

9. Teaching and Research

All these rights also apply when taking part in teaching and research.

10. Complaints

It is OK to complain and it is your right to have your concerns heard. Your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

A full copy of the Code of Rights is available from the Health and Disability Commission.

The Health and Disability Commissioner can be reached on a National Free Phone/TTY (0800 11 22 33) or by Email (hdc@hdc.org.nz); or, Auckland (09) 373 1060; or, Wellington (04) 494 7901



Your Responsibilities

Toū nei Mana Whakahaere

It is your responsibility to let us know as soon as possible if you are unable to keep an appointment.

You can do this by phoning us toll free on 0800 866 877.

We will then reschedule your appointment time.

It is your responsibility to provide true and accurate information to our LifeLinks member of staff.

Giving correct information means we will be able to provide you with the best service and the most appropriate assistance.

Any information you do give us will be treated confidentially.

It is your responsibility to tell your LifeLinks member of staff of any changes in your circumstances that affects the supports provided that contribute to achieving your goals.

This could include things like, moving from where you were living; a change in your support needs; or, you may have some new goals.

Changes should be recorded because your Outcome Plan will only be useful if it is kept up to date and reflects your current circumstances.

Informed Consent

Name: _____

NHI:

Address: _____

DOB:

I understand that this authority relates to all aspects of my outcome planning and coordination.

I agree to the collection of any information about me to the extent that is needed to assess and manage any assistance that I may require.

I understand that I have the following rights:

- that this information will only be used to meet the requirements of my outcome planning and coordination, including information dissemination to the Ministry of Health;
- that in the collection, use and storage of this information, LifeLinks will, at all times, comply with the guidelines of the Privacy Act 1993 and the Health Information Privacy Code 1994;
- that I have the right to access and/or ask for the correction of any information that LifeLinks holds about me, subject to the provisions of the Privacy Act 1993;
- that any information collected relating to me will be held for as long as is required to inform decisions about the services delivered by LifeLinks.

I acknowledge that:

- I understand that there is an exception to this agreement and information may be used or released if any concerns are identified regarding the safety of a child or adult or if a serious criminal offence has been committed (Privacy Amendment Act 2013; Privacy Act principle 11(f)(ii); Children Youth Persons and Their Families Act 1989, section 15)
- I have been made aware of my rights under the Health and Disability Services Consumers' Rights Regulation 1996;
- I have been made aware of LifeLinks complaints procedure.

If I do not consent to the collection of personal information, LifeLinks may be unable to facilitate an outcomes planning and coordination service that best meets my circumstances.

This Consent for Collection and Release of Information is valid until my next reassessment.

Declaration: I understand and consent to the collection of my information

Signature: _____

Date:

Or I declare that I have the authority to consent to the collection of information on behalf of the named person.

Representative's Name: _____

Representative's Signature: _____

Legal Relationship: _____

Date:

Please name any person or agency **you do not want** to receive information about you.

Client to Specify:

Documentation Attached: Yes

No (please state reason)

Collection of Information by LifeLinks:

To help you get any assistance from LifeLinks, we need certain information from you. This will include personal information in relation to your disability.

Legislative Background:

LifeLinks is bound by the Privacy Act 1993 and the Health Information Privacy Code 1994 in handling personal information collected in relation to the service we provide. This means that information may only be collected or released in order to carry out our functions necessary to deliver outcome planning and coordination services.

Privacy Principles:

The information privacy principles of the Privacy Act 1993 and the Health Information Privacy Code 1994 ensure that, with certain exceptions, the following rules apply:

- The least possible amount of personal information to meet LifeLinks needs is collected.
- The individual concerned must know of LifeLinks collecting personal information.
- Information must be kept securely.
- Any person has a right to access, seek correction and/or attach written comments regarding any information about them that LifeLinks obtains.
- Information is only used for the purpose that it was collected for.
- LifeLinks is bound by the Privacy Act 1993 regarding the information that can be released.

Collection of Information from Other Sources:

LifeLinks will collect as much information as we can directly from you. However, it will sometimes be necessary to get information from other sources. Depending on the nature of your disability, this may include obtaining medical details from health professionals.

To do this, we need your consent for those people to release information to us. Without your consent we cannot collect the necessary information and may not be able to accurately assess any requirement for assistance that you may otherwise have.

Release of Information:

It will sometimes be necessary for LifeLinks to release information about you in order to obtain the assistance that you require. Depending on the circumstances, this may include releasing personal information about you to agencies that carry out other types of assessments, services and/or the Ministry of Health, or allow us to discuss your circumstances with other service providers or specialists.

Concerns or Questions:

If you have any questions about what information will be collected or the way in which it will be used, please discuss the matter with your LifeLinks staff member. If you have any concerns about the way in which LifeLinks has handled your personal information, you should discuss the matter with the LifeLinks Privacy Officer and/or management. If you still have concerns, you have the right to lodge a complaint with the Privacy Commissioner.



