**Provider Quality Forum - Growing Voice and Safety Services - People for Us and Assisting Change-20250715\_035740-Meeting Recording**

July 15, 2025, 3:00AM

56m 51s

**[Jacinda Allwood]**  
OK, Kia ora, everybody. Ko Jacinda Allwood tōku ingoa. Hello and welcome. I'm one of the principal advisors here in the Quality and Performance team here at DSS and would like to welcome you through to the second of our forums that we're running for 2025

I'll be opening up with opening karakia. I'll be following on with some general housekeeping and instructions for you, and then I'll introduce Sue Sherrard, who is the first speaker of the session from DSS. She will introduce the topic and she will introduce the speakers thereafter.

(Karakia)

So welcome everybody. You will have been entered into this DSS Quality Forum. The topic is the Growing Voice and Safety Initiatives. You will all have your cameras turned off and your microphones turned off.

And fortunately, or unfortunately, you are unable to adjust that at this time, so they will remain off. We will be taking questions in this forum and we will be using the Q&A function - so in the top of your screen, please click on the Q&A function button. We have actually disabled the chat for this forum, so there's only one function that we will be running the questions and answers through for convenience and so we don't get all confused.

When you go into your Q&A function, you should have a little icon with “Ask a question” which sits beside your name or your initials or your photo if you're there.  
If it doesn't say “ask question”, and if it says something about start a discussion, please tick on the down arrow and click on “Ask a question” because otherwise we won't be able to manage the questions properly.

Are there any other instructions that we have? If you want to ask a question, please do so throughout the course of the discussions while people are speaking. If someone has already asked a question that you would like to ask as well, please don't add it in, because it might get quite tricky to manage that with so many people on the call. We have about 100 and.10 people at the moment, which is fantastic.

If you are interested in hearing the answer to a question that someone else has asked, there is an upvote button to the left of the question when it pops up in that Q&A function. There will be a little up arrow, and if you hover over that it will give you a vote, so you just click on that to vote for that question. So please use the upvote button and I will reiterate this later when we get to the Q&A section.

After we have the speakers, we will then move into the Q&A session for the first topic that we're talking about, and then we will introduce the second topic with the speaker and we'll do questions on that second topic afterwards.

But Sue will be explaining all that, and again, I'll reiterate how the Q&A function will work when we get to the time. We will also allow people to ask a question verbally if that's what you would like. So please use the “raise your hand icon”, click on that, and we will try to get to questions that have come up in order. So click on your raised hands and make a note of the question that you are going to ask, so you don't forget by the time we get to you. If we don't manage to get to all the questions, we'll cover some off at the end of the session if there's time, or we will definitely put them on the DSS website when we post the video of this forum.

So that was the other thing. We are recording this forum and you will have all had to to select that you're OK with the forum being recorded before you ask a verbal question if you choose to. I'm happy to manage that so your voice just appears and not your camera, but we can manage that at the time.

You've heard enough from me. I'm sure you want to hear more about the topic at hand, so I it is my great pleasure to introduce Sue Sherrard to you. Sue is one of the principal advisors in our Quality and Performance team at DSS and she will introduce the topic. Over to you, Sue.

**[Sue Sherrad]**   
Kia ora, Jacinda. Thank you so much and thank you to everyone for being here this afternoon. It's a huge pleasure to have this opportunity to talk with you about the Growing Voice and Safety initiatives that the Disability Support Services are developing.

I'm Sue Sherrard. I am, as Jacinda said, a principal advisor with our DSS team. I identify as a disabled woman and I've worked for many, many years in the disability sector.

This is exciting times. Let me tell you a little bit about one of the services and this service is called People for Us. And after we've had our presentations around People for Us, then we'll move into the assisting change topic.

So People for Us is a peer visiting service and it's a really exciting opportunity. We think it's coming out of the quality space because we really want to have the voice of disabled people included in our quality services.

So way back in ‘23, we really did a large engagement around this People for Us idea and we talked with over 420 people and really got a positive go ahead that People for Us sounded like a great idea. We took that information, and we worked alongside the Insights Alliance and developed this new service.

