

Review of the New Zealand Health and Disability Sector

Submission from Aotearoa New Zealand Association of Social Workers



Aotearoa New Zealand
Association of Social Workers

May 2019

Aotearoa New Zealand Association of Social Workers

Aotearoa New Zealand Association of Social Workers (ANZASW) is the professional body for a national collective of more than 3,300 social workers, who have day-to-day involvement with the most vulnerable people in our society. Our work is guided by a Code of Ethics that is aligned with the International Federation of Social Workers (IFSW) Statement of Ethical Principles.

Our members are employed in a wide variety of organisations across the social services sector including health, education, welfare, justice and social advocacy.

Members work across government and non-government settings including community organisations, iwi agencies, youth justice, child protection, mental health, addictions, disability and private practice. We are involved in research, training, education, professional development, competency assessment, data gathering, risk assessment, structural analysis, interagency protocols and the improvement of social policy.

ANZASW members are responding to the consequences of poverty on an almost daily basis.

The international definition of social work mandates the profession to engage in advocacy for social justice and human rights:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.”

Social work is founded on principles of human rights and social justice and, in Aotearoa New Zealand, is guided by the Treaty of Waitangi and respects the equality, worth and dignity of all people. In accordance with the March 2012 IFSW Global Agenda¹ “we commit ourselves to supporting influencing and enabling structures and systems that positively address the root causes of oppression and inequality.

“We commit ourselves wholeheartedly and urgently to work together with people who use services and with others who share our objectives and aspirations, to create a more socially-just and fair world. We believe the overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice.”

Our mission is to enable people to develop their full potential; our skillset is problem solving and facilitation of positive change in individuals, organisations, whānau and communities.

¹ International Federation of Social Workers, International Association of Schools of Social Work and International Council on Social Welfare (2012). ‘The Global Agenda for Social Work and Social Development Commitment to Action’. Available at isw.sagepub.com (accessed 13 June 2012)

We recognise people in our society can be both agents of change and victims of factors beyond their control. As a profession, we strive to alleviate poverty, foster social inclusion and liberate those who are vulnerable or oppressed. Our interventions involve the development of coping strategies, one-on-one counselling and therapy, family and group work, agency administration, community organisation, social action and social change and helping people to access services, resources and support systems within their community.

Social workers respond to crises and emergencies along with the personal or social problems that arise from experience of barriers, inequities and injustices within our society. We are also involved in statutory intervention when vulnerable children and adults are at risk of harm.

The content of the submission has been constructed from member feedback on the questions the Review was canvassing.

REVIEW OF THE NEW ZEALAND HEALTH AND DISABILITY SECTOR

1. What are the most important values for our future public health and disability system?

Members of ANZASW overwhelmingly supported health and disability services that:

- Are respectful of the people using services
- Are service user centred with the client's goals at the forefront
- Ensures equity of access
- Are culturally appropriate
- Have well trained and competent staff
- Recognises that inequality and poverty is a primary contributor to poor health outcomes

2. Think about how the best health and disability system for New Zealand might look in 2030. How would that be different from the system we use today?

The system would have more flexibility and would be better able to support people in their own homes or/and communities. This would require significant change and increased flexibility in the methods used to assess and allocate resources. Support workers will need to be trained to provide a higher level of care to work within the boundaries required for safe practice but with the ability to support people in a manner that enables them to live the best quality of life possible in their own surroundings. Should people need residential care due to high nursing care needs or indeed if they choose residential care, they require options that provide the care required in a less institutionalised way.

Customer Service:

When I call for mental health support in 2030, I hope that the person that answers the phone understands the system and who the right people are to help. I hope that they don't care so much about which branch I have called but care about the person I have called about. I hope that they are the expert on their system in order to direct my enquiry. I hope that they don't say, "that's not us, that's the Police" but instead might offer support first and liaise with the other parties that need to be involved themselves.

Client Focussed:

I hope that mental health services are adequately staffed so that they can do the necessary work and get back to me in time, just like they promised. I hope they do some meaningful work with my client and then follow up to check if my client and I are happy with the outcome and if any positive change has happened.

Health, Social Service, Education and other providers will focus on sustaining wellbeing, easy access and early intervention for maintaining good physical and mental health.

Primary health providers and the General Practitioner represent the 'front door' to health and wellbeing services. There would be no exclusion criteria and having a customer service approach of "How can we help" is a useful and empowering approach which brings in a wide range of presentations with the person being seen early and / or linked with the most appropriate service.

There is a lot of good in our current Health System, however, we are lagging behind grossly, in the area of dementia. We will ideally be prepared in 2030, to support those affected with Dementia in every sense including socially, spiritually and emotionally (not only physically). Support for the primary carer and wider family is also becoming much needed. There is little funded support, especially in the NGO sector and those that are, are struggling to provide services, because of

funding-or lack of.