LifeLinks

Nga Oranga Mekameka
A Division of Compensation Advisory Services Ltd

Privacy Act 1993
Ture Motuhake
Health Information Privacy Code 1994
Hauora Panuitanga mō Te Ture Tahimano Iwā Raiwa Tekau Ma Toru

You have a right to know about some important parts of the Privacy Act and the Health Information Privacy Code. These parts include:

- Information is required to be collected in order to ascertain appropriate services.
- You must know beforehand, and give your written consent, for information to be collected.
- Your information must be kept securely.
- It is your right to have access to, and, if necessary, correct any information collected by LifeLinks.
- LifeLinks must only use the information for the purposes for which our company collected it.

If you have any concerns about the way in which your personal information has been handled, you can discuss the matter with any or all of the following people:

1. LifeLinks Privacy Officer

Toll Free: 0800 866 877
Christchurch Phone: (03) 365 9593
Christchurch Facsimile: (03) 365 5244
Email: community@lifelinks.co.nz

2. The Privacy Commissioner

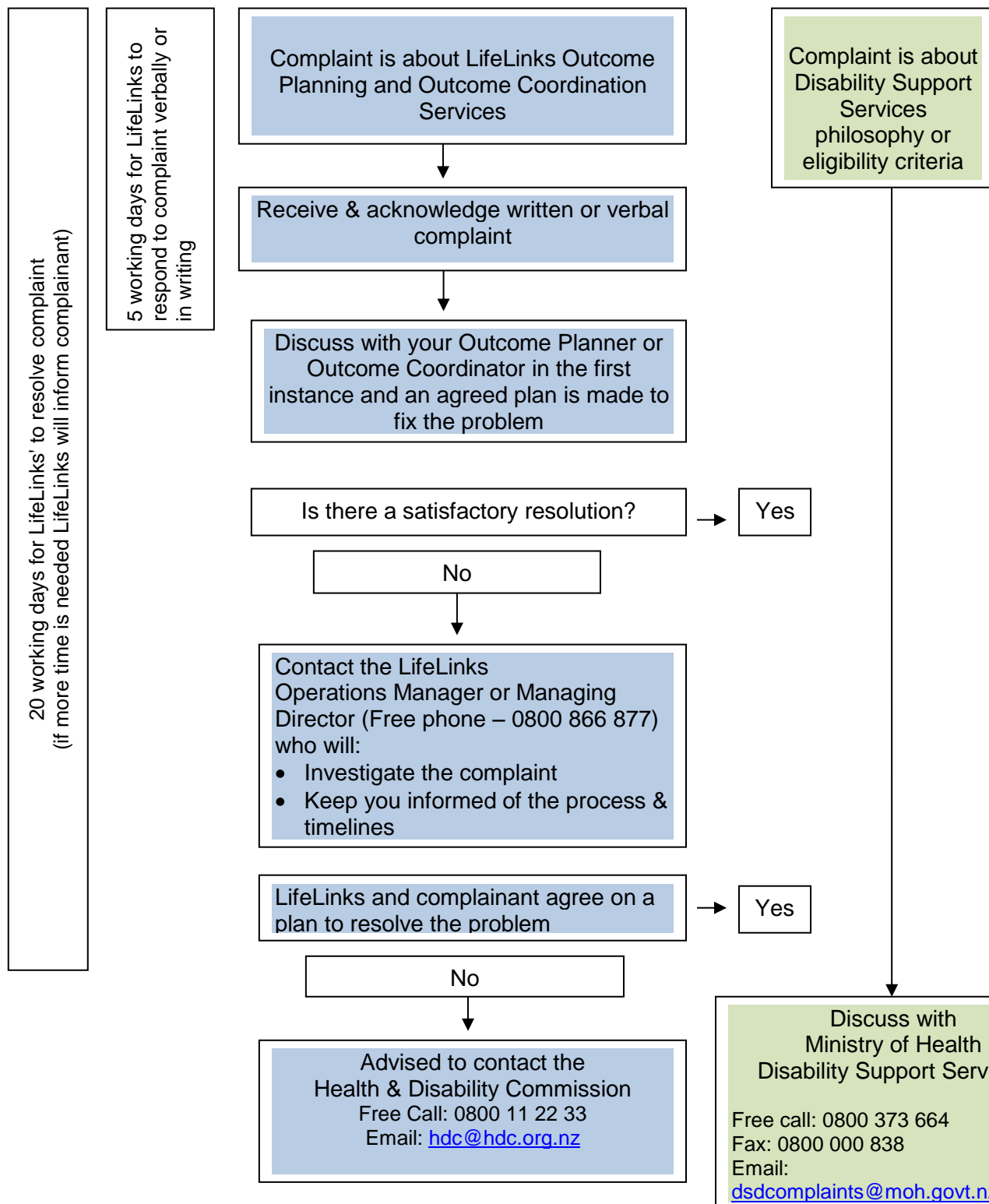
Toll Free: 0800 803 909
Telephone: 04 474 7590
Facsimile: 04 474 7595
Email: enquiries@privacy.org.nz

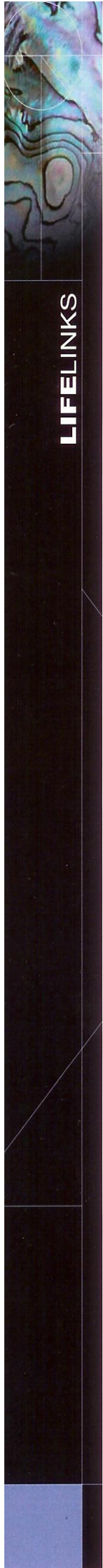
LifeLinks

Nga Oranga Mekameka
A Division of Compensation Advisory Services Ltd

COMPLAINTS PROCEDURE FLOW CHART AMUAMU WHAKAREREKETANGA MAHERE RIPO

What happens when you raise a complaint with LifeLinks?





