**Ō TĀTOU MOTIKA**

**OUR RIGHTS**

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# Pae ora - healthy futures

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| **Policy** | Ka mahi tahi mātou ki te awhi, tautoko me te whakatairanga i tētahi tirohanga Māori ki te hauora me te whakarato i ngā ratonga kounga nui, manarite, whaihua hoki mō te Māori, e tāparetia ana e Te Tiriti o Waitangi.  We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. |

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| **Data collection** | We collect data on:   * How many service users identify as Māori. * How many staff identify as Māori. * Tribal affiliations of service users and staff.   We use this information to ensure cultural relevant services are provided. |
| **Principles/**  **Treaty of Waitangi** | We integrate the following principles into service delivery:   * Recognise and protect the link between people engaged with our service and whānau, whakapapa and turangawaewae. * With the informed consent of the person, the perspectives of whānau, hapu and iwi are integrated into all processes of service delivery; such as: assessment, planning, support, interventions, review, discharge and follow-up. * Our staff are trained in Te Tiriti o Waitangi, [cultural competencies](https://www.tepou.co.nz/stories/working-with-m%C4%81ori-an-e-learning-tool), tikanga and Māori models of health and wellbeing (refer to resource section). * We ensure mana whenua are involved in the development and evaluation of our services. * The principles of Te Tiriti o Waitangi are upheld and integrated in organisational and service delivery processes. * The concepts of whānaungatanga are actively implemented with people identifying as Māori:   + Tātau – collective responsibility   + Mana tiaki – guardianship   + Manaakitanga – caring   + Whakamana – enablement   + Whakatakoto tutoro – planning   + Whai wahi tanga - participation |
| **Resources that inform our service development and delivery** | [Te Rau Ora](https://terauora.com/our-work/publications-resources/)  Mana Motuhake O Ngāti Porou – Decolonising health literacy. Thea Carlson.  [Māori Health – Ministry of Health](https://www.health.govt.nz/our-work/populations/maori-health)  [Māori Health links](https://www.health.govt.nz/our-work/populations/maori-health/maori-health-links)  [Māori Health Overview](https://www.healthnavigator.org.nz/healthy-living/m/m%C4%81ori-health-overview/)  Ka mohio, ka mātau, ka ora: He ia kōrero – Measuring performance and effectiveness for Māori. Te Puni Kōkiri  [Tarāwaho putanga toiora o He Ara Oranga / He Ara Oranga wellbeing outcomes framework](https://www.mhwc.govt.nz/the-initial-commission/he-ara-oranga-wellbeing-outcomes-framework/). Mental Health and Wellbeing Commission.  [Te Mana, Te Kāwanatanga: The Politics of Self Determination. Mason Durie.](https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj12/12-review-te-mana-te-kawantaga-the-politics-of-self-determination-mason-durie.html)  [Te Pae Tawhiti – Ministry of Social Development](https://www.msd.govt.nz/about-msd-and-our-work/about-msd/strategies/te-pae-tawhiti/index.html) |

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| **We maintain a cultural competent workforce** | |
| **Responsibility:**  Click here to enter text. | |
| **We achieve this by ensuring service delivery staff:** | **We access cultural support to:** |
| * Attend [Treaty of Waitangi](https://ako.ac.nz/professional-learning/in-house-workshop/supporting-maori-learners/te-tiriti-o-waitangi-a-visual-history/) training. * Attend [cultural competency training](https://www.tepou.co.nz/resources/takarangi-competency-framework-essence-statements-poster). * Have access to a cultural advisor, Kaumatua, Kuia. * Have access to Māori models of health literature. * Have access to cultural supervision. * Maintain links with relevant agencies that provide Māori centered services. | * Assess the cultural specific needs of people identifying as Māori. * Access the resources required to respond to the identified needs. * Advise staff on cultural appropriate service plans and delivery. * Establish tikanga and kawa for our service context. |
| **We provide a Māori–centered service** | |
| **Responsibility**  **Click here to enter text.**  **& staff** | |
| * We pronounce and write Māori names correctly. * We provide a Māori interpreter as required. * We provide information on the person’s rights in [te reo](https://www.hdc.org.nz/your-rights/your-rights-in-different-languages/). * We ensure we address the person in the appropriate way. | * We facilitate participation in Māori customs. * We ensure culturally safe therapeutic relationships and service provision by adhering to tikanga and kawa. * We integrate Māori custom when engaging with Māori. |
| Our Māori health plan identifies the specific processes we implement to ensure the principles of Te Tiriti o Waitangi are a lived experience at our organisation. | |

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| **Māori Health Plan** *(this template has been mandated by mana whenua advisors of Auckland and Waitemata DHB’s)* | | | | |
| **We collect the following data:**   * Demographics of the area(s) we provide services in. * Number of people identifying as Māori engaged with our service. | | How many staff are Māori.  What Iwi and Hapu people engaged with our service, including staff, affiliate to. | | |
| **Consultation** | | | | |
| **Goal** | **Action** *(guideline)* | | **Participants** *(examples)* | **Evaluation** *(examples)* |
| We identify our key Māori stakeholders. | We know the mana whenua contact at the funding DHB and other health and social agencies in our area.  We have identified Kaumatua/Kuia that support our organisation. | | DHB funding and planning team members.  Mana whenua representatives.  Named key Māori stakeholders | List of key stakeholders is completed |
| Consultation with Māori stakeholders. | We identify the processes Māori stakeholders must be consulted on.  We develop a service agreement with each stakeholder.  We establish a Māori reference group.  We obtain a mandate from mana whenua on the consultation processes. | | Key Māori stakeholders. | Review the implementation of the agreements.  Documented agreements are in place. |
| Māori participation in governance is in place. | We establish a governance reference group.  We set a target number for Māori representation on the governing body. | | Mana whenua representation/  reference group.  Board of Directors/Trustees. | Minutes of meetings.  Organisational chart.  Board member self-evaluation. |
| Māori participation is evident on all levels of the organisation. | People engaged with our service.  Management.  Leadership.  Staff.  We have documented processes on the participation.  We have terms of references. | | Mana whenua representation/  reference group.  Our governance group. | Minutes of meetings evidence participation. |

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| **Service Delivery** | | | |
| **Goal** | **Action** *(guideline)* | **Participants** *(guideline)* | **Evaluation** *(guideline)* |
| Facilitate service access. | * We identify barriers to service access for Māori   (transport, isolation, neglect, racism).   * We address barriers to service access and document how this has been done. * Our website/brochure in Māori designed by Māori. * Our website includes the Māori Health Plan. * Our website provides links to Māori health providers. | People accessing the service.  Whānau of people needing the service.  Our organisation. | Feed-back via website.  Satisfaction surveys.  Number of Māori accessing and entering the service.  Referrer satisfaction surveys. |
| Entry to the service considers Māori processes and protocol. | * Pōwhiri/whakatau during entry. * Tikanga Guidelines are in place. * Whānau are invited. | People accessing our service and their whānau.  Our organisation.  Māori representatives. | Satisfaction surveys.  Rate of retention in the service.  [Mārama REAL time feedback.](https://www.mhaids.health.nz/contact-us/marama-feedback-tool/) |
| Assessment includes Māori models of health. | * We use culturally relevant assessment tools. * We assess or facilitate assessments on cultural needs. * We use a whānau ora approach to assessments. | People engaged with our service and their whānau.  Our organisation.  Māori representatives. | Number of cultural assessments completed.  Number of whānau assessments completed. |
| Care/treatment and interventions include Māori treatments/interventions and activities and Māori models of health. | * We make Māori specific healing interventions available such as:   + [Karakia](http://www.maoridictionary.co.nz/word/2275)   + [Rongoa](http://www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing)   + [Mirimiri](http://www.naturaltherapypages.co.nz/article/Miri_Miri_Massage)   + [Kapa Haka](https://teara.govt.nz/en/kapa-haka-maori-performing-arts)   + [Te Reo](https://www.maramatanga.co.nz/project/he-rongo-t-te-reo-te-reo-m-ori-form-healing)   + [Tohunga](http://www.teara.govt.nz/en/traditional-maori-religion-nga-karakia-a-te-maori/page-2)   + [Kaumatua](http://www.teara.govt.nz/en/kaumatua-maori-elders)   + [Kuia](http://kupu.maori.nz/kupu/kuia) * We include whānau in the interventions and support. * We refer to [PHO](http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations) for comprehensive and coordinated health care. | People engaged with our service and their whānau.  Our organisation.  Other support/treatment providers. | Evaluation using for example:  [Hua Oranga](http://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Reports%20-%20Te%20Kani/T%20Kingi%20&%20M%20Durie%20Hua%20Oranga%20A%20maori%20measure%20of%20mental%20health%20outcome.pdf)  Tarāwaho putanga toiora o He Ara Oranga  Satisfaction surveys.  Focus groups.  Number of Māori engaged with our service and their whānau involved in the specified interventions and activities. |