From there we had a procurement process, and let me tell you that takes a long time, and came out with three wonderful suppliers who are working in partnership. and collaborating together, and they're going to talk to us this afternoon about their approach to this People for Us visiting service. I really want to acknowledge the members of the Insights Alliance, and for Lara Penman, who really was significant in the development of this work. And of course my co lead who has sadly left at this point in time, but Kate Cosgriff, we couldn't have done this work without you, Kate, so thank you.

What is People for Us? Well, it's a peer service who will visit disabled adults, tangata whaikaha Māori and Tagata Sa'ilimalo, who were also disabled Pacific people and whānau. It's about visiting people who live in a DSS contracted residential service to find out - and this is our priority - to find out if they are safe, living their good life and experiencing high quality support and services, they will assist those with safety or well-being concerns to follow the relevant pathways to resolve them.

This really grew out of wanting to increase the voice of disabled people and their safety. We know that disabled people experience higher rates of abuse and harm when compared with non-disabled people. And the Royal Commission of Inquiry into Abuse in Care also recognised that inadequate monitoring and support for well-being contributed to the abuse of disabled people in care. This is a really important service, and we believe it will have quite an impact once we start working alongside those people in residential services, so this is an opportunity.

Safeguarding is about protecting a person's right to make their own decisions about their life, including decisions about their safety and well-being. It means taking action to prevent, identify and respond to situations. Where a person is at risk, or experiencing at risk of or experiencing violence, abuse or neglect, People for Us as a DSS safeguarding an initiative that is about identifying and responding.

What will People for Us do? Well, disabled peer workers will visit disabled adults who live in residential services to find out if they are safe, living their good life and experiencing high quality support and services.

They will assist those to who need some kind of follow up into the relevant pathway to resolve issues. Peer workers is a new role in the disability support system. The peer worker is a disabled person or tangata whaikaha Māori, employed to check in with other disabled people regarding their well-being and safety. The peer role is different to other roles in disability support system, including the support worker, a mentor, a connector or a navigator. And People for Us is a free service.  
  
We've got some speakers who are coming to talk about how they and their service is going to really deliver the People for Us work, so I'm not going to say too much more about it. I am going to take this opportunity to again, thank you for coming and being here.

And I'm going to pass over to Gary from People First to talk about their delivery of the people for our service. Kia ora, Gary.

**[Gary Bashman]**   
I'm the manager of People for Us at People First New Zealand. People First is a disabled people's organisation that's run by and for adults with learning disabilities or intellectual disabilities. We've got members across six regions and 41 local groups around the country and all of our members have a learning disability. One of our Kaupapa is about learning about rights and self advocacy.

And because of this, and because the majority of people in DSS funded care have learning disability, we were really interested in being part of People for Us and submitted a tender. And clearly with my presence here, we were successful in that and since that time we've been working to establish the service. I just thought I'd talk you through some of the steps that we imagine - how the visit will happen, and then talk very briefly about what this means for you as providers and members of NASCs.

So the first step is that we will either be contacting a provider about a visit which we are calling a proactive visit, or we'll have received a referral from either an individual, a self referral or a third party. We'll then contact you about setting up the visit because obviously we need to be able to talk to you before we come into one of the houses that you're responsible for.

As Sue's mentioned, the visit team will be a person with a disability, and it’s been announced since we're having a two person visiting team, a peer with a disability and an assistant for that person. At the moment we're thinking the visit consists of three kind of separate parts, some whanaungatanga.

We need to get to know people, understand who they are, and they need to understand who we are. We need to talk to them about getting consent for the information or the conversation that we then have with them. And then we want to have what's we're referring to as a guided conversation, focusing on the points that Sue mentioned - safety, living a good life and receiving quality services and support.

After we've had that visit, we'll determine if any action is required. We're doing a bit of categorisation work around that at the moment, so we're sort of assuming that we will make some kind of determination based on whether actions needed for the individual in relation to their relationship with the provider, whether there's a safety concern, or whether there are systemic issues that might have arisen for safety.

Once again, Sue's mentioned that will probably be a result in an escalation to a third party, and almost certainly that will be the case. We're just trying to work out some of the detail of that might be that we're organising a meeting with, you know, the people in this audience or staff in the House to discuss issues raised by the person we visited.

That would only be with the permission of the person that we have visited as well. Or we might be working with the individual and or their whānau to help them develop some knowledge about their rights and self-advocacy, you know, building up their skills as well. We think the point of this, the key I guess, is doing something that keeps a person safe and or makes a difference in their life.