ADVOCACY
kaitaunaki

Advocacy is available to you and your family/whānau should you wish to be supported and/or helped to represent your views during the delivery of LifeLinks services.

This support, advocacy or advice might be offered by members of your family/whānau and friends or by specially trained people working for one of many specialist support groups and services.

For example, you are welcome to contact one of the following:

- A Health and Disability Advocate
- A Consumer Advisor
- A local support group such as a peer support group

The following table includes the contact details for the Health and Disability Advocacy Service that you may wish to access should you decide that you would like to be represented or supported during your engagement with LifeLinks. A more comprehensive list of consumer and advocacy groups and their contact details can also be found on the Office of Disability Issues website: www.odi.govt.nz/about-us/organisations.html

Advocacy and Support Services	Contact Details	Additional Information
Health and Disability Advocacy Service	Freephone: 0800 555 050 Free Fax: 0800 2787 7678 Email: advocacy@hdc.org.nz Website: www.hdc.org.nz	Refugee and Migrant Advocates: This service also includes specialist refugee/migrant advocates one of whom is based in Christchurch and is the contact for the South Island.

For Māori clients and those from Pacific communities, information about culturally-appropriate advocacy and support services can be accessed by contacting the Health and Disability Advocate - Freephone: 0800 555 050

In addition, LifeLinks clients/tangata whaiora are welcome to seek support at any stage during service delivery from our company's kaumatua who can be contacted on the company's free phone: 0800 866 877.

Greetings Tena Koe,

“Your feedback on LifeLinks services is valued and guides our ongoing efforts to provide a high quality service for you” (Craig Hutchison, Managing Director)

LifeLinks is keen to obtain feedback on your views and satisfaction with the most recent service you received from our company.

The purpose of this questionnaire is to help us with our efforts to constantly improve the quality of our services for you.

We would be grateful if you would take the time to fill out and return this client opinion questionnaire. This questionnaire should take about 5 minutes of your time to complete.

Your answers are combined with those of others to produce overall views and trends. No individual answers or personal identifiers will be published.

Thank you for taking the time to complete the LifeLinks Client Opinion Survey Questionnaire.

Yours sincerely

Craig Hutchison
Managing Director
LifeLinks

LifeLinks

Nga Oranga Mekameka
A Division of Compensation Advisory Services Ltd

CLIENT OPINION SURVEY QUESTIONNAIRE Ou Whakaaro

1. Did the LifeLinks' staff member explain their role so you were clear about what they could do for you? Please tick one box.

Yes

No

Comment: _____

2. Were we clear in all our communications with you? Please tick one box.

Yes

No

Comment on ways we could improve our communications:

3. Did you feel your point of view was listened to by LifeLinks' staff? Please tick one box.

Yes

No

Comment: _____

4. Has the service you received from LifeLinks met your expectations? Please tick one box.

Yes

No

Comment on what we could do better to meet your expectations:

5. Is there any way that LifeLinks can improve our service? Please tick one box.

Yes

No

If yes, please comment: _____

6. Overall, how satisfied are you with the service you received from LifeLinks? Please tick one box.

Very satisfied Satisfied Unsure Unsatisfied Very Unsatisfied

Comments: _____

7. 'As a result of receiving the LifeLinks' service I deal more effectively with daily life.'

Reflecting on this statement, please tick the box that best reflects your experience.

Strongly Disagree Disagree Unsure Agree Strongly Agree

Comments: _____

LifeLinks

Nga Oranga Mekameka
A Division of Compensation Advisory Services Ltd

Thank you for taking the time to complete this questionnaire

If you are completing this client opinion survey questionnaire on behalf of our company's client/tangata whaiora, could you please identify your relationship to the client/tangata whaiora.

Relationship to LifeLinks client/tangata whaiora: _____

When you have completed the questionnaire, please return it in the reply paid envelope or by email or if you are completing the questionnaire on-line then press the "submit" button.

All personal information and /or identifying information received via the client opinion survey questionnaire will be kept strictly confidential and securely stored.

If you wish to discuss the questionnaire or any other issues, do not hesitate to contact us toll-free on 0800 866 877 or at community@lifelinks.co.nz .

Optional:

You do not have to include your name on this questionnaire.

However, if you would be willing for our LifeLinks Community Liaison staff member to contact you to discuss in more detail the points you have made, it would be helpful if you included your name and contact number.

Your name: _____

Your telephone / mobile number: _____