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| **Service Delivery *cont.*** | | | | | | | | |
| **Goal** | | **Action** *(guideline)* | | | | **Participants** *(guideline)* | | **Evaluation** *(guideline)* |
| Discharge processes include links with whānau, whakapapa and turangawaewae are established. | | * We include whānau in the discharge processes. * We support people engaged with our service to establish links with the Māori land court to facilitate the need to name their [whakapapa](https://teara.govt.nz/en/whakapapa-genealogy). * We include in the discharge process visits to the person’s [turangawaewae](https://www.teara.govt.nz/en/papatuanuku-the-land/page-5). | | | | People engaged with our service and their whānau.  Our organisation.  Māori supports (example: Kaumatua). | | Number of whānau involved in discharge meetings.  Number of contacts made with the [Māori land court](http://www.maorilandonline.govt.nz/gis/home.htm).  Number of visits to [turangawaewae](https://www.teara.govt.nz/en/papatuanuku-the-land/page-5). |
| Follow-up will include referrals to Māori service providers. | | * We maintain a list of Māori health providers and community agencies. | | | | People engaged with our service and their whānau.  Our organisation. | | Number of referrals or contacts made. |
| Provide access to Māori advocacy. | | * We provide Māori advocacy information to Māori people engaged with our services. * We invite Māori advocates to participate in forums/   meetings and education sessions.   * Consumer Rights information is made available in Māori language. | | | | Health and Disability Advocates.  People engaged with our service and their whānau.  Our organisation. | | Number of visits from advocate.  Number of times an advocate is accessed.  Use of Advocacy service in complaints processes. |
| Whānau participation throughout service provision. | | * We facilitate Kaumatua/Kuia involvement with whānau. * We provide information about our service to whānau – if required in Te Reo Māori. * Whānau participation in assessment, support/interventions and discharge processes. | | | | People engaged with our service and their whānau.  Our organisation. | | Whānau satisfaction surveys/hui. |
| **Human Resources** | | | | | | | | |
| **Goal** | **Action** *(guideline)* | | | | **Participants** *(guideline)* | | **Evaluation** *(guideline)* | |
| Staff are able to provide culturally safe services to Māori. | * Employees attend Te Tiriti o Waitangi workshop. * Employees have Tikanga training. * Cultural supervision is provided. * We arrange Māori consultation in support of staff. * We support staff to complete the [Takarangi Framework](https://www.tepou.co.nz/resources/takarangi-competency-framework-essence-statements-poster) | | | | Te Tiriti o Waitangi education providers.  Cultural supervisor and advisors.  Our organisation. | | Number of staff attending Te Tiriti o Waitangi workshops.  Takarangi/tikanga competency completed. | |
| Pro-active recruitment and retention of the Māori workforce. | * We utilise existing Māori networks to recruit. * We implement Māori recruitment processes. * We offer culturally focussed supervision. | | | | Our Governance.  Our Management. | | Number of Māori staff. | |
| **Policy** | | | | | | | | |
| **Goal** | | | **Action** *(guideline)* | **Participants** *(guideline)* | | | **Evaluation** *(guideline)* | |
| Ensure that our policies are mandated by Māori. | | | * The Māori reference group will review and comment on our policies and procedures. | Māori reference group.  Our organisation. | | | Evidence of Māori consultation in policy development. | |
| Monitoring of policy implementation by Māori. | | | * Māori are included in the internal audit processes. | Māori auditors. | | | Audit results. | |
| **Health Promotion** | | | | | | | | |
| **Goal** | | | **Action** *(guideline)* | **Participants** *(guideline)* | | | **Evaluation** *(guideline)* | |
| The service proactively promotes and facilitates public and primary health care programs targeted to meet the needs of Māori. | | | * We ensure that metabolic screening occurs for people engaged with our service and if necessary their whānau. * We ensure people have access to [best treatment for health conditions.](https://bpac.org.nz/ListByCategory.aspx?CategoryId=27) * We provide smoking cessation programs. * We implement healthy living programs such as [equally well.](https://www.tepou.co.nz/initiatives/equally-well-physical-health) * We facilitate access to [green prescriptions](http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/green-prescriptions/green-prescription-contacts). * [Healthy diet and lifestyle](http://www.health.govt.nz/system/files/documents/publications/eating-activity-guidelines-for-new-zealand-adults-oct15_0.pdf) provision. | [Primary Health Organisations.](http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations)  People engaged with our service and their whānau.  Our organisation. | | | Number of people smoking.  Weight stabilization.  Metabolic screening implemented. | |
| **Quality Improvement** | | | | | | | | |
| **Goal** | | | **Action** *(guideline)* | **Participants** *(guideline)* | | | **Evaluation** *(guideline)* | |
| Quality improvement processes include measures and tools developed by and administered by Māori. | | | * Māori specific complaints processes are in place. * Projects to ensure Māori health goals are defined and achieved are in place. | People engaged with our service and their whānau.  Our organisation. | | | Service agreements, terms of reference, minutes of meetings show Māori participation in the named activities.  A kawa for Māori complaints processes is in place. | |
| **Community Integration** | | | | | | | | |
| **Goal** | | | **Action** *(guideline)* | **Participants** *(guideline)* | | | **Evaluation** *(guideline)* | |
| The service maintains links with health, social and cultural services. | | | * We have shared service pathways with Click here to enter text. * Our organisation attends the following services and sector meetings: Click here to enter text. | People engaged with our service and their whānau.  Our organisation.  Our key stakeholders. | | | Service pathways are adhered to.  Minutes of meetings show our participation. | |

# Ola manuia o ngā iwi o Te Moana-nui-Kiwa kei Aotearoa – Ola manuia of Pacific peoples in Aotearoa

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| **Policy** | We provide comprehensive and equitable mental health and addiction services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. |
| **Scope** | The processes described apply to all staff and all people seeking or engaging with our service that identify as Pasifika. |
| **References** | |
| **Resources** | Core elements of Pacific primary mental health and addiction service provision. M Faleafa.  [Pacific Models of Health](https://www.actionpoint.org.nz/pacific_health_models)  [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025](https://www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025) (MOH)  [Pacific Health (MOH)](https://www.health.govt.nz/our-work/populations/pacific-health)  [Pacifica Health resources (Healthnavigator)](https://www.healthnavigator.org.nz/healthy-living/p/pasifika-health-overview/)  Pacific cultural competencies (MOH)  [The importance of Pacific cultural competency in healthcare. Jemaima Tiatia-Seath](https://www.researchgate.net/publication/323450775_The_importance_of_Pacific_cultural_competency_in_healthcare).  [Le Va](https://www.leva.co.nz/) |
| **Pacific Service Provider Contacts** | |
| Mātua | [Mātua Advisory Council](https://www.leva.co.nz/about/matua-council)  [Counties Manukau – Pacific Health](http://www.countiesmanukau.health.nz/our-services/pacific-health-services/)  [Waitemata DHB – Pacific Health](http://www.healthpoint.co.nz/specialists/mental-health/waitemata-dhb-pacific-mental-health-addictions/)  [Auckland DHB – Pacific Health](https://www.adhb.health.nz/our-services/pacific-health/)  [Pacific Churches in New Zealand](https://teara.govt.nz/en/pacific-churches-in-new-zealand/page-1) |

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| **We maintain a culturally competent workforce** |
| **Responsibility:**  Click here to enter text. |
| **We achieve this by ensuring service delivery staff:** |
| * Attend education/training on Pacific [cultural competency](https://www.leva.co.nz/training-education/engaging-pasifika). * Have access to a cultural advisor, Mātua and Pacific leaders. * Have access to specific Pacific health service provision literature (refer to references). * Have access to [translators and interpreters](http://www.watis.org.nz/info/index.php). * [Promote healthy lifestyles for Pacific peoples](https://bpac.org.nz/bpj/2010/november/promoting.aspx). * Have access to Pacific specific practice supervision. * We pro-actively recruit a Pacific workforce proportional with the numbers of Pacific people residing in the areas we provide services in. |

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| **Pacific specific service provision** |
| **Responsibility**  **Click here to enter text.**  **& staff** |
| Pacific people will have access to:   * Cultural needs assessment. * Service planning and provision in line with [Pacific concepts](https://www.actionpoint.org.nz/pacific_health_models), values and beliefs specific to their country of origin. * Written and spoken information on [Your Rights](https://www.hdc.org.nz/your-rights/your-rights-in-different-languages/) in the Pacific language relevant to them and/or their fono. * Elders, Mātua, religious groups, specific [Pacific community organisations](https://www.healthnavigator.org.nz/healthy-living/p/pasifika-health-providers/). * [Interpreter](https://nzsti.org/About-language-services/10973/). * [Advocacy](https://www.hdc.org.nz/advocacy/) via HDC advocacy services. |
| **Networking** |
| **Responsibility**  **Click here to enter text.** |
| * We attend network meetings led by Pacific communities and services. * We have service agreements with Pacific services including advisors and processes to assess our service in regards to Pacific-centered processes and practices. |