Telemedicine and Digital Technology:

Access to and creative use of telemedicine for enabling improved access to support over long distances and could also be used in other instances where social issues – eg when childcare, disability or age are barriers to accessing ongoing health care.

Other uses of digital technology would include:

- Services are accessed through technology, including attending appointments via video conferencing.
- Users have full access to and ownership of their own records.
- Health records / data is stored in one database.
- Providers have access to health / disability data recorded by other providers.
- It is clearly recognised that data belongs to the service user and not to the person recording it.
- When avatars are utilised as an integral part of service delivery the algorithms used are not biased to the norm.

3.What changes could make our health and disability system fairer and more equal for everyone?

Acknowledgment that different populations need different approaches to be effective rather than a one system for all approach.

Facilitating and funding a wide range of services in primary health care and community settings would enable people to access services earlier which in the long term reduces the overall cost of health care provision.

ACC clients continue to get a much better deal from the health system from state funded services, transport costs (non-existent for MOH clients) for jobs and rehabilitation services. This is so unfair for those who have a lifelong disability or develop a disability during adulthood (MS). The differences are always evident and MOH client are expected to be okay about the difference in treatment. There needs to be a better system to allow a levy to be charged across the board to give all people the same access to services, equipment and transport costs.

4.What changes could most improve health for Māori?

Funding for Māori health providers and clinics needs to be in proportion to the numbers of Māori in the community alongside training more Māori health professionals in order to reduce the continued effects colonisation.

Meaningful recognition of a Te Ao Māori view with regard to health and wellbeing. Recognise and support traditional methods of wellness and well-being e.g. the use of Te Whare Tapa Whā, Te Whēke or Te Pae Māhutonga.

Measuring Māori wellbeing:

“At one level Māori seek the same outcomes as all other New Zealanders - access to adequate food, good housing, educational attainment and adequate health care, preservation of the natural environment, and connection to community and culture. However, on another more significant level, Māori wellbeing is not the same as that for non-Māori. Māori wellbeing is based on our status as tangata whenua – in order to succeed we must succeed as Māori².”

Programmes such as Whānau Ora, Manaaki Tangata programme led by Te Puea Memorial Marae in Auckland and the Rotorua Family Harm project, led by NZ Police in partnership with local Māori and community leaders provide exemplars of services improving well being for Māori.

Lloyd goes on to state, *“So the roadmap – and the pathways – exist to improve Māori wellbeing, but getting there will require systemic change. Every system is perfectly designed to get the results it gets – this is true for the justice system, the health system, the education system and so on. If Māori wellbeing remains low it is because those systems, and those people in positions of power over them, have not made the changes required for positive results³”.*

5.What changes could most improve health for Pacific peoples?

Pasifika people need to be supported by family with traditional methods, supported by European medicine in a culturally acceptable way. This includes increasing the opportunities for Pacific Island people to be fully represented in decision making about their health care needs. Services would be delivered by providers who have an understanding and connection with Pasifika communities.

It would be appropriate to identify appropriate success measures for the Pasifika community as neither mainstream nor Māori measures will adequately capture Pasifika success in a culturally appropriate manner.

6.What changes could make sure that disabled people have equal opportunities to achieve their goals and the life they want?

People who have disability have the right to live in a world where they are accepted as equal and provided with the same opportunities as their peers to be able to achieve in life. They require opportunities for education, and suitable support to be able to participate fully in school settings. They require choice in how assessment of their support needs are undertaken and how any support they require is delivered. They need to have adequate resourcing to provide them with suitable housing, and to have their equipment and care support needs. Equity in funding to meet higher costs in all areas of their lives. To enable people to make choices, they need to be honestly and fully informed about services, supports, funding vocational opportunities support for health and wellbeing.

Mindset changes could include adopting the Enabling Good Lives Principles and vision as this takes a whole of life approach, not splintered into artificial age bands which is often very disjointed and unhelpful for disabled people. Social Workers would be required to be at the fore front of the changing of mindset in the wider community. Social workers would be facilitating change so that

² Deloitte: State of the State New Zealand 2018 Article 9 He Oranga mo Aotearoa: Māori Wellbeing for All Tamapara Lloyd P 2

³ Ibid P 6

disabled people would have more varied opportunities to participate in the wider community. Another way to change mindsets would be to have people with lived experience working at Ministry of Health who understand practice the Social Model of Disability (not medical model) consistently.

Health and disability systems must allow people with disabilities to make the decisions for themselves and supporting them to do rather than setting them up to fail. This is central to acknowledging they are the experts in their own lives. This sits alongside creating opportunities for service users to have control of their lives, determine who provides services to them, how these services are delivered.

