

**PROMOTING RIGHTS AND  
RESOLVING CONCERNS.**

**WE ARE HERE TO HELP.**



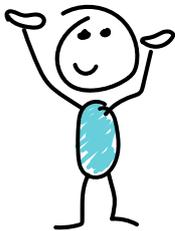
# ANNUAL REPORT



**2020 - 2021**



**A**CTIVELY ENGAGING  
WITH CONSUMERS



**D**EDICATED TO ACHIEVING  
REALISTIC OUTCOMES

**V**ALIDATING CONCERNS

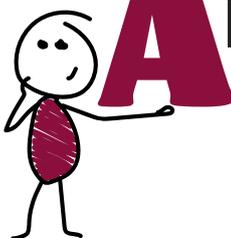


**O**PTIMISING POTENTIAL  
FOR RESOLUTION

**C**HAMPIONING  
RIGHTS



**A**DVISING ON OPTIONS



**C**ONNECTED TO COMMUNITIES

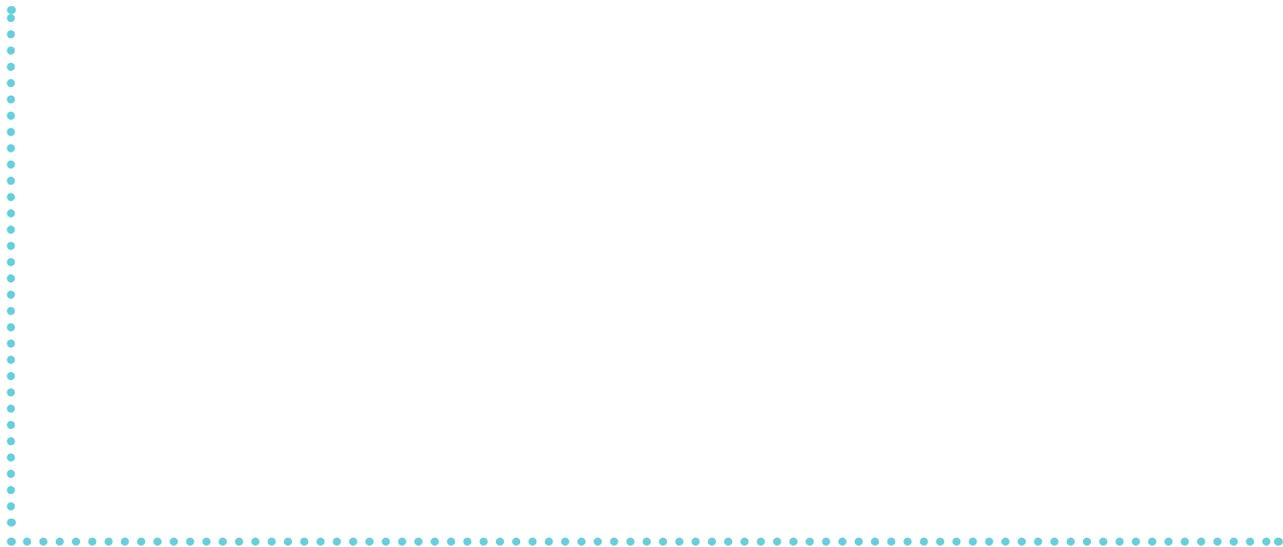


**Y**EARS OF EXPERIENCE AND  
SKILL RESOLVING CONCERNS



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## CHAIR'S REPORT

A timeline of COVID 19 restrictions over the 2020-2021 financial year demonstrates clearly the new regime in which we all now live and work. Our advocates have adjusted extremely well to their new work environment and continued to deliver an outstanding advocacy service across their communities, regardless of local lockdown levels. Evidence of this is seen in consumer survey results for this financial year that show greater than 90% satisfaction in the complaints resolution process and 89% satisfaction in the education sessions.

New ways of working developed during this time have become the norm in many places. We have ensured our system operates to enable our advocates to work from home with no interruption for consumers. We now manage the Health and Disability Commissioner's office 0800 number as well as our own in order to provide a rapid response for all consumers who contact the service, a response that also puts the advocacy service first. We have extended the use of our website as a tool for widening our reach. And we have invested in building the competence of our advocates and our organisation.

The Health and Disability Consumer Rights environment has also seen much change this year with a new Commissioner (Morag McDowell) and a new Director of Advocacy (Tayyaba Khan), both of whom have been most proactive in their intent to build a collaborative working relationship with the National Advocacy Trust.

The wider political environment is also undergoing substantial restructuring to ensure greater equity of access and better health outcomes across the country particularly for Māori and Pacific communities.

The challenge for the National Advocacy Trust is to adapt to all these new changes and in particular to increase our visibility across the sector as the recognised voice for consumer advocacy. In this regard we have developed a new strategy 'Turn up the Volume' that will be tracked regularly to ensure we are expanding our reach, building up the evidence around advocacy as a tool for empowerment and becoming more proactive as a service. We need to ensure that health and disability consumer rights as outlined in the Code remain at the forefront of the new health system.

The National Advocacy Trust has provided a free and independent service for all consumers of health and disability services in Aotearoa for more than two decades. Our intent is to continue to extend our service into Māori, Pacifica and Asian communities as well as for consumers of Mental Health and Disability Services.

**Nāu te rourou, nāku te rourou, ka ora ai te iwi.  
With your basket and my basket, the people  
will flourish.**

**Randal Southee - Chair  
National Advocacy Trust**



The National Advocacy Trust is proud to be the employer of the wonderful team of people who provide the Nationwide Health and Disability Advocacy Service from twenty two offices located between Kaitaia and Invercargill.



## INTRODUCTION

This year in addition to finding new ways of working with consumers and providers due to Alert level changes across the motu, we have had to adapt the way in which we provide training for our team. National zoom training meetings have been a highlight for staff, providing opportunities to meet and share experiences with colleagues from one end of the country to the other. The team were delighted to have the opportunity to meet and hear from the new Health and Disability Commissioner Morag McDowell at the national zoom meeting in November.

For the second year in a row, in December 2020, Research NZ conducted an Omnibus Survey to determine the level of knowledge the General Public have about the Nationwide Health and Disability Advocacy Service. The research was conducted through an on-line survey and a total of 1007 people took part. This year we asked an additional question about how people knew of the service. It was heartening to see that the work of advocates in networking and educating health and disability providers resulted in 29% of people advising a provider had suggested they contact the service. We were also pleased to be informed that the number of people who knew about the service had increased by four percent.

One of the highlights this year has been the relationship built with the newly established Mental Health and Wellbeing Commission. On the opening page of their website is a link to the advocacy website which allows anyone experiencing challenges with mental health services to make direct contact with the advocacy service.

It is heartening to see that despite the changes made to the advocacy processes to accommodate the ongoing threat of a COVID 19 outbreak, both consumers and providers continue to express high levels of satisfaction with the advocacy complaint

resolution process, 90 and 94% respectively, and the education satisfaction rate has also remained high at 89%.

As we head into a new year we look forward to the opportunities and challenges that will be presented with the End of Life Choice Act coming into effect on 07 November 2021, the transformation of our health services, and the potential for designing and implementing our own ICT system. We will continue to expand our reach in communities, particularly with groups who are reticent about complaining despite not always receiving services in a manner that is consistent with the rights afforded them by the Code of Health and Disability Services Consumers' Rights.

### NATIONAL ADVOCACY TRUST ORGANISATION CHART



# HDC CALL CENTRE COORDINATOR

## Cathryn Kilmister

**Cathryn started with the Trust in July 2020 and came from a background in telecommunications and Customer Service. Cathryn is employed to manage calls coming in through the HDC freephone line.**

Cathryn has found it interesting learning her role as she needed to learn about both the Advocacy Service and HDC. She has become the first point of contact for anyone calling the HDC 0800 number with a new complaint. Each call represents an opportunity for the caller to learn about the Advocacy Service and make an informed choice about the help they are seeking to resolve their complaint. Due to this many of the callers Cathryn deals with have decided to use advocacy or seek advice from an advocate first when they previously would have gone straight through to HDC.