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# Aku motika i te wā e tukuna ana ngā ratonga – My rights during service delivery

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| **Policy** | We provide services and support to people in a way that upholds their rights and complies with legal requirements. |
| **Scope** | Staff are involved in providing services to people engaged with our service. |
| **Performance Indicators** | ‘My rights’ training will be implemented according to our organisation’s training plan.  Any adverse events involving the breach of peoples’ rights will be addressed effectively. |

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| **Staff on-boarding & ongoing** |
| **Within 6 weeks of employment & according to workforce development plans** |
| **Responsibility**  Click here to enter text.  **& Staff** |
| * We socialise policies and procedures related to the rights of people engaged with our services. * Our staff have knowledge on how to implement the ‘code of rights’: [Making it easy to put the Code into action.](https://www.hdc.org.nz/media/2819/making-it-easy-to-put-the-code-into-action.pdf) * Our staff have knowledge on how to enable people engaged with our service to access independent [advocacy.](https://advocacy.org.nz/) |
| **Monitoring implementation** |
| We monitor that the ‘code of rights’ is embedded in practice through:   * Individual and group supervision. * Review of service delivery plans. * Analysis of adverse events, comments and complaints. * Satisfaction surveys completed by people engaged with our service. * Confirming that the person engaged with our service has determined their goals, plan and interventions (mana motuhake). |
| **Process improvement** |
| **Within one week after the need for improvement has been identified** |
| **Responsibility**  Click here to enter text.  **& Staff** |
| * We identify further education and training requirements. * We change our processes. * We implement the solutions put forward by people engaged with our service. |

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| **People engaged with our services are informed of their rights** |
| **Starting at referral, service entry and throughout the time the person is engaged** |
| **Staff and person engaged with our service** |
| * People accessing our service will receive written information that includes ‘[My Rights’](https://www.hdc.org.nz/your-rights/your-rights-in-different-languages/) and ‘[Independent Advocacy](https://advocacy.org.nz/)’. * The information is discussed with the person. We might invite an advocate to do so. * The [audio ‘Health and Disability Commission, Code of Consumer Rights](https://www.hdc.org.nz/your-rights/your-rights-in-different-languages/)’ is made available to the person in their preferred language * The ‘Code’ is made available in [sign language.](https://shop.hdc.org.nz/product/148-your-rights--nz-sign-language-posla3l/) * We provide advocacy information for people with specific needs. * We provide internet access to [HDC](https://www.hdc.org.nz/your-rights/the-code-and-your-rights/) and [advocacy](https://advocacy.org.nz/) websites. |
| **We discuss routinely ‘rights’ information with people during the following processes:** |
| * At service entry. * When a complaint has been made. * When service provision is reviewed. * When interventions and care options are discussed. * During meetings. * When requested. * We ensure throughout those processes that people engaged with our service are aware of their right to [mana motuhake](https://maoridictionary.co.nz/word/3436). |

# E whakautetia ana ahau – I am treated with respect

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| **Policy** | We provide services and support to people in a way that is inclusive and respects their identity and their experiences.  The processes described here include people under a compulsory treatment order. |
| **Scope** | Staff, people engaged with our services. |
| **References** | |
| **Legislation** | [Human Rights Act 1993](http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html)  [Health Practitioners Competence Assurance Act 2003](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html)  [New Zealand Bill of Rights Act 1990](https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html) |
| **Resources** | [A vision for mental health and addiction services (NZ MH&A inquiry)](https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-3-what-we-think/3-6-a-vision-for-mental-health-and-addiction-services/)  [Challenging Stigma and Discrimination](https://www.tepou.co.nz/initiatives/lets-get-real/challenging-discrimination) (Te Pou)  [Changing attitudes and preventing stigma and discrimination (Te Pou)](https://www.tepou.co.nz/stories/changing-attitudes-and-preventing-stigma-and-discrimination)  [Coercion in Mental Healthcare: The Principle of Least Coercive Care. AJ O’Brian.](https://www.researchgate.net/publication/10834182_Coercion_in_Mental_Healthcare_The_Principle_of_Least_Coercive_Care)  [Journeys Towards Equality](http://www.likeminds.org.nz/assets/Uploads/Journeys-toward.pdf)  [Margaret McCartney: Bad language](https://www.bmj.com/content/350/bmj.h2342)  [Ministry of Ethnic Communities - resources](https://www.ethniccommunities.govt.nz/)  [Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.](https://www.ncbi.nlm.nih.gov/books/NBK384914/)  [Real language – real hope](https://www.tepou.co.nz/resources/real-language-real-hope)  [Understanding gender diversity](https://www.healthnavigator.org.nz/health-a-z/g/gender-diversity/) |

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| **Mana motuhake – privacy, dignity and respect informs our interactions and service provision with people engaged in our services** | |
| **Responsibility: all staff** | |
| People will determine and participate in:   * goal setting * intervention and support planning * relapse prevention plan * safety and risk identification and plan * defining supports * preferred activities * advanced directives * collaborative record writing * treatment, intervention and support | People will determine the supports they want to participate in service provision. For example:   * cultural support * peer support * family/whānau * advocate * other service providers |
| * People may choose to sign their records as an indication of having determined and agreed to what has been documented and/or to have their own records. | |

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| **We respect people’s privacy** | | |
| **All staff, visitors and other service providers** | | |
| Our staff apply trauma informed care in line with the person’s privacy needs. | | |
| Privacy is ensured by the following means:   * Single bedrooms. * No sharing of possessions. * Bathrooms/toilets can be locked. * Internet availability (email). * Private space for discussion. * Private space for visitors. * Privacy when using the phone. * Only visitors approved by the person are able to visit. * Staff/visitors/other people will knock on doors before entering it. * Giving service users their mail - [unopened](https://privacy.org.nz/further-resources/knowledge-base/view/377). | Privacy is ensured during the following activities:   * Personal care, such as washing, bathing, showering, toileting and dressing. * Conversations with: person engaged with our service, other service providers, family, whānau, visitors. * Treatments such as medication administration, wound care and any other medical treatments. * Respect for the person’s advanced directives. * Praying, meditating, and exercising. * Any other activity the person identifies. | |
| **We interact and treat people and their whānau with dignity and respect** | | |
| We:   * Address/name the person and members of their family/whānau in their preferred way. * Interact and communicate with the person and their family/whānau in a manner that respects their cultural, ethnic, religious, social and spiritual context. * Adhere to the customs of the person and their family/whānau during home visits. * Refer to [cross-cultural resource](http://www.ecald.com/)s. * Facilitate access to independent interpreters as required. Refer to interpreter procedures. * Show by the language we use that we do not define or limit people by their challenges, labels or diagnoses or by a single aspect of who they are (refer to ‘[Real language real hope](https://www.tepou.co.nz/resources/real-language-real-hope)’). | | |
| **We provide services that are free of** [**discrimination**](https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304467.html) **and** [**coercion**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7032511/) | | |
| We do not tolerate discrimination for any reason including:   * ethnicity * culture * religion * gender * sexual identity or orientation * socio-economic status * disability * beliefs * relationship status * social status   Our demographic information will include a variety of gender options. | | We have measures in place to provide a coercion-free service. For example:   * [Motivational Interviewing](https://motivationalinterviewing.org/) * [Open Dialogue](https://www.dialogicpractice.net/open-dialogue/about-open-dialogue/) * [Waipiro me ngā Tarukino](https://m.facebook.com/events/617008075974666?m_entstream_source=timeline) * **Mana motuhake** * [Strengths based approach](https://positivepsychology.com/strengths-based-interventions/) * [Engaging Peers](https://www.tepou.co.nz/stories/the-role-of-the-peer-workforce) * [Self-determination and choice](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6718300/) |

