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Submitted to About the Act and Code Review
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Your details

1 What is your name?

Name:
[redacted]

2 What is your email address?

Email:
[redacted]

3 Are you submitting as an individual, or on behalf of an organisation or group?

I am submitting as an individual

4 How did you hear about this consultation?

Select from the following options:
Other (please specify)

If you selected other, please specify below:
College of Nurses

Questions for individuals

[redacted]

[redacted]

[redacted]

[redacted]

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[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

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[redacted]

[redacted]

Topic 1: Supporting better and equitable complaint resolution

1.1 Did we cover the main issues about supporting better and equitable complaints resolution?

Please add your response below:

The definition of “better and equitable” needs to be comprehensive, and cover the whole aspect of making a complaint:
e.g: Bearing in mind every kind of disability, was this process
-Accessible: for people who may be physically, mentally, intellectually, or sensory disabled. Was a support person able/permitted to assist?
- Evidence: was a wide variety of evidence to support the complaint encouraged and accepted, to cater to every disability.
- Communication: appropriate, encouraged, supported, for all disabled persons groups.
- Process of laying & addressing a complaint: Is this included in every learning environment for people who assist disabled people? Is it included in all

communication with a disabled person, their family, their carers, the organisations which offer care & support? Are the rights and benefits of this process communicated to all people associated with disabled people?
- Do disabled people and everyone involved in their care and support feel that they know what they may complain about and what can be done to address such complaints? Does regular communication discuss any potential complaints, concerns, questions, which can then be addressed?

Good things that are mentioned, and that I support:
- The use of an advocate to help tin the process.
- Encouraging direct dialogue on the regular basis between disabled people and the organisations paid to support & help them.
- That the Treaty advocated to rights AND responsibilities for all people equally.
- Prioritising and triaging process: is ok providing no-one is left unheard.
- "What we are doing now" list is good if sustained for all.
- Focus of person-centred practice, as everyone is unique.
- Culture including all groups you mention rather than just Maori, so that everyone is treated equally according to their unique needs.

1.2 What do you think of our suggestions for supporting better and equitable complaint resolution, and what impacts could they have?

Please add your response below:

Changing the wording is great as it reflects your person centred approach.

Advocacy Services could be a compulsory requirement for all organisations
being paid to support and care for disabled people, and could be included in the auditing process. To demonstrate how each resident has the opportunity to talk to an advocate in order to understand rights, responsibilities, & process.

1.3 What other changes, both legislative and non-legislative, should we consider for supporting better and equitable complaint resolution?

1.3 changes - supporting better and equitable complaint resolution:

I would like to see much more responsibility expected from organisations to have active policies used routinely to explain to disabled people, their family & carers, the importance of treating everyone with respect and giving them ample opportunity to voice concerns. To do things WITH their clients, not TO them. The old patriarchal way of operating is no long relevant these days,
and an inclusive, respectful way leads to much better outcomes in wellbeing.
When an organisation is audited they should be required to demonstrate how they listen to the concerns of clients & their support people; what processes they use daily to encourage expression, questions, and concerns; what records they keep of these conversations; how they actively address these issues in a non-authoritive way, and what positive steps they have taken in complaint resolution.

Topic 2: Making the Act and the Code more effective for, and responsive to, the needs of Māori

2.1 Did we cover the main issues about making the Act and Code more effective for, and responsive to, the needs of Māori?

Please add your response below:

Please bear in mind that not all Maori wish to be treated in "a Maori way".
It is more important to treat people as unique individuals, and be mindful of what is important to them in this context. Otherwise the same attitudes that have lead to assumptions regarding need will be repeated, & no progress will be made. To treat each person as a unique individual, mindful of differences, empowers them to be their best, and achieve a sense of worth & wellbeing.
If Maori are not engaging with services provided ask them why, and what responsibilities they are prepared to take to engage and participate. Do they have the same values as you do? Is the issue important to them? How would they like things to be? Rights and responsibilities go together – neither is of value without the other. This concept can be applied to any individual, regardful (not regardless) of the cultural issues they may face .

Every person who trains in a Health or Social related field will have a cultural component that they experience. Here is an opportunity to introduce person centred care; to ask not presume; to explore not assume; to encourage not condemn; to empower not disempower; to respect not ignore; to celebrate & be mindful of uniqueness.
As you have demonstrated, language used has a huge impact on this.

If any culture wishes to have carers and support people who are of the same culture, they have a responsibility to prepare their young people to fill these roles.