*"I have noticed the callers who come through on the HDC 0800 can sometimes be more emotionally heightened, but most of the time they end the call quite happy because they have an assurance; they will speak to someone. We really want to help them, and I let them know this."*

Cathryn has also seen added benefit to Call Centre operations with the addition of the HDC freephone line:

*"It makes us a more accessible service as people will sometimes call the HDC 0800 knowing they can get through to the Advocacy Service."*

Cathryn works as part of a team with our other Call Centre Coordinators and our Live Chat/Website Administrator, so there is a bit of cross over in her role. Cathryn reflects on her time over the last 12 months with the service:

*"The team are so supportive. Everyone is willing to help one another out or listen to you if you have had a hard day. Working for a service that has allowed me to develop my skills as an individual and progress within the role has been a massive highlight."*

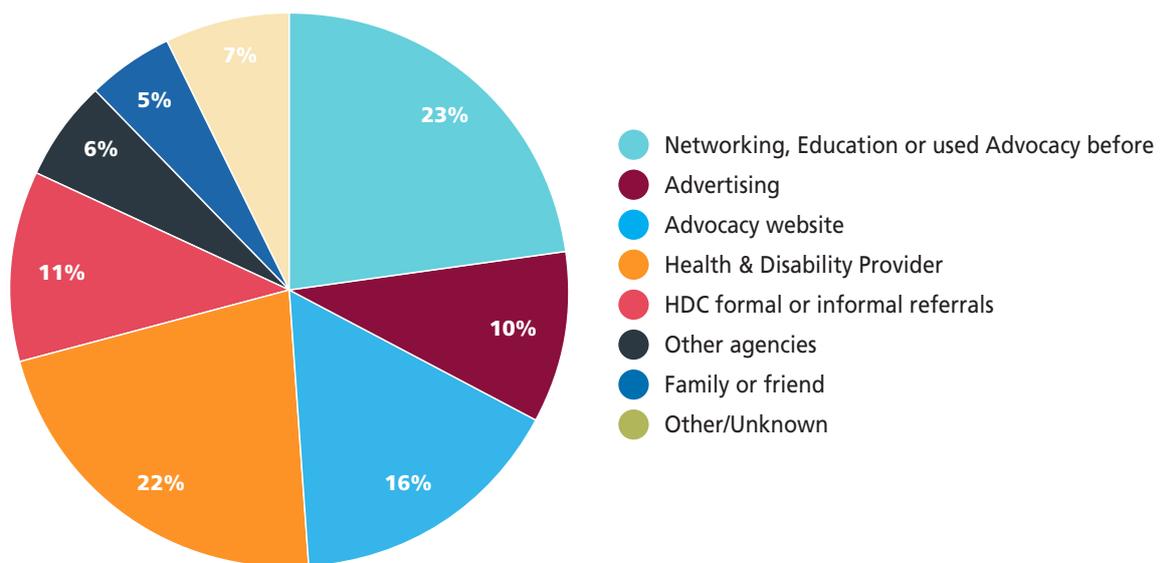


# ENQUIRIES

On 01 July 2020 the advocacy service took over the management of the Health and Disability Commissioner's free phone number.

The combined number of enquiries received by the service between 01 July 2020 and 30 June 2021 was 17,884.

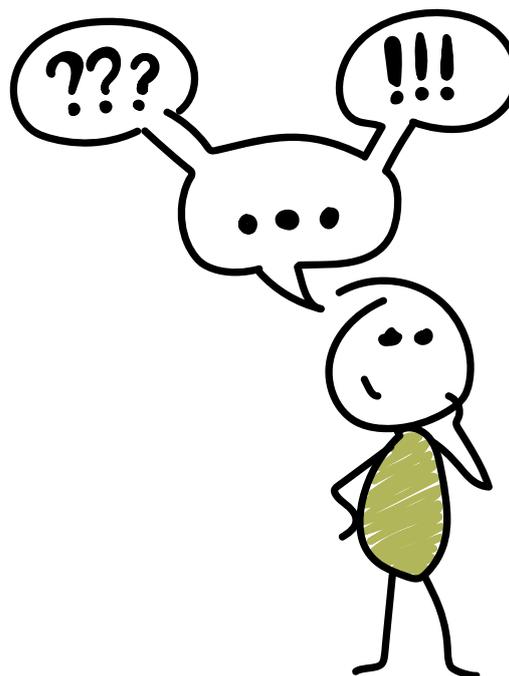
## REFERRAL METHOD 2020-21



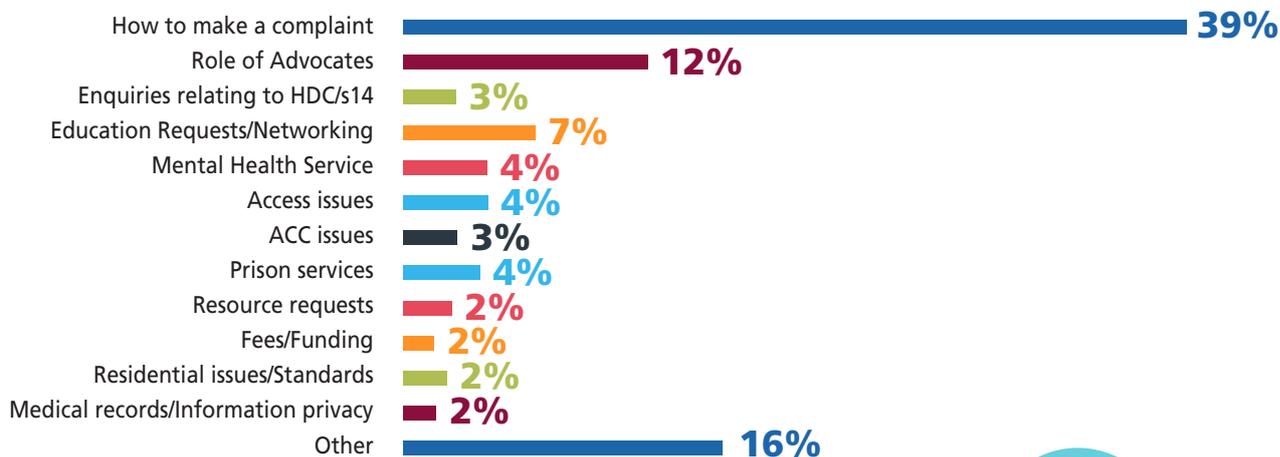
We are particularly pleased to report that complainants who identified a health or disability service provider as the referral source increased by 9% from the 2019/20 year.

For the year ending 30 June 2021 there was a 24% increase in the number people who accessed the advocacy website when compared to the previous year. Of the 42,984 visitors to the website, 73% were new.