# E Whakahaumarutia ana ahau i ngā mahi tūkino – I am protected from abuse

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| Policy | We acknowledge our responsibility to identify and respond to suspected and actual abuse and neglect of people engaged with our service. The following principles and requirements apply throughout the processes described in this document:   * The safety of the person engaged with our service is paramount. * We adhere to the requirements of the [Crimes Act](http://www.legislation.govt.nz/act/public/1961/0043/latest/DLM329384.html) and the [Health Practitioners Competence Assurance Act](http://legislation.govt.nz/act/public/2003/0048/latest/DLM203812.html). * Only staff qualified/trained in managing abuse, neglect, care and protection issues will manage the processes. * Any actions taken will not cause more harm than the abuse or neglect nor undermine the rights of the person engaged with our service and/or their whānau/family. * We consider the safety of staff – no staff member will work in isolation. * The actions we take will be supportive and will assist people engaged with our service to make choices. * We respect and consider cultural and other values. * We commit to a collaborative and intersectional approach in order to achieve satisfactory solutions. * Only professional interpreters will be used when assessing or managing neglect and/or abuse issues. |
| Purpose | This document provides guidelines for identifying and responding to abuse and/or neglect. |
| Scope | This document applies to   * Adult people engaged with our services (>18 years of age). * Employees/staff. * Abuse and neglect by family/whānau, staff, other service providers, agencies people engaged with or any other person. |
| Note! | Abuse and neglect in regards to children and young people is addressed in the ‘Vulnerable Children’ policy and procedure. |
| Performance Indicator | Implementation of this policy/procedure through internal audit processes.  Feed-back on the processes by people engaged with our services and any other persons or agencies involved. |
| References | |
| Legislation | [Crimes Amendment Act](http://www.legislation.govt.nz/act/public/2011/0079/latest/whole.html)  [Family Violence Act 2018](http://legislation.govt.nz/act/public/2018/0046/latest/DLM7159322.html)  [Health Act 1956 Section 22(C)(2)(c) and (f)](http://www.legislation.govt.nz/act/public/1956/0065/latest/whole.html#DLM306636)  [HPCA Act](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html) 2003  [Privacy Act 2020](https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html)  [The HDC Code of Health and Disability Services Consumers' Rights Regulation](https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) 1996  [Vulnerable Children Act 2014](http://www.legislation.govt.nz/act/public/2014/0040/57.0/DLM5501618.html) |
| Guidelines | [Establishing a Violence Intervention Programme](http://www.health.govt.nz/our-work/preventative-health-wellness/family-violence/establishing-vip-programme)  [Family Violence Intervention Guideline: Child abuse and intimate partner violence](https://www.health.govt.nz/publication/family-violence-assessment-and-intervention-guideline-child-abuse-and-intimate-partner-violence)  [Family Violence Intervention Guidelines – elder abuse and neglect](http://www.health.govt.nz/publication/family-violence-intervention-guidelines-elder-abuse-and-neglect)  [Family Violence organisations and websites](https://www.health.govt.nz/our-work/preventative-health-wellness/family-violence/family-violence-organisations-and-websites)  MOH link**:** <http://www.moh.govt.nz/familyviolence>  **NZ Police link**: <http://www.police.govt.nz/safety/home.domesticviolence.html>  [NZ Family violence clearing house](https://nzfvc.org.nz/)  [On-line learning](https://nzfvc.org.nz/education-and-training)  Silence, shame and abuse in health care: theoretical development on basis of an intervention project among staff. Wijma, B., Zbikowski, A. & Brüggemann, A.J.  The prevention and management of abuse: guide for services funded by Disability Support Services. MOH. |
| Standards | NZS 8134:2021; Ngā paerewa- Health and Disability Services Standard |
| Policies/  Procedures | Adverse Event Management  Complaints Management |
| Definitions | |
| Abuse | An action or behaviour that results in physical, psychological, spiritual, sexual or material maltreatment of service users. |
| Neglect | An omission or non-action that results in physical, psychological, spiritual, sexual or material maltreatment of service users. |

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| **Types of Abuse and Neglect** | | | | | | |
| Cultural | Discrimination | | | | Institutional | |
| Allowing actively or passively any form of abuse or neglect by considering that such behaviour and actions are part of the person’s culture. | Limiting choices not based on the needs or ability of the person but made with prejudice about ethnicity, race, gender identity, religion, relationship status, disability. | | | | Allowing actively or passively any form of abuse or neglect considering such behaviour and actions as a part of the service/programme/support/  treatment/intervention. | |
| Material/[Financial](https://www.govt.nz/browse/law-crime-and-justice/abuse-harassment-domestic-violence/financial-abuse/) | | | Psychological | | | |
| Improper exploitation or use of funds or other resources which are the property of the person engaged with our service. This includes deprivation of treatment, food or care. | | | Behaviour that causes anguish or fear such as: threats, verbal abuse, isolation, demeaning insults, removal of decision making power. | | | |
| Sexual | | | | | | |
| Abusive and exploitative sexual behaviour and actions. For example: sexual innuendo, uninvited exposure to sexually explicit material, sexual activities including inappropriate touching, rape or sexual assault. Any situation where consent has not been obtained for a sexual activity. | | | | | | |
| Physical | | Spiritual | | Vicarious | | Other |
| Inflicting physical pain, injury or force. For example: restraint/seclusion, hitting, medical neglect, deprivation of food, drink or diet. | | Disrespect for spiritual, religious values and beliefs, for example opportunity to practice rituals. | | Bearing witness to another’s trauma. | | Destruction of treasured possessions, harm to pets etc. |

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| **Our processes for responding to actual or suspected abuse/neglect** | | |
| When | Who | How (process) |
| Immediately. | Staff who observed or suspect abuse/neglect. | Contact your team leader or manager to:   * discuss your observations and/or suspicion * ensure you do not manage this on your own * enlist help * be listened to |
| Immediately. | Click here to enter text.  Staff member in leadership position with other leaders/managers | Assess the immediate risk of the person being or suspected of being abused or neglected: |
| What is happening in the environment around the possible abuse victim? |
| What is happening to the possibly abused/neglected/vulnerable person? |
| How is the person’s wellbeing jeopardized? |
| How can the person maintain safety? |
| Discern what action to take. |
| Complete adverse event records. |
| As soon as the risk assessment is made. | Click here to enter text.  Manager | Notify: |
| The service/clinic who has clinical involvement with the victim. |
| [Contact the Police](http://www.police.govt.nz/advice/family-violence/help) if:   * Immediate danger or harm is identified. * Safety of other people including staff is compromised. |
| [Contact Age Concern if:](https://www.ageconcern.org.nz/Public/Information/Services/EANP/Public/Info/Services/Elder_Abuse_and_Neglect_Prevention.aspx?hkey=4cc6390d-f98a-4bf1-a748-7f6b582fb732)  The victim is over 65 years of age. |
| Once discussion with the services/agencies occurred. | Click here to enter text. /team who delivers services | Follow the instructions given by the agencies notified and/or consulted. |
| As soon as abuse/neglect is observed or suspected. | Click here to enter text./team who delivers services | We support the victim by: |
| Providing or arranging a safe living environment. |
| Not discharging people into an abusive and neglectful environment. |
| Not supporting unsupervised visits by person(s) abusing the victim. |
| Not supporting unsupervised outings/leave with a suspected perpetrator of abuse and/or neglect. |
| At all times. | Staff | * Continue recording facts and observations. * Complete adverse event documentation when abuse and/or neglect is observed or suspected. |

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| **When** | **Who** | **How (process)** |
| Before the suspected abuse and neglect is investigated. | Manager/governance | Report the suspected abuse and neglect to: |
| * the funding agencies |
| * HealthCert (if applicable) ([section 31](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31)) if Police investigates |
| * the appropriate regulatory body (refer to [HPCA Act 2003](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html)) if the person abusing or neglecting is a regulated health professional or social worker |
| * the District Inspector |
| * the victim’s power of attorney (if applicable) |
| **Responding to and managing actual abuse and neglect** | | |
| When | Who | How (process) |
| As soon as the investigation indicates that abuse and neglect occurred. | Click here to enter text.  Manager  Governance | We: |
| Ensure a thorough investigation occurs. |
| Encourage the affected person and/or their whānau/supports/other service provider to submit a complaint. |
| Put measures in place to ensure that the victim of abuse and/or neglect is no longer exposed to the abusive and/or neglectful behaviour/actions. |
| Notify statutory or other agencies according to legislation. |
| Fully cooperate and collaborate with statuary agencies involved. |
| Attend relevant meetings. |
| Contribute to external investigations by providing relevant information. |
| Report to HealthCert if applicable ([section 31](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31)) if the police investigate. |
| If a member of our staff is involved in abuse or neglect, disciplinary processes are implemented. |
| If the staff member involved in abuse or neglect is a health professional our organisation fulfils their obligation to report the person to the regulatory body under the [HPCA Act 2003](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html). |
| Implement and monitor the recommendations and directives identified in the investigation. |

