

Submitted to About the Act and Code Review
Submitted on 2024-08-13 12:18:56

Your details

1 What is your name?

Name:

2 What is your email address?

Email:

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:

Word of mouth

If you selected other, please specify below:

Questions for individuals

Questions for organisations/groups

1 Name of your organisation or group (if applicable)

Organisation:

2 Type of organisation/group (if applicable)

Organisation - type of organisation/group/ropū :

Health and/or disability services provider (please specify below)

Please feel free to provide any further detail below:

Share 'one big thing' or upload a file

5 Are you here to tell us your 'one big thing'?

Your one big thing::

I think it is shocking that ACC has a monopoly over sexual harm support in NZ, when their structures do not allow for neurodiversity, harm that has happened overseas, or the impact of addictions on survivors. It creates greater barriers for those needing support.

6 Upload a file

File upload:

No file uploaded

Not Answered

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:

Nothing that addresses equity. Are there certain populations that should be prioritized, more resources put towards them or tighter timeframes?

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:

I don't believe this fully reads as equitable. Including this things is not enough, that just feels like equality. The greater weight on these things would lead to equity.

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:

Prioritising minority communities, and putting more resources towards them. Including the education and awareness to the code of ethics. Outreach has to be a component of this, as well as the prioritization of response once clients engage.

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:

This is outside of my knowledge base.

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:

It would be fantastic to see Maori people more empowered to make complaints and stand up for the healthcare they deserve. Long term it would be good to see a tightening of the gap between Maori and Pakeha health rates (such as co-morbidity, life span etc).

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:

Do you have a Maori board who are deciding on these changes for Maori people? It feels like it should be designed for and by Maori with a review process by Maori.

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:

I feel this is a question better answered by disability specific staff/people.

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:

Its definitely moving into a positive area. It would be good to see disabled peoples feel more empowered to demand the level of care they deserve. I would hope that it helps to minimise/call-out descrimination as well as harm experienced by disabled people in care.

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:

Are there practical ways of accessing the information that is open to people with disabilities, i.e. a large bring pamphlet, or audio translation of pamphlet?

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 it feels inappropriate for people involved with the concern to be involved in the decision making of the complaint. Are external audits/reviews on this process also allowed?

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:

If decisions have been made in a bias way, the review process has the ability to re-evaluate and provide participants with a second chance at justice.

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:

I think that allowing an external review/audit process would lead to greater transparency around process.

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:

I think the substituted service should clearly outline what is deemed satisfactory attempts to contact. There is a significant difference between a phone call and email, verses 3 phone calls and 3 emails across a 2 month period.

Are there any processes in place to support a consumer if they have a risk of adverse affects? This passage doesn't seem to state how they will be supported through this adversity.

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

Please add your response below:

Is this a one size fits all approach? Or is there an awareness that some communities may require additional supports and communication? For example with the substituted service point, is there an awareness to homeless people and their transience as an issue for contact? Or will they just be dismissed as non-contactable?

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:

The automatic phone lines are a huge problem. A lot of people struggle to navigate the number system when they just want to talk to a human. Is there still an easy access way to talk to a person rather than an automated message?

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

Please add your response below:

Also the website is not easy to navigate. Could time/work be put into making this more accessible?

I looked up the complaint process the other week, and had to click through about 4 different sections of the website to get to it, and even then it wasn't

clear on how to submit the complaint.

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?

No, do not contact me

Would you like to receive updates about the review?

I'd like to receive updates from the HDC about this and other mahi