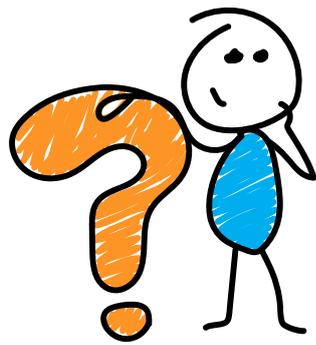
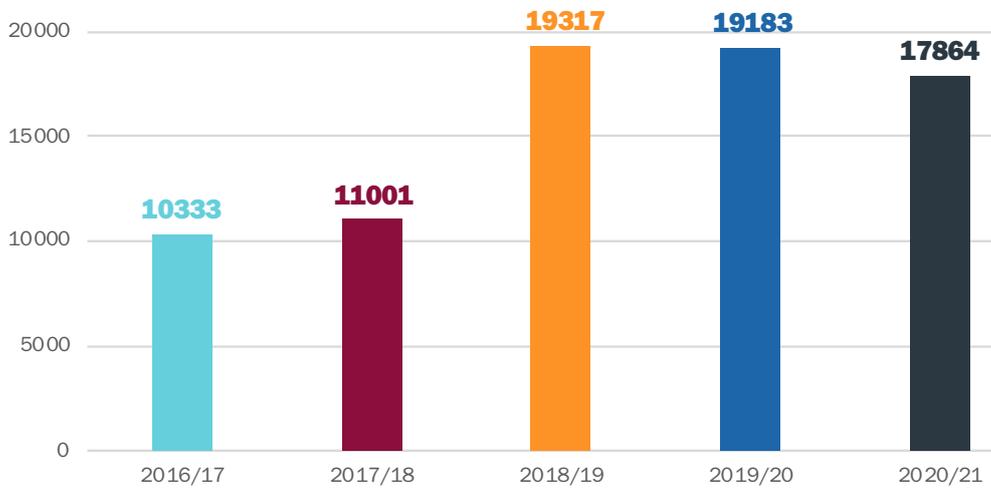
**Our Facebook page reached 79,715 profiles, appearing 251,400 times.**



## SUBJECT OF ENQUIRIES 2020-21

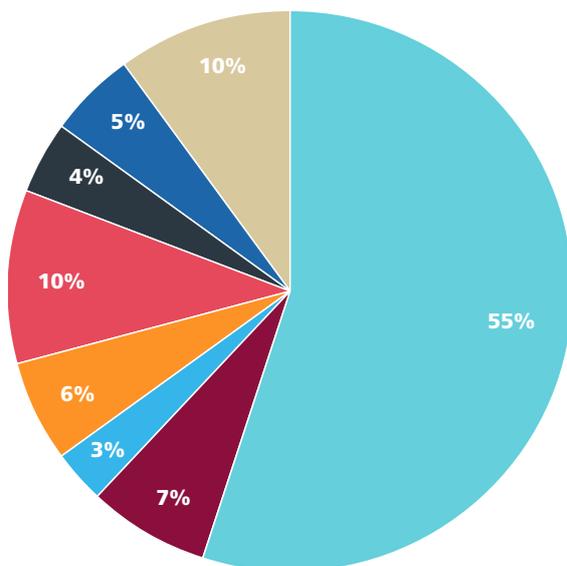


## ENQUIRIES CLOSED BY YEAR



In August 2021, a new category of outcome was added to enquiries to enable the service to measure how many turned into requests to have advocacy support through the complaint process (see picture below).

## ENQUIRIES OUTCOME 2020-21



- Verbal and/or written information
- Complaint opened
- Response to Section 14
- Refer to appropriate Advocate
- Refer to other agencies
- Information enabling self advocacy
- Education/Network arranged
- Unable to contact enquirer

**Enquirers seeking written and/or verbal information increased by 15% in the past year.**

## Mary-Claire Taffs

**Mary-Claire has been a Health and Disability Advocate since 1998. Responding to the request from HDC for support during the Covid 19 Alert Level 4 period last year, Mary-Claire was the first Advocate to manage HDC's freephone line. She did such a phenomenal job the National Advocacy Trust was asked to continue to provide the service.**

*"Having the Advocacy Service answer the HDC 0800 has enabled Advocates to receive a lot more info about a complaint before we contact the consumer. This has also been demonstrated with the addition of live chat along with the online form."*

Mary-Claire has been able to manage and resolve some of our more complex complaints due to her experience. This sometimes means working with consumers who live in a different area to her. When speaking about our process, Mary-Claire had this to say:

*"I have noticed there is an increasing number of complex complaints, including the referrals coming from HDC. It's good they come to Advocacy because our process is more appropriate for consumers. We have the processes to enable consumers to be heard."*

Along with increased complaint complexity, Mary-Claire has seen further developments within our service recently. This includes the different backgrounds new advocates are bringing to the team and the training they receive:

*"I get blown away by the level of skills new Advocates are bringing to the team. The training and mentoring they receive is good and gives them opportunities to further develop."*

Through the relationship building Mary-Claire has been able to do in her community she feels good relationships with providers leads to easier access to our service for consumers. This means providers will recommend our process to consumers, enabling an earlier resolution to occur.

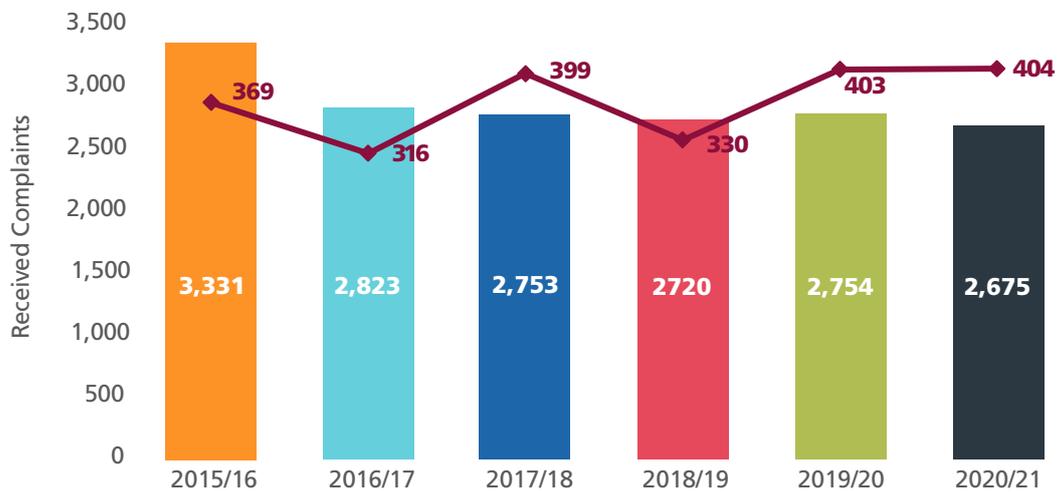
*"Providers trust our process and advise consumers who are struggling with their process to talk to Advocacy".*



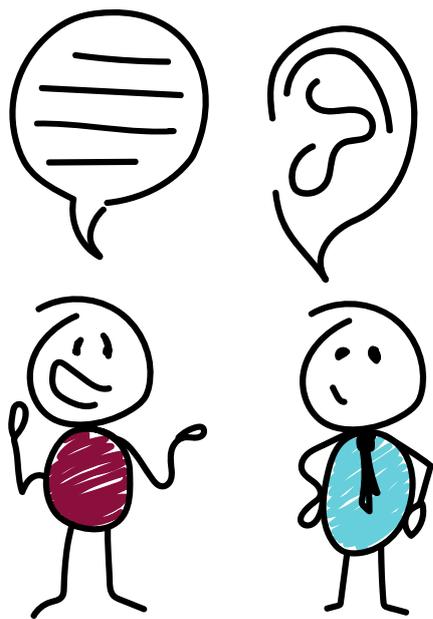
# COMPLAINTS

At year end, 30 June 2021, Advocates had managed a total of 3,079 complaints. 404 of those were carried forward from the previous year and 2675 were received between 01 July 2020 and 30 June 2021.