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| When | Who | How (process) |
| As soon as the investigation indicates that abuse and neglect occurred | Click here to enter text.  Leadership team | We implement processes to support the person reporting the neglect/abuse: |
| * + safety planning   + counselling   + support * referral to support agencies * referral to Employee Assistance Program (if staff reported) |
| **Mechanisms to Prevent/Avoid Abuse and Neglect** | | |
| When | Who | How (process) |
| During service entry and throughout service delivery | Staff | We inform the people engaged with our service of: |
| * their [rights](https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) * external [advocacy](https://advocacy.org.nz/) * the [complaints](https://www.hdc.org.nz/making-a-complaint/) process * [supports available](https://mentalhealth.org.nz/groups) * government and community [agencies](https://www.cab.org.nz/) * names and roles of staff |
| Implement: |
| * satisfaction surveys * staff supervision/peer review * code of ethics/code of conduct * our values and mission * evidence based/best practice * person and family/whānau centred practices * legislative requirements |
| Ensure to: |
| * keep boundaries * attend training such as   + cultural competency   + principles of increasing safety   + care and protection issues   + identify abuse and neglect   + respond to abuse and neglect   + comply with statutory obligations |

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| **Managing the person’s finances and property** | |
| **Responsibility**  Click here to enter text.  **& staff** | |
| We: | We never: |
| * Inform the person that our service does not take responsibility for their finances and/or property. * Complete an indemnity statement with the person. * Suggest the use of a [power of attorney](http://www.cab.org.nz/vat/gl/roi/Pages/PowersofAttorney.aspx) to manage the person’s finances and property if the person is not able to. * Provide safe storage for people whilst engaged with our service – however, with an indemnity clause. * Have a code of conduct or ethics that identifies our requirements in regards to boundaries and conflict of interest. | * Have access to the person’s bank accounts. * Have access to the person’s pin-numbers to access money. * Use the person’s credit card. * Use the person’s mobile devices for our own purposes. * Loan money or property from the person. * Exchange or buy property off the person |

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| **Boundaries** | | | |
| We have measures in place to provide an exploitation-free service by adhering to professional boundaries and by acknowledging and appropriately responding to conflicts of interest: | | | |
| Staff responsibilities: | * Your work/professional relationship exists for the purpose of meeting the needs of the person engaged with our service. * It is your responsibility to maintain the boundaries and help people, their families/whānau and co-workers to maintain theirs. | | |
| Continuum of boundaries: | Under-involvement:   * disinterested * neglectful * lacking empathy | Zone of helpfulness  healthy boundaries | Over-involvement:   * violating boundaries * meeting own needs only |
| Behaviours that violate boundaries: | **Relationship** | **Financial involvement/Gifts** | **Information access & exchange** |
| * Favouritism. * Giving private phone numbers/address. * Co-dependence. * Express that only you can give good care. * Socialise. * Friendship. * Sexual relationship. * Affectionate touching. * Taking the person to your home. * Befriending on social media. * Making ‘deals’. * Making threats. | Do not:   * Accept money/gifts. * Use service users’ bank cards or obtain a pin-number. * Give or receive favours. * Borrow/lend or use money or belongings to and from a person engaged with our service. * Buy goods from a person engaged with our service. | * Access the person’s records when not providing care. * Reveal the person’s personal information. * Self-disclosure - talking about your private life/affairs. * Give information to another party who has no right to the information. * Gossiping about the person or their family/whānau. |
| **Dual relationships** | **Activities** | |
| Staff do not provide a service to   * Family members. * Friends. * Neighbours. * Partners. | Staff should never:   * Engage service users in providing a service to them. * Hire service users to perform jobs for them. * Instruct service users who to vote for. * Coerce service users not to lodge a complaint. * Coerce service users to report or not to report adverse events. * Exchange favours. | |

**PROFESSIONAL STANDARDS - Examples**

Do not enter into a business agreement with a health consumer or a former health consumer that may result in personal benefit.

(Page 26 [Boundaries: Nursing Council of New Zealand. 2012](http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses).)

Financial dealings with patients (other than the fees for care provided) are generally unacceptable.

(Page 1 [Boundaries: Medical Council of New Zealand. 2018.](https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Nov-2018Professional-Boundaries-in-the-Doctor-Patient-Relationship-version-posted-on-website-in-Dec-2018.pdf))

Financial transactions between an occupational therapist and a health consumer (other than in a contract for provision of services) may compromise the professional relationship by resulting in monetary, personal or other material benefit, gain or profit to the occupational therapist.

(Page 15 [Boundaries: Occupational Therapy Board of NZ. 2016](https://www.otboard.org.nz/wp-content/uploads/2018/01/Professional-Boundaries-V3.pdf))

Take care to ensure that your own personal, sexual, or financial needs are not influencing interactions between yourself and the client.

(Page 16 [Code of Conduct: Social Workers Registration Board. 2018.](http://swrb.govt.nz/concerns-and-information/code-of-conduct/))

Expectations of professional practice include: respect, accuracy and honesty; openness, maintenance of appropriate boundaries, and avoidance of conflicts of interest.

Psychologists do not exploit any work relationship to further their own personal or business interests.

(Page 30 Code of Ethics: [New Zealand Psychologists Board. 2008.](http://www.psychologistsboard.org.nz/cms_show_download.php?id=235))

students, employers, and employees under their direct supervision.

Conflict-of-interest situations should be avoided if possible because they can lead to distorted judgment and can motivate members to act in ways that meet their own personal, political, financial, or business interests at the expense of the best interests of members of the public.

(Page 8 [Code of Ethics. Addiction Practitioners’ Association Aotearoa-New Zealand.)](http://www.dapaanz.org.nz/vdb/document/20)

# Ka kitea ngā whakawhitiwhitinga whai hua – Effective communication occurs

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| **Policy** | We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. |
| **Purpose** | The processes described seek to enable our staff to [communicate effectively](https://www.health.nsw.gov.au/mentalhealth/psychosocial/strategies/Pages/communicating.aspx) with the people engaged with our services and their whānau.  We provide an environment where this can happen. |
| **Scope** | * The services we provide. * People engaged with our services. * Staff. |

[**Non-verbal communication**](https://www.verywellmind.com/types-of-nonverbal-communication-2795397)

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| **Appropriate language when speaking with someone engaged with our service:** |

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| Focus on the person, not the mental health/addiction issue/condition. | Use language that is easy to understand. |
| Acknowledge the person’s strengths and abilities, not just issues and problems. | Check that you have correctly understood what you have been told. |
| Check that the person has understood what you have said. | Ask, never assume. |
| Remember that your role is to support the person, check what support they want and need, and ask before jumping in and helping. | [Read: Real language, real hope.](https://www.tepou.co.nz/resources/real-language-real-hope)  [Read: Recovery Oriented Language Guide](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf). |
| Actively listen. | Show empathy. |
| Stay focused on the conversation. | Offer factual information. |
| Avoid unclear or misleading messages. | Provide a quiet environment without distraction. |
| Be open and respectful. | Be culturally aware. |
| **Do not:** | |



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| Pretend to know how someone else feels. | Use terms that show pity e.g. that the person suffers from depression. |
| Use inappropriate words that are condescending or stigmatising, like psycho, crazy, non-compliant, lack of insight. | Blame the person for their condition or their circumstances. |
| Use jargon. | Be judgemental or argumentative. |
| Show any form of hostility. | Be sarcastic or make jokes about the person’s condition. |
| Treat the person like they are inferior. | Misrepresent a situation. |

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| **Possible barriers to communication:** |

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| **How our organisation supports effective communication:** |

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| **Information exchange** |
| **Responsibility:** Click here to enter text. |
| We provide information about our services on our or the [*health point*](https://www.healthpoint.co.nz/) website. |
| People accessing our service will be informed about:   * the service we provide * how we provide the service * when we provide the service * the people who provide our service |
| We support people to access the information they need and information they ask for. |
| People engaged with our service determine what they need to know. |
| We update people on changes in service provision and/or staff. |
| We provide people with information about alternative services/organisations. |
| We provide people with information about current best or evidence based interventions and care related to their wellbeing. |
| **Collaboration with other services** |
| **Responsibility:** Click here to enter text. |
| We liaise and communicate with the agencies and services that the person engaged with our service agreed to in the ‘consent to share health information’ statement. |
| We attend inter-sectorial and inter-professional meetings the person engaged with our service invites us to. |
| We take steps to ensure that each service provider has their roles in the person’s wellbeing and health plan clearly identified. |
| We do not talk about the person engaged with our service unless the person is present. |
| [Collaboration for addiction and mental health care: best advice. MH Commission. Canada](https://www.ccsa.ca/collaboration-addiction-and-mental-health-care-best-advice-report). |
| [Collaboration in the mental health and addiction sector. Platform/Te Pou.](https://www.tepou.co.nz/resources/collaborative-capability-collaborative-capability-in-the-mental-health-and-addiction-sector-literature-review) |
| [Interprofessional practice and education in mental health and addiction services.](https://www.tepou.co.nz/initiatives/interprofessional-practice-and-education-in-mental-health-and-addiction-services) Te Pou. |