2.2 What do you think about our suggestions for making the Act and the Code effective for, and responsive to, the needs of Māori, and what impacts could they have?

Please add your response below:

Maori is not the only "culture" which deserves to have special attention.
You have done well to emphasise person centred communication, care, and mutual responsibility, which can be applied to any culture. It is more effective in meeting the needs of people than the segregation idea of "Maori" only.

Maori may resent you deciding what they want and need based on your pakeha presumptions, rather than asking them collectively for their input as based on the Treaty principles of Rights AND Responsibilities for all people of Aotearoa, INCLUDING Maori.
I acknowledge that lack of engagement leads to a reduced quantity of life, and more expense in providing treatments for some Maori & Pacifica.

However their freedom of choice must be respected, their responsibility to engagement in decisions, changes, and health services required, and an expectation of entitlement avoided, otherwise outcomes will continue to decline, at further expense to the tax payer. This will lead to disillusionment of all concerned.

Mana means dignity, and could be applied to all people of NZ.

I agree with the first and second points under b. However point three should be the goal for all New Zealanders, and their represented participation required if they are to desire and require change to happen.

2.3 What other changes, both legislative and non-legislative, should we consider for making the Act and the Code effective for, and responsive to, the needs of Māori?

Please add your response below:

Topic 3: Making the Act and the Code work better for tāngata whaikaha | disabled people

3.1 Did we cover the main issues about making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

Yes.
Regarding the issue of disabled people who are unable to consent taking part in research I say yes. Safeguards could include being sure they understand what is expected of them, and giving them the option to opt out at any time, or seek clarification of that which they do not understand. Researchers could be sure that they are either familiar with, or supervised by, a person who is experienced in dealing with the specific cohort participating in the research.

3.2 What do you think of our suggestions for making the Act and the Code work better for tāngata whaikaha | disabled people, and what impacts could they have?

Please add your response below:

3.3 What other changes, legislative and non-legislative, should we consider for making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

Topic 4: Considering options for a right of appeal of HDC decisions

4.1 Have we covered the main issues about considering options for a right of appeal of HDC decisions?

Please add your response below:

Yes. I support your proposals.
An entirely independent review panel would need to contain people who have worked in the specific disability area, and have sound understanding of all aspects of it.

Please do not make things too complicated, for you may defeat your aim.
Plain, simple, easy to understand and action , may be the best approach.

Be clear which specific issues you are addressing, and what you hope to achieve regarding each issue.

4.2 What do you think about our suggestions for considering options for a right of appeal of HDC decisions, and what impact could they have?

Please add your response below:

4.3 What other options for a right of appeal of HDC decisions, both legislative and non-legislative, should we consider?

Please add your response below:

Topic 5: Minor and technical improvements

5.1 What do you think about the issues and our suggestions for minor and technical improvements, and what impacts could they have?

Please add your response below:

a) OK. However make them robust enough to last a considerable length of time. Reviews are expensive, can be confusing, and are not usually required more often than every 10 years.
b) yes. However be mindful of attempts to discourage scrutiny in response to this. Compulsory rigorous open auditing of providers may help this.
c) yes. Require that information is collected carefully in the first place though

d) Yes, baring in mind that you want a universal document that can be applied to all people equally.
e) Yes providing it is approriaye and robust.
f) f) No, unless there are very good grounds which are clearly explained and consistently applied.
h) Yes. However allow for an advocate to give this consent on behalf of if necessary.
i) Yes, but make it universal, and applicable to all people equally.

5.2 What other minor and technical improvements, both legislative and non-legislative, should we consider?

Please add your response below:

5.3 What are your main concerns about advancing technology and its impact on the rights of people accessing health and disability services?

Please add your response below:

That the process will become complicated, or impersonal, presumptive, inaccurate, applied inappropriately, or subject to privacy breach.

5.4 What changes, both legislative and non-legislative, should we consider to respond to advancing technology?

Please add your response below:

Publishing and data protection

May we publish your submission?

Yes, but please remove my name/my organisation

Please note any part(s) of your submission you do not want published::

Reasons to withhold parts of your submission

Yes, I would like HDC to consider withholding parts of my submission from responses to OIA requests.:
No

I think these parts of my submission should be withheld, for these reasons: :

If needed, can we to contact you to follow up for more detail on your submission?

Yes, you can contact me

Would you like to receive updates about the review?

I’d like to receive updates about the review