## COMPLAINTS RECEIVED BY YEAR

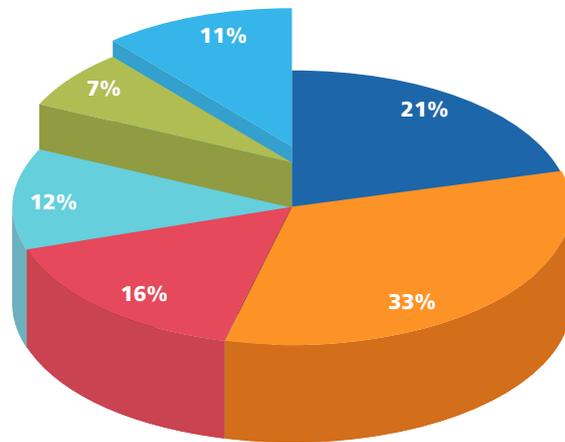


- Received complaints
- Remained open at 30 June 2020



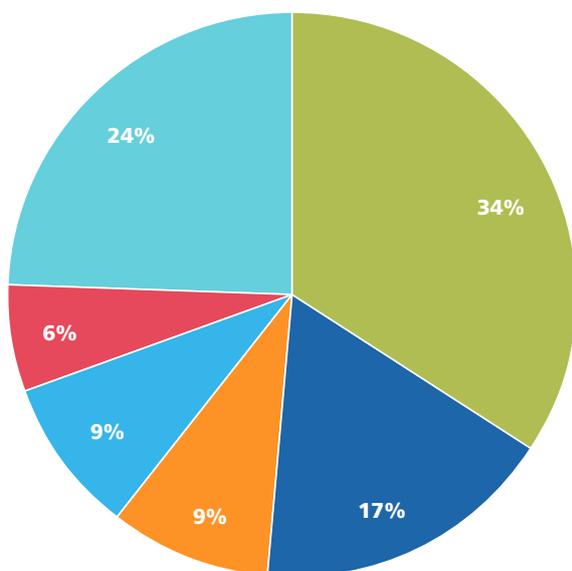
The way people identified as having been aware of the service is not dissimilar to previous years, with advertising being the most common response when asked how they knew of the service.

## REFERRAL METHOD



- Networking, education or used the service before
- Advertising
- Health or disability service provider
- Family or friend
- Formal and informal referrals from HDC
- Other

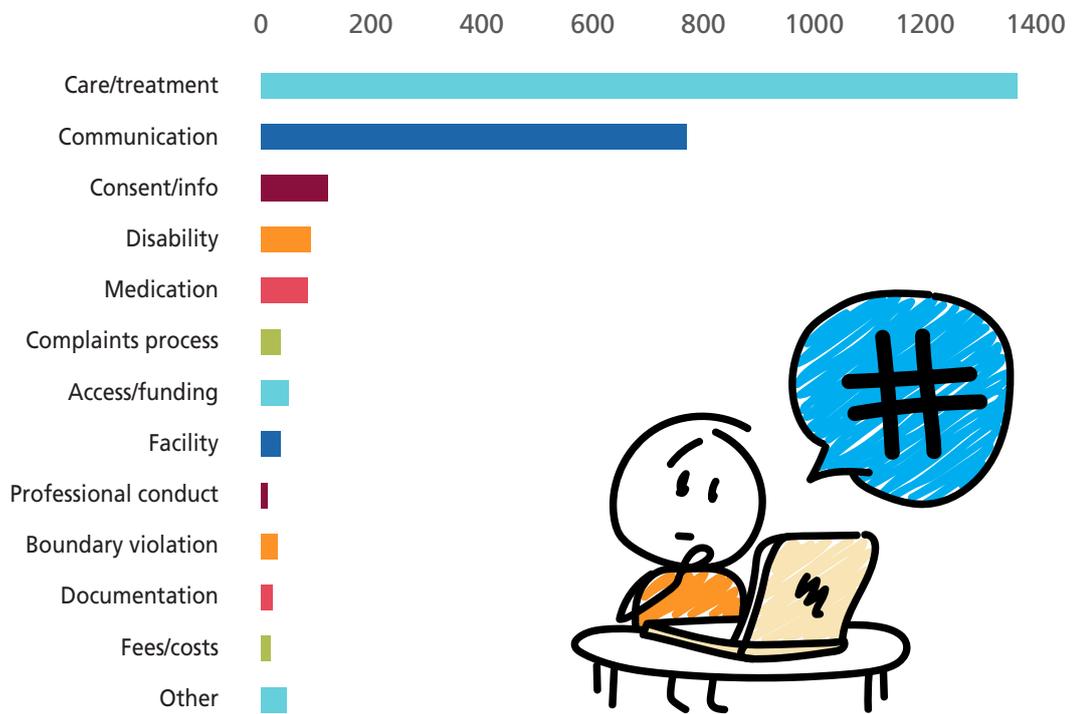
## COMPLAINTS RECEIVED BY SERVICE TYPE



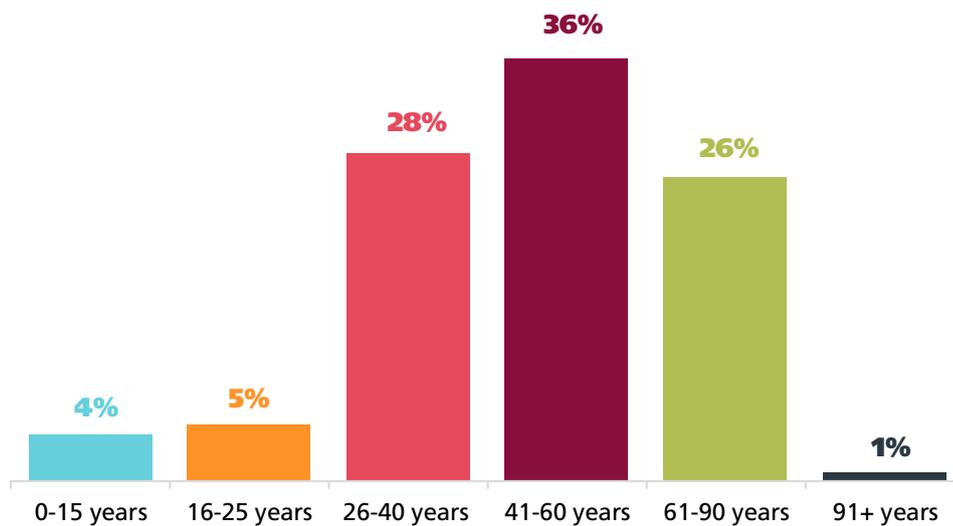
- DHB (excl. Mental Health Service) **915**
- General Practice **468**
- Prison Health **254**
- Mental Health Service **244**
- Residential Services **161**
- Other **633**

The service type complained about has shown no significant percentage variation from that recorded in previous years.

## COMPLAINTS RECEIVED - ISSUES 2020/21



## COMPLAINTS RECEIVED BY AGE GROUP



The percentage of complaints received by age group are reasonably consistent with previous years, however for the year ending 30 June 2021, there was a three percent decrease in those aged between 26-40 years and an increase by the same number in the 61-90 years age group.

## Nadja McKellow

**Nadja has been employed with the trust for over 3 years and has a background in disability support. While reflecting on the last year Nadja had this to say:**

*"We have all had to adapt to a new reality coming out of COVID lockdown. It was helpful to be able to work from home when needed and continue to provide a service. Going forward we are all better equipped to do things online."*

Nadja acknowledges Zoom education sessions have been increasing, but most groups are still preferring a face-to-face session and generally prefer to wait until alert levels change. A challenge has been that many consumer groups don't seem to have the technology to do Zoom meetings.