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| **Interpreter Services** |

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| **Policy** | Family/whānau members are not appropriate to use as interpreters when obtaining information from people for the purpose of assessing and discussing treatments and interventions.  Cultural consideration, the issues/challenges the person presents with and the gender of the interpreter must be considered.  The service will only use approved interpreters as defined in this document. |
| **Purpose** | To provide guidelines and contacts in situations where people and/or their families/whānau require interpreter services. |
| **Scope** | People engaged with our service and their families/whānau if a need for interpreter services has been identified. |

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| **Interpreter or Translator Costs** | Publicly funded interpreter and translator services (free of charge) will be accessed whenever possible.  When a cost will be incurred, prior approval will be sought for this charge to be met by the person or the agency funding our organisation. | |
| **References** | | |
| **Legislation** | Health & Disability Services Code of Consumers’ Rights Regulations 1996  **Mental Health (Compulsory Assessment and Treatment) Act (1992):** [Section 6](http://www.legislation.govt.nz/act/public/1999/0140/latest/DLM48994.html) | |
| **Guidelines**  **and Standards** | * [Cross-Cultural Resource for Health Practitioners](https://www.ecald.com/resources/cross-cultural-resources/cross-cultural-resource/) * NZS 8134:2021 Ngā paerewa - Health and Disability Services Standards * [Interpreters: A user’s guide.](https://www.healthnavigator.org.nz/languages/i/interpreter-services/) | |
| **Definitions** | | |
| **Interpreter** | An interpreteris a trained professional, fluent in at least two languages. The interpreter facilitates communication between parties who do not have a common language or have limitations in communicating. This includes sign language. | |
| **Translator** | A translatoris a trained professional, competent in at least two languages, and adheres to professional ethics. The translator’s role is to work on written texts from a source language into a target language, reproducing accurately both the content and the style of the original text using resources such as dictionaries.  This includes Braille. | |
| **Guidelines for hiring an interpreter** | A competent interpreter must be **bilingual** and **bicultural** and have:   * Good linguistic and communication skills in at least two languages. * Intimate understanding of two cultures. * A good educational background to be able to deal with a great variety of subject matter. * Personal maturity and life experience to deal with sensitive matters. * Familiarity with the subject matter and terminology. * Good listening skills. * Good memory skills. * Skills in achieving participation and communication on both sides.     The interpreter must:   * Ensure the participants understand what is happening. * Explain to staff factors underlying the person’s responses or decisions. * Point out misunderstandings and challenge prejudiced statements or conclusions. * Remind health professionals to use simple language and not to use jargon that may lead to misunderstanding by the interpreter. * Abide by the Interpreters’ Code of Ethics. | |
| **Interpreter Contacts** | Interpreter services | [Waitemata Auckland Translation & Interpreting Service (WATIS)](http://www.watis.org.nz/info/index.php) is a supplier for the provision of the following services   * 24 hours a day 7 days a week on-site and telephone interpreting for all languages, including sign language.   [Healthnavigator – Interpreter Services Contact Information](https://www.healthnavigator.org.nz/languages/i/interpreter-services/)   * Use the specific DHB’s supplier and processes. |
| Sign language interpreter services | [Sign Language Interpreters Association of NZ](http://www.slianz.org.nz/) |
| Braille | [Blind Low Vision NZ](https://blindlowvision.org.nz/information/braille/our-braille-services/) |

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| **We identify the need for interpreter services during the following processes of service delivery:** | | |
| **Responsibility:**  Click here to enter text. | | |
| First contact | Referral process | Screening and assessment |
| Informed consent | Support and intervention planning | Complaints |
| Open disclosure | Review of plan | Discharge/transfer |
| Any other time when the need for an interpreter has been identified | When the person or their whānau/family requests an interpreter | |

# Kua whai mōhio ahau, ā, ka taea e au te mahi whiringa – I am informed and able to make choices

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| **Policy** | We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice and control. |
| **Scope** | * People engaged with our service. * Informed consent is about treatment/interventions and support. Consent to share health information is a different process covered by different legislation. * The processes and principles documented in this policy apply to all ages. |
| **References** | |
| **Legislation** | * [Code of Health and Disability ServicesConsumers’ Rights](https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) * [Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996](https://www.legislation.govt.nz/regulation/public/1996/0078/latest/whole.html) * [Health and Disability Commissioner Act 1994](http://legislation.govt.nz/act/public/1994/0088/latest/DLM333584.html) * [New Zealand Bill of Rights Act 1990](http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html) * [Mental Health (Compulsory Assessment and Treatment) Act 1992](http://www.legislation.govt.nz/act/public/1992/0046/latest/whole.html) * [The Privacy Act 2020](https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html) * [Protection of Personal Property Rights Act 1988](http://www.legislation.govt.nz/act/public/1988/0004/latest/DLM126528.html) |
| **Health Industry Documents** | * [Advanced Directives in Mental Health](https://www.hdc.org.nz/your-rights/about-the-code/advance-directives-enduring-powers-of-attorney/) * [Agreeing to treatment or services: The issue of “consent”](https://communitylaw.org.nz/community-law-manual/chapter-17-disability-rights/health-and-disability-services-your-rights-and-how-to-enforce-them/agreeing-to-treatment-or-services-the-issue-of-consent/) * [Health law: Informed consent – something every single health professional needs to know](https://healthcentral.nz/health-law-informed-consent-something-every-single-health-professional-needs-to-know/) * [Health Rights of children](https://www.occ.org.nz/childrens-rights-and-advice/health-rights/) * Informed consent in the Aotearoa New Zealand Context: |
| **Standards** | NZS 8134:2021 Ngā paerewa - Health and Disability Services Standards |
| **Service Documents** | Service Delivery Pathways |
| **Definition** | Consent may be defined as ‘granting someone permission to do something they would not have the right to do without such permission’.  It implies that relevant information is provided to enable a reasoned decision to be made, and that the information was understood. Without understanding what is involved, no one can make a reasoned decision.  The consent must be voluntary. There should no pressure on the person to give their consent. No undue influence or duress should be present.  (New Zealand Health Council Working Party on Informed Consent, 1989) |

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| **Informed consent: principles and processes** | |
| **Responsibility: Click here to enter text.** | |
| * Sufficient information is provided to facilitate service users & their whānau/family decision about services, and interventions. | |
| * Information is provided in a manner that is understood by the service user and their whānau/family. | |
| * The service user is competent to make an informed decision. | |
| * The decision to give consent is made by the service user without pressure or coercion. | |
| **How we implement informed consent at our services** | |
| **We provide information on:** | * The services we provide – including the limitations of our services. * The purpose of interventions and support * Alternative interventions and support. * Current best practice in the areas we provide treatment/interventions and support. * Effect and side effects of treatments and interventions. * Expected outcome of the services offered and interventions provided. * The person’s right to determine their treatment/interventions and support. |
| **Means of communicating the information.** | * In writing. * Through face to face discussions. * Using the preferred language of the person and their whānau/family via video. * By facilitating internet access. * In a culturally appropriate manner. * By developing a tikanga guideline how to discuss and obtain consent. * In an age appropriate manner. * By using an interpreter. * As specified by the person and their whānau/family. |
| **We ensure that the person’s rights are adhered to if** [**competence**](https://www.hdc.org.nz/news-resources/search-resources/fact-sheets/consent-for-consumers-who-are-not-competent-fact-sheet-1/) **is queried.** | * We assist the person and/or their whānau/ family to initiate legal processes to clarify competence. * We ensure the least restrictive interventions and service setting is provided. * We ensure decisions made are in the person’s best interest. * We acknowledge that competence is not necessarily all-encompassing. * We determine that the person has understood the information. |
| **We provide additional support by** | * Including advocates in the consent processes. * Including peer supports in the consent processes. * Seeking advanced directives. * Responding to the person’s right of refusing treatment and withdrawing consent. * Determining that the service user has made the decision voluntarily. * Acknowledging that consent is an on-going process. * [Youth Law](https://www.youthlaw.co.nz/) * [Age concern](https://www.ageconcern.org.nz/) |