7. What existing or previous actions have worked well in New Zealand or overseas? Why did they work, and how might they make things even better in the future?

ACC works well for the victims of accidents, but there is an issue with inequity for people with disabilities acquired through illness.

Provision of quality state housing has for years ensured that people have a roof over their heads and a sympathetic landlord. The run down of both the number of state houses and the quality has had a lasting impact on poor health outcomes. An extension of this to a state run rent to buy would be an excellent long-term investment. It is well known that inadequate cold damp housing has detrimental effects on health and wellbeing.

Dementia care:

Dementia Villages in the Netherland at face value appear to be providing a constructive option of dementia care. Overnight facilities in the Unites States enable people to remain living at home for longer.

8. What are the most important changes that would make the biggest difference to New Zealanders?

Reducing inequality and the associated poverty would have the greatest impact on social determinates of health.

The living wage rate must become the minimum wage and benefit rates must be indexed to the annual average wage rather than forcing individuals and families in extreme poverty and potentially in debt to the state. Changes to the benefit system announced in the 2019 Budget will make a difference from April 2020.

Costs of safe and quality childcare and after school care often means that the gains made from working are significantly reduced. In cases where working 2 – 3 jobs to meet the essential costs of living, childcare and after school choices may be poor thus leaving children & young people at risk. While the budget announcement of increased subsidies for childcare, costs will remain a barrier for those on low incomes. After school care cost will remain an issue.

New Zealand has an ageing population. It's important that the relevance of older people being given the opportunity to remain in the workforce is supported as this provides the opportunity for continued learning and socialisation, exercise and movement and a lot of other benefits apart from the additional dollars.

An integrative health care system that includes medical, allied health, complementary and alternative care options would provide people using health and disability services greater choice. Also, medical personnel would be more aware of the complementary and alternative therapies people were using which potentially enhanced outcomes.

9. Is there anything else you wish to add?

The context of people's lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:

The determinants of health include:

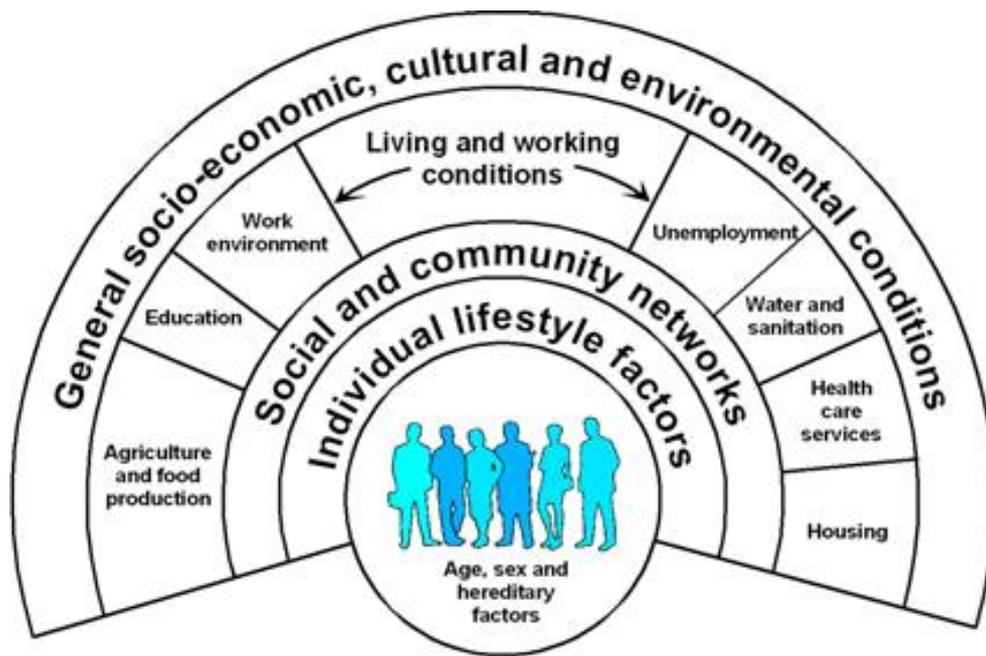
- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviours.

- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- **Social support networks** – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages.⁴

In the New Zealand context, the level of inequity experienced by Māori and Pasifika would suggest that being indigenous or Pasifika is an additional factor when considering social determinants of health.

ANZASW argues that the wellbeing of all New Zealanders would be enhanced by addressing inequity which in itself would have a positive impact on health and disability services.

⁴ WHO <http://www.who.int/hia/evidence/doh/en/> accessed 1 June 2018



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⁵ WHO http://www.who.int/social_determinants/final_report/media/csdh_report_wrs_en.pdf accessed 1 June 2018