The team are continuing to learn and develop with delivering their sessions via zoom, and Nadja comments that there has been a sharing of knowledge between the teams on how to engage with audiences in this manner. Regarding resolution meetings on Zoom, Nadja shared the following:

*"I have had a number of Zoom resolution meetings and they seem to be quicker but just as effective at achieving resolution. Both Consumers and Providers are quicker to the point and purpose of these meetings."*

Nadja considers the rapid response process we developed during COVID was good for the more vulnerable consumers, and she needed to use the process a couple of times to resolve more urgent issues. Nadja also spoke about the new referral process HDC had developed post-COVID:

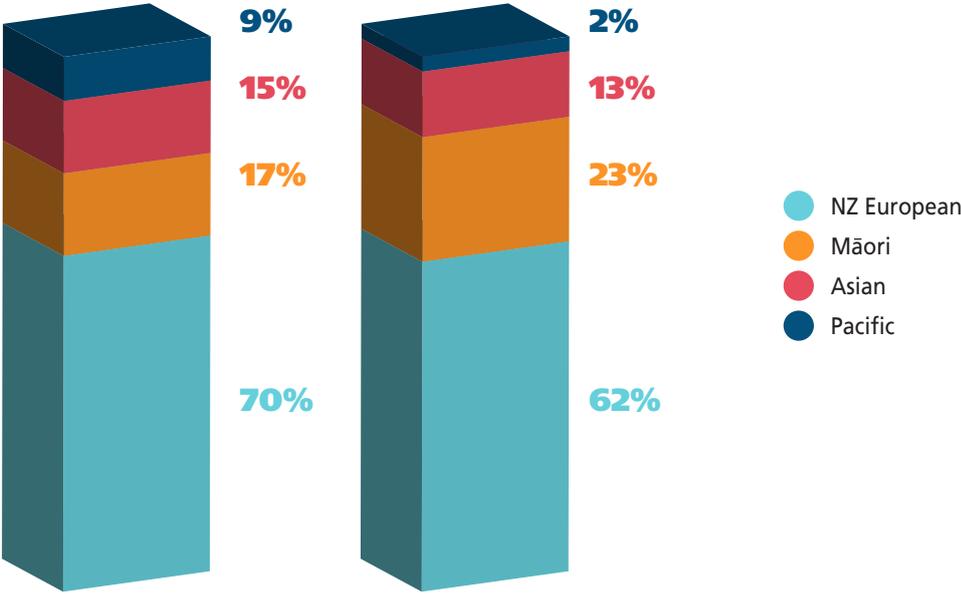
*"It's very valuable for consumers. A lot of these complaints are suitable for resolution between the parties, and we are able to address these through advocacy and achieve a quicker resolution and more satisfactory outcomes for the consumer."*

When asked about her recent highlights in the role, Nadja spoke about our Advocacy Process, and some of the work she had done in the Gisborne area during the time we have been recruiting for a new advocate:

*"What I like about the Advocacy process and my work is I can talk to consumers and help them find their own preferred way of resolution. Connecting with the Gisborne community and providing education to the consumers there was a great experience."*

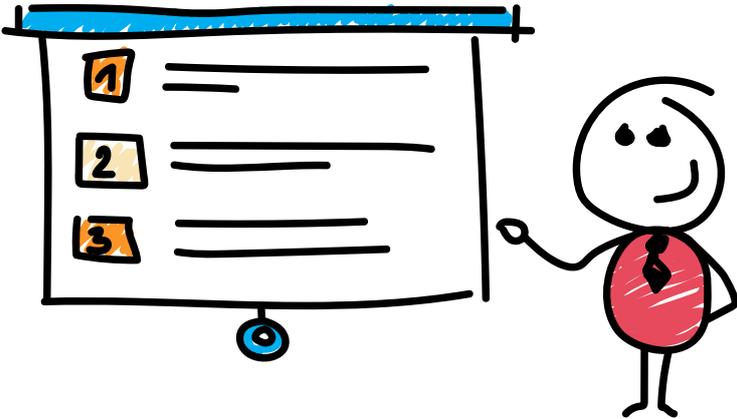


# STATISTICS NZ ETHNICITY DATA v COMPLAINTS RECEIVED

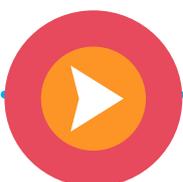
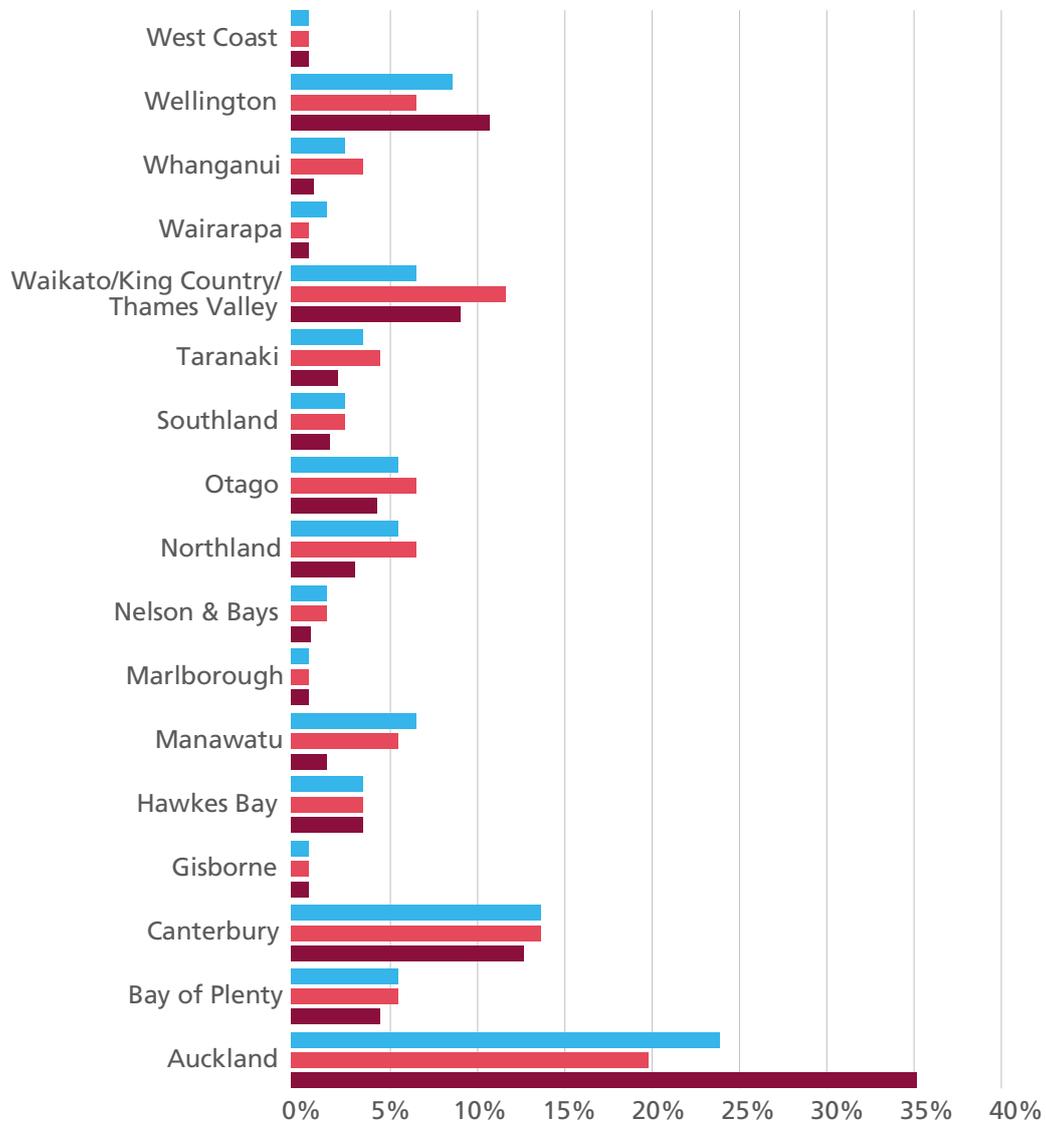


»»»»»»»»»» **Note** – Statistics NZ only uses the four ethnicities shown above.