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| **Situations where consent is not required** | | |
| **Exemption** | **Situation** | **Outcome** |
| Medical emergency | * The person is unable to provide consent (for example, unconscious). * Action is required to preserve health. * Saving of life during serious injury or illness. | Advanced directives are followed.  The required treatment was applied. |
| Lack of competence | * The person lacks the capacity to make rational decisions. | [Follow the legal processes.](https://www.hdc.org.nz/news-resources/search-resources/fact-sheets/consent-for-consumers-who-are-not-competent-fact-sheet-1/) (HDC).  or  [Court ordered treatment.](https://www.justice.govt.nz/family/court-ordered-treatment/) |
| Therapeutic privilege | * Specific information can be withheld if providing the information might cause harm to the person.   Articles: <https://journals.sagepub.com/doi/full/10.1177/1473779517709452>  <https://jme.bmj.com/content/47/1/47>  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2673833/> | Evidence needs to be provided that such a process is justified. |
| Waiver | A situation where the person specifically waives the right to information or decision making. | Clear documentation is required. |
| **Additional informed consent information** | | |
| [**Diminished competence**](http://www.legislation.govt.nz/regulation/public/1996/0078/latest/DLM209085.html?search=sw_096be8ed8059dcbe_diminished+competence_25_se&p=1&sr=0) | When a person has diminished competence, that person retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence. (‘Consumer Right’ 7(3)). | |
| Children under 16 years ***that are not able*** to provide informed consent | [Consent to treatment/interventions](https://www.occ.org.nz/childrens-rights-and-advice/health-rights/) can only be given by the person legally entitled to consent on a child's behalf. | |
| Entitlement to information | Just because a section of law excludes someone from giving informed consent, the person is still entitled to information about treatment/interventions/support. Do not assume that the person is unable to understand the purpose of the services/interventions provided and its benefits or risks. | |

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| **Written Consent Required** | | |
| **Responsibility**  Click here to enter text. | | |
| **Situation** | **Process** | |
| Routine | * At service entry. * When referring to other services. * At reviews – minimum three-monthly. * For treatment/interventions. * For support. | |
| Emergency Situations | * Invasive treatment necessary to keep person alive. | |
| Experimental Procedures | * [Any drug or treatment trials.](https://neac.health.govt.nz/national-ethical-standards/part-two/7-informed-consent/) * [Unapproved medicines](https://www.medsafe.govt.nz/profs/riss/unapp.asp). | |
| Considerable Risk of Adverse Treatment Effects | * Any treatments with possible severe side effects. For example:   + Electro convulsive therapy.   + [Clozapine](https://www.medsafe.govt.nz/safety/Alerts/ClozapineDatasheetUpdates.asp)   + [Opioid substitution treatment](https://www.health.govt.nz/publication/new-zealand-practice-guidelines-opioid-substitution-treatment-2014) | |
| [**Mental Health Act**](http://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html)  [**Substance Addiction (Compulsory Assessment and Treatment) Act**](https://www.legislation.govt.nz/act/public/2017/0004/23.0/DLM6609057.html) | Specific treatments -example:   * Brain surgery. * Electro convulsive therapy. * Specified medication. | Note:  **Compulsory** treatment only relates to the mental health and addiction related treatments.  Not any other health/medical treatments. |
| [**Advance Directives**](https://www.hdc.org.nz/your-rights/about-the-code/advance-directives-enduring-powers-of-attorney/) | * [Appointment of power of attorney](https://www.justice.govt.nz/family/powers-to-make-decisions/the-court-and-enduring-power-of-attorney-epa/). * Preferred treatments. * Preferred treatment setting. * [HDC advance directive guide](https://www.hdc.org.nz/your-rights/about-the-code/advance-directives-enduring-powers-of-attorney/). * [Advance directive brochure for service users.](https://www.healthnavigator.org.nz/health-a-z/a/advance-care-planning/) | |
| [**Teaching/Research**](https://www.otago.ac.nz/administration/academiccommittees/otago015522.html) | * [Ethical approval](https://ethics.health.govt.nz/). * Publications. * People’s participation or identifiable case presentation in training/forum/workshops. * [Māori health research guidelines](https://www.hrc.govt.nz/resources/guidelines-researchers-health-research-involving-maori). * [Pacific health research guidelines](https://www.hrc.govt.nz/resources/pacific-health-research-guidelines-2014). | |
| Taking an image or voice | * For supervision. * Television programme. * Posters. * Newspaper or magazine. * Articles. * Brochures. * Websites. * Social media. | |

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| **Our routine consent to intervention and support documentation process** |
| **Responsibility**  **Person engaged with our service**  **Staff and others who participate in the delivery of services** |
| People engaged with our service can choose how they document what services they need and want:   * Write their own plan involving others of their choice and those health workers who have a mandate to be involved. All participants sign the wellness plan and their roles in it to confirm consent for the support and interventions has been given. * Clinician responsible and other health and social workers with the person engaged with our service and their whanau/family negotiate a wellness plan. The person engaged with our service signs the plan indicating consent to it. |

# Nōku te mana ki te tuku amuamu – I have the right to complain

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| **Policy** | We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. |
| **Purpose** | Our service will ensure that the right of the service user to make a complaint is understood, respected and upheld. |
| **Scope** | Our employees, people engaged with our services and their families/whānau. |
| **Policy** | All complaints will be managed in a systematic way as outlined in this document.  Complaints that require notification to HealthCert will be processed using the approved [template](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31). |
| **Performance Indicators** | * Complaint process time frames are adhered to. * Service improvement measures are implemented. |
| **References** | |
| **Legislation** | [Code of Health and Disabilities Services Consumer’s Rights 1996](https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/). |
| **Standards**  **Guidelines** | NZS 8134: 2021 Ngā paerewa - Health and Disability Services Standards  [HDC: complaints processes](https://www.hdc.org.nz/making-a-complaint/).  [Self-audit: HDC complaints management guide](https://www.hdc.org.nz/media/2803/complaints-management-guide-for-disability-service-managers.pdf).  [Information about lodging a complaint and getting support](https://mentalhealth.org.nz/faqs). |
| **Service**  **Documents** | Adverse Events  Mandatory and Statutory Reporting. |
| **Definitions** | |
| **Complaint** | A complaint is   * Any expression of dissatisfaction about services provided. * Dissatisfaction or unacceptable conduct of a staff member/student placement/ contractor/Board member of the service. |
| **Comment** | A comment/feed-back is an observation, remark or expression of opinion about aspects of services that could be improved. All comments will also be considered as an opportunity to improve the services we provide.   |  | | --- | | A comment is not a complaint | |
| **Complaint**  **sources** | * Directly from a person engaged with our services and/or their family/whānau. * By the Health and Disability Commissioner’s office. * By the Privacy Commissioner’s office. * By a member of parliament. * By Advocates. * By a service provider. * By a member of the public. * By the District Inspector. |
| **Anonymous Complaints** | Complainants have the right to be anonymous. Investigation will occur within the limitations caused by the anonymity. |

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| **Complaint received** | | |
| **Responsibility: Any staff member can receive a complaint** | | |
| **Verbal complaint** | | **Written complaint** |
| For example via:   * Kanohi ki te kanohi, zoom, skype, phone. | | For example via:   * Email, fax, letter, note. |
| **Within one working day of receiving the complaint** | | |
| * Staff will offer to document the complaint. * Check with the complainant that it is accurate and   process it to the Click here to enter text. | | The complaint is forwarded to Click here to enter text. |
| **Complaint management** | | |
| **Notifications** | | |
| **Responsibility : Click here to enter text.** | | |
| **Within 24 hours** | | |
| We notify relevant agencies for complaints that:   * Involve a serious injury. * Have the potential to be of interest to the media. * Are of a sensitive nature. * Involve serious misconduct. | We report – as relevant, to:   * The chairperson of our Board. * [WORKSAFE NZ](http://www.business.govt.nz/worksafe/) * agencies funding our service DHB/ACC/MSD/ * [Health and Disability Commissioner](http://www.hdc.org.nz/) * [Privacy Commissioner](https://www.privacy.org.nz/about-us/contact/) * [HealthCert](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31)   Regulatory Bodies (examples):   * [Nursing Council of NZ](http://www.nursingcouncil.org.nz/) * [Medical Council NZ](https://www.mcnz.org.nz/) * [Occupational Therapy Board NZ](https://www.otboard.org.nz/) | |
| **Responsibility for managing the complaint: Click here to enter text.** | | |
| **Within 5 working days** | | |
| * Contact the person who complained to formally acknowledge the complaint. * Explain our complaints process. * Inform the person that they have the right to engage an independent advocate. * Offer a face to face meeting. * Implement a specific tikanga complaints process for Māori. * Ensure the complaints process respects cultural protocols. * Acknowledge the complaint in writing.   + Include the [advocacy services brochure](https://advocacy.org.nz/consumer-resources/).   + Include the HDC complaint brochure in [Māori and English](https://shop.hdc.org.nz/product/149-your-rights-and-how-to-make-a-complaint-bklet--trm/). * Some complaints will be reported to relevant people and agencies. For example:   + Board chairperson.   + Funding agency.   + District Inspector.   + Responsible clinician. | | |
| **Initial face to face meeting** | | |
| * Discuss with the complainant who they wish to participate in the meeting. For example:   + Independent advocate.   + Kaumatua, kuia, matua, community leader.   + Peer support.   + Whānau/family. * Negotiate a date, time and venue for the meeting. For example:   + At a marae.   + At our offices.   + At a community space.   + At the complainant’s office. | | |
| **Complaint resolved** | | |
| If the complaint is resolved during the discussion or the meeting:   * We practice open disclosure. * A summary of the discussion/meeting and the outcome is sent to the complainant. * The summary includes the process of appealing the outcome of the complaint. * The summary includes the process of open disclosure. * We provide the complainant with information on how to lodge a complaint with HDC. | | |
| **Complaint not resolved: Allocate an investigator** | | |
| **Responsibility** Click here to enter text. | | |
| * The investigator cannot be a person who has been complained about. * The investigator has no conflict of interest. | | |
| **Investigation** | | |
| **Responsibility** Click here to enter text. | | |
| * Ascertain facts. * Analyse all written evidence. * Interview people involved. * Interview people who may have observed something related to the complaint. * Assess and refer to best practice guidelines. * Enlist a specialist if required. * Enlist a cultural advisor if required. | The complainant does not want the investigation to continue:   * No further involvement of the person in the investigation.   If the following conditions apply continue with the investigation using the ‘Adverse Event’ and/or ‘Disciplinary’ processes:   * An injury occurred. * Misconduct of staff. * Staff action outside scope of practice. * High risk to people/whānau, staff member or the service. * Non-compliance with legislation. | |
| Throughout the complaints process:   * Implement the open disclosure * Ensure the complainant has support available. * Ensure staff has support available. |