The graph above allows comparison of ethnicity data of complainants with recognised statistical information. While Statistics NZ groups all but NZ European, Māori, and Pacific peoples into the Asian group, the service records more specific data for that group. In the past year 4.9% of the group categorised as Asian identified their ethnicity as Asian, 3% identified as being European, 0.5% African, 0.8% from the Americas, 0.19% Middle Eastern, 0.15% Australian and the remainder declined to answer about their ethnicity.



## COMPLAINTS RECEIVED BY REGION 2020/21



## Narita Uelese

**Narita started as an Advocate with our Service in January 2021. She has a background in sexual health education for secondary school youth and holds a Post-Graduate Diploma in Public Health. Alongside her work as an Advocate Narita is currently working on obtaining her Master's Degree in Public Health.**

Narita feels like the role has been challenging but rewarding. She enjoys being able to work with many people from different cultural backgrounds in South Auckland, and in particular, Narita speaks about being able to connect with Pacific people:

*"Being Samoan myself, I have spoken to many Samoans accessing our service in our language. I find this very rewarding because people are looking for someone who can speak the language, relate with them, and understand their cultural values and perspective. I think they find more comfort this way. I have enjoyed working alongside my own Pacific people, as well as those of different cultural backgrounds."*

Narita is enjoying the variety the role brings and the strength-based approach we have. She is learning new things every day and values the versatile communication skills the role requires advocates to develop.

*"Learning a person's communication needs is important to support them the best way you can. I am learning all the time and developing my communication skills. A lot of our work with consumers is on the phone so your voice is all you have in those instances to make a connection. People are really relying on you. Being able to help and support consumers achieve the resolution they are seeking with their provider is rewarding."*

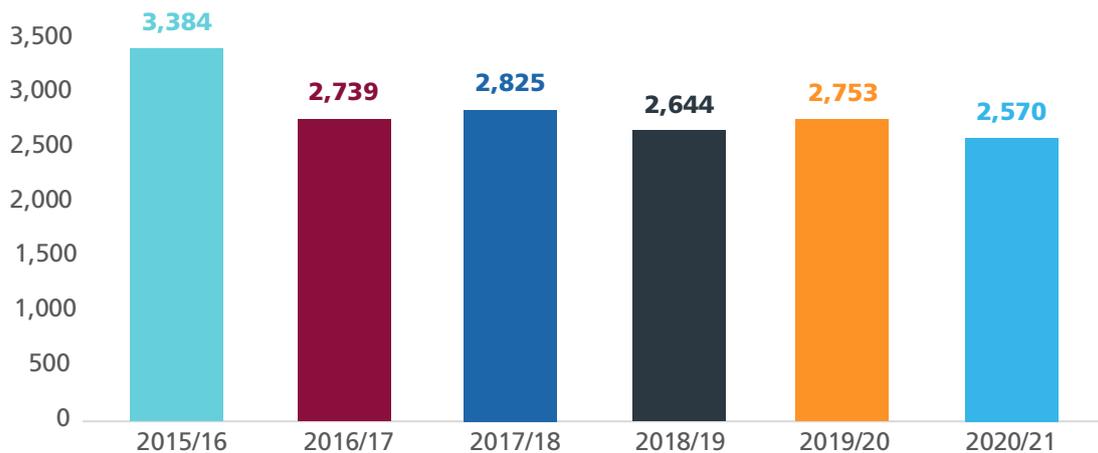
The networking and education in the role have built on a strength of Narita's from her previous work experience. She loves to be out meeting with people and booking in education sessions. Narita also spoke very positively about the Advocacy team:

*"The whole team are very supportive. Everyone reaches out to one another, and we have an inclusive culture."*





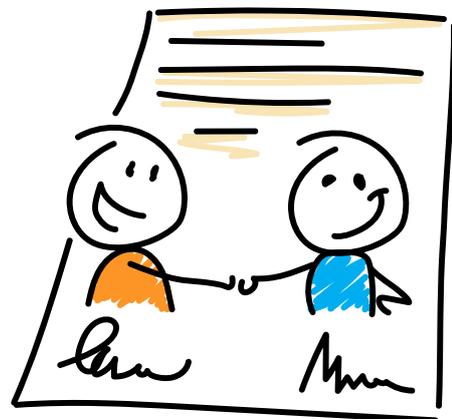
## COMPLAINTS CLOSED BY YEAR



### A TOTAL OF 2,570 WERE CLOSED DURING THE YEAR.

The service continued to survey both complainants and providers upon closure of complaints each month. Complainants who responded to surveys indicating they were either very satisfied or satisfied with the complaint resolution process equated to 90%, and providers who indicated they were either very satisfied or satisfied equated 94%.

Facilitating the speedy resolution of complaints while achieving good outcomes for complainants continues to be a focus for the service. 81% of complaints were closed within three months of being received, 98% in six months and 100% in nine months. 82% of the complaints closed were resolved, referred or withdrawn.



# REGIONAL MANAGER

## Sarah Vivian

**Sarah has been a Regional Manager with the Advocacy service for over 5 years and has a background working with Children and their Families.**

Sarah reflects that we entered this year in what we thought was a post-COVID environment, but we have now learned that COVID and alert levels is an ongoing thing. There was the shock of the personal impacts COVID lock down brought into people's lives, but despite the initial weariness Sarah observed a level of gusto and resilience within the team. The team needed to adapt to this new environment and intermittent change of alert levels throughout the year.

*"I have admiration for the work of the team still being able to reach out to vulnerable communities during these COVID periods. With provider groups you can Zoom but you can't do so to the same degree with consumer groups. What we do is very dependent on consumer interaction, and we know when we do this in the community the phone rings more."*

During this year there have been several new processes enabling greater access to Advocacy for consumers who initially approach HDC. Sarah acknowledges this has meant a change for how advocates manage their time and their caseloads, but it has been satisfying for the team to do something a bit different.

*"Some advocates really enjoy being able to convert a HDC complaint to an Advocacy complaint. It has been a massive plus for consumers. Some of these complaints also use different skill sets – especially if there has already been a provider response to the complaint. I see it as another string to our bow in growing our skill set. It is surely better for a consumer to have an advocate work alongside them."*

Sarah also recognised that we are now using technology in a different way, including how we come together as a national team on Zoom. Sarah describes a group cohesiveness on a national level that in some respects was influenced by COVID. In her role as Regional Manager, Sarah enjoys seeing the wider team working together and she comments that the level of the work they are doing is smart and sophisticated. Her big highlight has been the case discussions she has with the team. In these discussions she sees a passion for our role come through in the ways advocates are making sense of people's complex experiences and problem solving with complaint resolution.

In her closing recap of the year just gone, Sarah had the following to say:

*"There has been a lot of capability built over the last 12 months. The Learning Coaches and Mentors have a smart programme for new team members – it is slick. COVID has given us a bit more flexibility in how we work. Things do feel more complex, and the team have risen to it. I feel the culture of the team is amazing, it feels good, strong, and nurturing."*





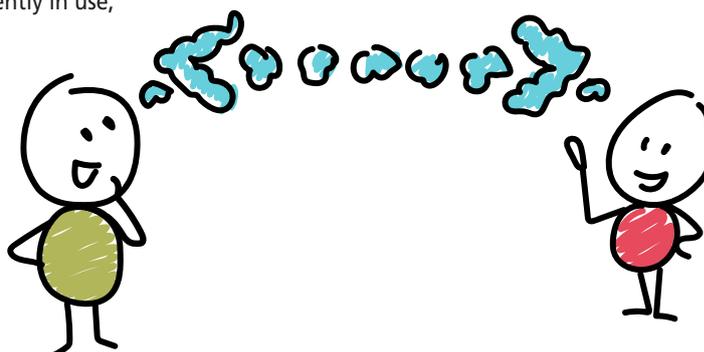
## PROVIDER IMPROVEMENTS RESULTING FROM COMPLAINTS

**While resolution outcomes are often focused on what an individual states is important to assist them to move forward, many of the improvements made to services have a wider impact for service users.**

*Examples of changes where advocates supported complainants through the process to resolve their concerns:*

- One provider of a national alcohol and drug service reviewed and republished information provided to those in residential programmes
- A pathology service consulted with the local Disability Information Centre and the Chairperson of the Disability Action Group to improve accessibility and reduce hazards, including for those people with visual impairments
- When presented with a form found on the internet that had been specifically designed for assessing pain levels for consumers with dementia, a DHB agreed the form was more comprehensive than the one currently in use, advising it would be passed on to the appropriate staff to enable them to strengthen their assessment process.

- In response to a complaint about conflicting information regarding COVID 19 testing and self-isolation the provider advised they had identified several areas in which they could make improvements: providing staff with training on calculating testing and isolation dates, referring callers to more senior staff if they are uncertain or the caller questions or disagrees with advice, audit of key guiding documents and reminding staff they should only access the “live” version of these, and the process for self-isolation certificates is to be reviewed in an attempt to reduce the wait time.
- One DHB offered to work with a minority group whose culture only has spoken language to create an appropriate resource for pregnant women/families about what to expect during induced labour.
- In response to a complaint another DHB wrote advising: “Since this unfortunate event we have changed our systems so that the GP should automatically receive a copy of the discharge notes from the Emergency Department once they have been completed and approved by the doctor, via our online platform that links primary and secondary care for patients”.
- To ensure their environment is inclusive and non-discriminatory, and staff understand the importance of good communication, a provider advised they had implemented weekly meetings/training at both their clinics. Training includes staff responsibilities in the use of appropriate language when dealing with consumers and they are developing scripts that may be used in challenging situations.
- Another provider advised they will be reviewing the written information given to women who experience a miscarriage. They are seeking input from women who have been in this situation. They also intend to review their guidelines for communication between rural and city hospitals in these circumstances. They have also requested the advocacy service provide training to rural hospital staff on the topic of responding to complaints.



## EXAMPLES OF UNSOLICITED AND SURVEY FEEDBACK FROM CONSUMERS



... [the Advocate] was amazing". ... "She was outstanding and I fully appreciated all her help and support" . . . "Having a great outcome has meant we've maintained our relationship with our usual GP which is the outcome I wanted overall..



[Name] is a wonderful Advocate. She makes what can be a really upsetting process manageable, transparent and above all, dignified. She is personable, easy to talk to, and friendly. All my hesitation in beginning this process were thoroughly dissected by her – which made me feel more at ease and in control. I felt like I had someone on my team, which, in my health situation, I hadn't felt in a very long time. I truly thank [the Advocate] for all the hard work she put into my case, and how she helped to balance my emotional state at the same time.



[Advocate] was amazing to deal with. She was super helpful, clear and explained everything to me in an "easy to understand" language. I am super impressed, and my issue was dealt with efficiently and professionally. Thank you.



I wish to say a very humble thank you to [Advocate] for her kindness and care, and that was vital to me making headway with [name] DHB. I am indebted to [Advocate] and always will be! My sincere thanks to all the people that assisted with my concern. You are wonderful and I shall never forget your help!!



Just want to let you know [Consumer] and I attended the appointment with the general surgeon last Thursday 12th November which was a direct result of your work. I want to thank you from the bottom of my heart, [Consumer] and I experienced a level of respect and service never before shown to him. The surgeon asked relevant questions and then proceeded to examine [Consumer], a decent examination of which he has not had before either, from this, the surgeon was able to ascertain the mesh is somewhat bunched up at one end and this may be the cause of his ongoing pain and discomfort. As a direct result [Consumer] has been told by the surgeon he will attempt an operation to explore and hopefully fix the problem...

In addition, the surgeon has also put through an ACC application, the date of the 'accident' is being listed as the original operation date in 2011. I'm not sure if anything will come of the ACC application as maybe too late but we will see. The main thing is, we have some action happening in terms of there being hope on the horizon of a possible fix for [Consumer].

I truly cannot thank you enough for what you have done for him, I tried so hard to get him to this point myself but no matter who I talked to and how many appointments I managed to get for [Consumer] with the general surgical dept at [ \_ ] Hospital, it was always the same story, nobody believed him really. Truly just so very grateful to you [Advocate]. Thank you.



## SPONTANEOUS PROVIDER FEEDBACK

*A provider who was leaving a large mental health service wrote the following in a letter to an Advocate:*

**"You are absolutely an asset to the Health & Disability Services and represent a fantastic Advocate for those people in our population who are often disadvantaged. I have fully appreciated that role which you fulfilled so exceptionally well."**

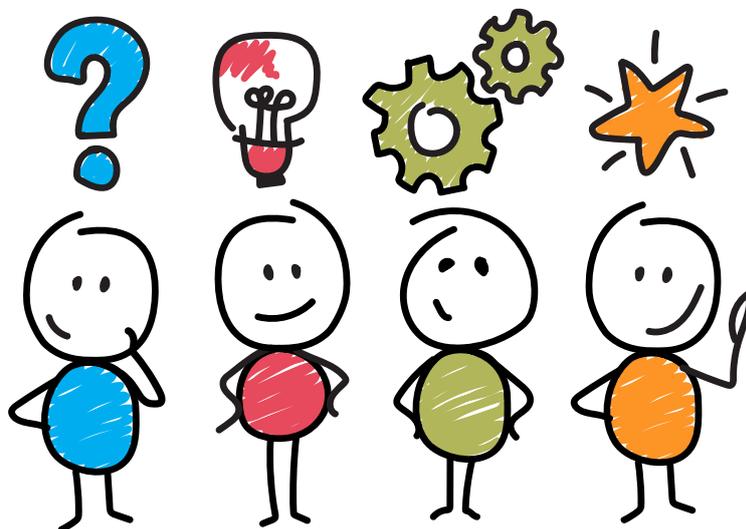
## EDUCATION

Education of consumers on their Rights and providers on their duties as set out in the Code of Health and Disability Services Consumers' Rights continues to be an important part of the work Advocates do. Delivering education also provides a healthy balance for Advocates whose main workload is associated with supporting complainants to resolve concerns about the care or treatment they have or are receiving.

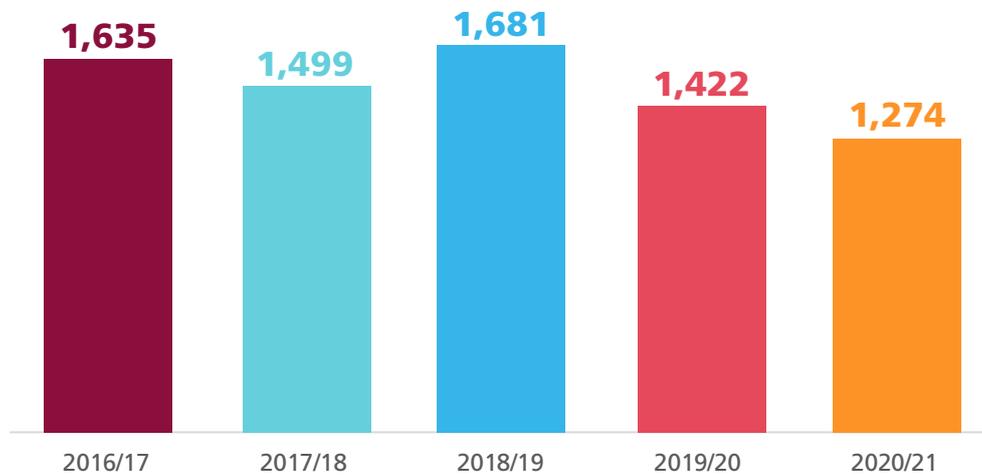
Between 01 July 2020 and 30 June 2021 Advocates provided a total of 1274 education sessions. The impact of COVID 19 and changing alert levels in Auckland in August 2020 and February 2021 to Alert Level 3, and Wellington to Alert Level 2 in June 2021, meant that providers and complainants remained cautious about gatherings which resulted in fewer opportunities to present education sessions.