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| **Investigation completed** | |
| **Responsibility** Click here to enter text. | |
| **Within 10 days of the complaint being acknowledged** | |
| * We invite the complainant for a meeting to discuss the result of the investigation. * We discuss the preferred meeting setting with the complainant. * We encourage the complainant to bring supports of their choice to the meeting, for example:   + Independent advocate.   + Kaumatua, kuia, matua, community leader.   + Peer support.   + Whānau/family. * A letter with the result of the investigation is sent/given to the complainant. * Includes information on appeal processes. | |
| Final letter to the complainant includes open disclosure requirements:  APOLOGY – INFORM WHAT HAPPENED – INFORM WHAT MEASURES HAVE BEEN PUT IN PLACE TO MAKE CHANGES OR IMPROVEMENTS | |
| **Investigation time needs extension** | |
| * We update the complainant every 10 days on the progress with the investigation. | |
| **Complainant not satisfied with complaints process and/or outcome** | |
| **Appeal process** | |
| **Responsibility** Click here to enter text. | |
| **Within 7 days of the appeal** | |
| * Seek information from the person who investigated the complaint. * Read the complaint related documentation.   Contact the complainant:   * Ascertain what the complainant is unhappy about. * Offer to meet with the complainant. * Encourage the complainant to bring supports to the meeting. For example:   + [advocate](https://advocacy.org.nz/making-a-complaint-to-the-advocacy-service/)   + supports   + interpreter   + cultural support   + peer support   + whānau | * Discern: * Soundness of investigation. * Need for re-investigating. * Any other steps to be taken. * Decision for next action is made. |

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| **Close the complaint** | | | **Re-investigate** | | |
| * Inform the complainant of the decision. * Write a letter to the complainant explaining the decision making processes. * Include in the letter that the complaint can be further investigated by: * The [Health and Disability Commissioner](https://www.hdc.org.nz/making-a-complaint/make-a-complaint-to-hdc/) * The [Privacy Commissioner](http://privacy.org.nz/your-privacy/how-to-complain/). * [The Human Rights Commissioner](https://www.hrc.co.nz/enquiries-and-complaints/how-make-complaint/). | | | * Follow the investigation process again. * If the complainant is still not satisfied with the outcome suggest that the person complains directly to:   + The [Health and Disability Commissioner](https://www.hdc.org.nz/making-a-complaint/make-a-complaint-to-hdc/)   + The [Privacy Commissioner](http://privacy.org.nz/your-privacy/how-to-complain/).   + [The Human Rights Commissioner](https://www.hrc.co.nz/enquiries-and-complaints/how-make-complaint/).   or any other entity. For example:   * [District Inspector](https://www.health.govt.nz/our-work/mental-health-and-addiction/mental-health-legislation/mental-health-compulsory-assessment-and-treatment-act-1992/mental-health-district-inspectors) | | |
| All documentation relating to the complaint will be filed in a complaints folder either electronically or a paper folder.  The person’s (engaged with our service) record can **refer** to the complaint and where the complaint documentation is held.  THE COMPLAINT DOCUMENTATION IS NOT HELD IN THE PERSON’S HEALTH RECORD/FILE! | | | | | |
| Only the Click here to enter text. talks to the media about complaints lodged at our service. | | | | | |
| **Complaints information provided to people engaged with our service & their families/whānau** | | | | | |
| Responsibility: Click here to enter text. | | | | | |
| We provide   * Written and verbal information on the complaints processes. * [Videos](https://www.hdc.org.nz/news-resources/search-resources/disability/the-code-and-making-a-complaint-hdc-and-people-first-video/), [brochures](https://shop.hdc.org.nz/product/149-your-rights-and-how-to-make-a-complaint-bklet--trm/), [different languages.](https://shop.hdc.org.nz/browse/12/) | | | | | |
| At service entry. | On display. | When a complaint is considered. | | When a complaint is made. | When a request is made. |

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| **Service Improvement processes** |
| **Responsibility** Click here to enter text. |
| **Within 3 months of the completed investigation** |
| * Identify areas of service improvement. * Develop and implement a service improvement plan. * Assess the effectiveness of improvement measures taken. |
| **Yearly** |
| * Collate complaints data and trends. * Check that service improvement requests are implemented. * Analyse the effects of service improvement measures. |
| **Communication and service improvement involvement** |
| **Responsibility:** Click here to enter text. |
| **3-monthly to 6-monthly** |
| * Consult with and discuss service improvement measures in response to complaints:   + At staff meetings.   + At meetings arranged and led by people engaged with our service.   + At meetings arranged and led by whānau of people engaged with our service.   + At leadership meetings. * Reports provided at governance/Board meetings include: * Complaints lodged. * Complaints resolved. * Status of investigations. * Results of investigations. * Trends and analysis. |

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# Appendix

# Open disclosure

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| **Policy** | Our open disclosure process will include Māori-centred processes and settings in which open disclosure occurs.  We develop with mana whenua specific tikanga guidelines for open disclosure. |
| **Purpose** | The processes direct staff how to communicate with people engaged in our service about adverse events, complaints and errors made during service delivery. |
| **Scope** | Staff and people engaged with our service.  (*Communication with people and/or support persons will need to reflect the fact that services are provided by multi-disciplinary teams*.) |
| **References** | |
| **Guidelines** | [HDC Guidance on open disclosure](https://www.hdc.org.nz/news-resources/search-resources/leaflets/guidance-on-open-disclosure-policies/)  [e-Training](http://learnonline.health.nz/course/view.php?id=100) |
| **Service Documents** | Adverse Events  Complaints Management |
| **Definition** | A timely and transparent approach communicating with, and supporting people engaged in health and disability services – and their families - when things go wrong. This includes factual explanations of what happened, an apology, and actions that deal with the actual and potential consequences.  An important aspect of open disclosure is explaining to people how the incident/event has been reviewed and what systems will be put in place to ensure that similar incidents will not happen again. |

**Processes**

**A mistake has been made**

**An adverse event occurred**

**As soon as mistake/harm is identified**

**Responsibility:** Click here to enter text.

* Acknowledge to the person and family/whānau/supports what has happened.

**Provide information about**

* The facts surrounding the mistake.
* The consequences of the mistake.
* openly
* honestly
* timely

**Provide:**

* Support the person in a compassionate manner and appropriate to their needs.

**Possible inclusion:**

* family/whānau
* cultural support
* independent advocate
* peer support

**Apology**

The person and/or identified supports must receive an honest and genuine apology for any harm that has resulted from a mistake or error as soon as possible after the event.

**Communicate showing:**

* empathy
* respect
* consideration

**Investigation – follow adverse event/incident processes**

We fully inform the person of:

* The outcome of any investigation undertaken.
* Any changes instituted as a result of that investigation.

**Confidentiality**

**Ongoing service delivery**

We keep open disclosure processes confidential to ensure that privacy is maintained for all parties involved.

We discuss with the person and/or supports:

* Ongoing services provided.
* Specific needs the person has as a result of the mistake/adverse event.
* Alternative service providers.