Following discussion with the Cornerstone Assessor from the Royal New Zealand College of General Practitioners, in October 2020, the Advocacy service began offering education via Zoom and Skype to medical practices.

Providing education via these media was later extended for all providers and consumers, with bookings being made through the Advocacy website. In total 69 education sessions were provided by Zoom or Skype, or a combination of some attending in person and others joining by digital means.



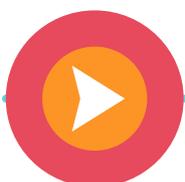
## EDUCATION BY YEAR

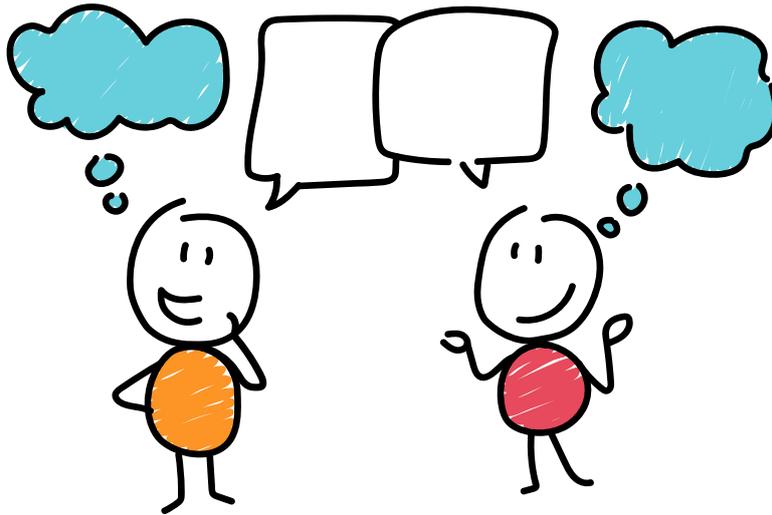


In the year ended 30 June 2021, 46% (587) of education delivered by advocates was for consumers and providers who have contact with Māori; Pacific peoples; refugee and migrant groups; disabled and Deaf communities; mental health and addictions services and support groups; disability and aged care residential facilities and day-based programmes; the elderly and their whanau and support, including home care services.

Of the 587, 36% were delivered to groups associated with older people, followed by 27% for mental health groups and 16% for consumers or caregivers for those with disabling conditions. Overall, 89% of the 587 sessions delivered to priority groups were with consumers or consumer focused groups.

**Education sessions provided by Advocates continue to be well attended and well received. Groups where there were five or more participants made up 84% of all education sessions delivered. A total of 4,046 consumers and providers returned surveys, of those 89% indicated they were either satisfied or very satisfied with the education provided by Advocates.**





## EXAMPLES OF SPONTANEOUS FEEDBACK FROM EDUCATION SESSIONS.

### RESIDENTIAL PROVIDER FRIENDS AND FAMILY ASSOCIATION FEEDBACK.



Many thanks for the very useful and informative presentation you gave at our parents meeting yesterday in Otaihangā. We were thrilled that you were willing to come out to see us on a Sunday afternoon.

There was lots of positive feedback about your presentation from our members after you left us.



A community group had the following to say:



I just wanted to feedback to you after your visit to our group last week. Thank you so much for coming - for your kindness, patience, and flexibility with going with the flow with us. The feedback from the women was amazing. They actually stayed behind for quite some time afterwards discussing how they would take on board what you raised going forward. The most notable point that the women took away for when visiting a health professional was not only to have a list of what they want to cover, but also what you hope to achieve or have happen. What a simple practical way to make sure you are heard at your apts but also are communicating clearly what your needs are. It was interesting to hear also, how the women could see that this tool for communicating could be useful in other settings such as communicating with their children and getting their children to communicate with them. Thank you so much for all you did.

We would love to have you again in the future to talk with our women, so will be in touch again next year.



### THE FOLLOWING SUMMARISED FEEDBACK WAS RECEIVED FROM A PROVIDER PROFESSIONAL BODY WHERE THE ADVOCATE PRESENTED TO A GROUP IN PERSON AND OTHERS JOINED BY ZOOM.



...dynamic and passionate speaker, I felt he had a lot to tell us. Very helpful insight into the focus of advocacy, the attributes required, the desired outcomes... Very animated speaker, got key points across well.

A lively and very interesting presentation. Nice to see his passion and non-judgmental approach.





# NETWORKING

## NETWORK VISITS AND MEETINGS BY YEAR

Focused networking continues to be an important aspect of the Advocates role in increasing awareness of consumer rights and building awareness and confidence in the Advocacy service. The impact of alert level changes related to COVID 19 was also experienced in networking, where those providing services for vulnerable members of society chose to cancel scheduled meetings to keep consumers safe. Putting consumer safety first is reflected in the number of visits to day bases, in aged care and residential disability services, which decreased from 1134 in the 2019-20 year to 953 in the past year.

The Trust continues to contract an independent party to seek feedback on the value of visits in residential services. As with previous years, the feedback has been extremely positive. Those contacted for feedback spoke of the Advocates' professionalism, approachability, knowledge, positive interactions with residents and the advocates' ability to adapt their style to the needs of those to whom they were speaking. Many said they had booked education sessions for staff and residents as a result of the networking interaction.

Unsolicited feedback from a residential drug and alcohol provider:

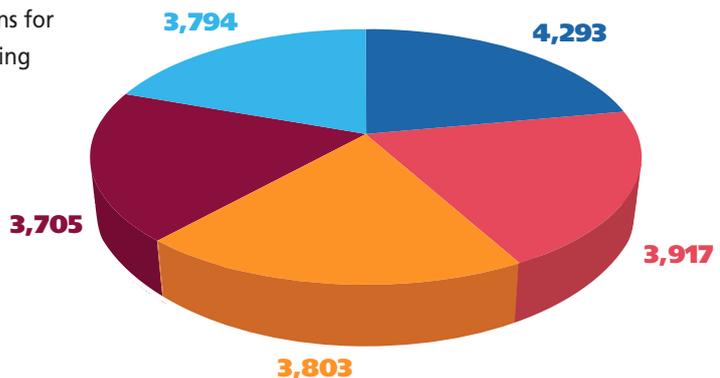


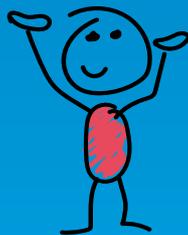
Please, pass on our heartfelt gratitude to all your service representatives who have supported us so well over the recent years. The feedback from our Tangata Whaiora has been very positive throughout. They inform how important it is to feel connected to their community. You and your team are creating the opportunity to feel involved and to belong to a supportive service network. Thanks again!



45% (1706) of network meetings and visits were with consumer, consumer focused groups or members of the general public. Priority groups, which include people with disabling conditions, including mental health and addiction, former refugees and migrants, Māori, Pasifika, older people, and Deaf received 44% of the 3794 visits and meetings during the past year.

- 2016/17
- 2017/18
- 2018/19
- 2019/20
- 2020/21







## ANNUAL REPORT 2020-2021

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