In terms of the relationship with providers, I guess some key points we wanted to put out there. First, we're not an audit. We're more interested in safeguarding, looking after the people that whose voices don't often get heard and saying that, we're very much centred on the people we're visiting.

This needs to be about them from our perspective, but we also realise we need to be working with you and providers and NASCs to make this happen. Our ideal is that you end up seeing us as a service that adds value for your residents and you'll be welcoming us in.

It's one of those situations that, you know, especially the people in this audience, you can't always be there to talk to the people in your houses. So we're hoping that we can be the people that can have those conversations and find out what's happening for those people in their lives.  
A really quick overview of what we're doing. We're one of three providers as noted working really closely, but I think the idea is that we bring our individual flavour to how we work. So I'll pass you back to Sue to introduce the next presenter.

**[Sue]**

Kia ora, Gary. Thank you so much for that introduction from People First. Appreciate it. And with great pleasure, I believe we are going next to, uh, Warren from Te Ahi Kaa. So welcome, welcome, Warren. Lovely to have you with us. Kia ora.

**[Warren Katipa]**

Kia ora Sue. Ngā mihi atu kia koe, o mihi kia ā rātou. Tēnā te mihi, tēnā te mihi atu kia koutou.

Thank you for having me on. My name is Warren Katipa, from the Waikato and I work for currently the operations manager for Te Ahi Kaa. And I'll be taking you through just a little bit about People for Us. I just want to say that's carrying on from Gary. I think Gary said most of it of what we do.

Just who is Te Ahi Kaa? We're a Kaupapa Māori provider located in Te Puaha, Waikato down in the toward the Port Waikato region. We're established back in 2016 with the vision from our kaumatua and whānau and we deliver a range of different health and social services, including having a **Rongoā** clinic in our in our premise, but we have services grounded in mātauranga.

Just to expand on also with Te Ahi Kawi, I suppose you could view it as being coming around a fire to be able to solve solutions for the community. So just with our our framework that we're taking in regards to people, People for Us is using the Te Paerata framework. Obviously we're taking control of the taiao or the environment.  
And then being able to be the kaitiaki for the region, the area that we're working in, looking then seriously into whakapapa, where people were from and our whanaungatanga, being able to you know bringing all our whānau together, but the ultimate goal of being able to unite in the pursuit of mana motuhake – or to be self-determining. So that's a framework that we're going to push in terms of how he would roll out People for Us. As Gary mentioned, he's mentioned a lot of different processes and we'll be following similar ones, however, we'll be following this particular framework.

Just in regards to some of the processes that we would also consider is similar to actually being on a marae, we would walk through in terms of right from the front gates in terms of the waharoa from the car park, establishing intentions and trust our karanga with respect and inclusion through the recognition of others and their roles and contribution, that when we also then get welcomed down through the whakaeke, being respectful and mindful in these spaces and being ready to engage coming into this this space. Then we have our mihi and we have our speeches, sharing our stories and our intentions.

And obviously with the way out to supporting and strengthening that that bond and connection and that's where we bring in the Hongi, pressing of the noses and building the close relationships and trust is probably the main things that we want to build with our clients. So and then finally finishing off with most of those things that we always have as the hākari is the feast. To me that was where we do the whakanoa. We really bring everything together, celebrating partnership and collaboration. And then we have the poroaki, which is a farewell, ending with respect with future intentions and just so a couple last things, the final wrap up of these things.

So Ti Ahi Kaa will be starting the Our People for House programme in Kirikiriroa, in the Hamilton region and over time we'll expand it to the greater Waikato region. We're going to start small and then build from there because we want to ensure that we get the right processes, and look after the clients because they deserve to be looked after the right way. So we want to make sure that we have our systems in place to be able to continually look after our kaitiaki.

We also have our website up and running for more information about People for Us providing pathways to other things that we can look at for looking after our kaitiaki and making sure they're well established.

And then being able to, you know, having that lovely space in Kirikiriroa for you to be able to come down, visit us, have a cup of tea. And as my CEO Danielle said, and you hopefully you should be lucky to actually come out and actually have a fried bread.  
'Cause you know when we have that kai, that kai brings us all together with lovely, great intentions and to be able to actually have the right intentions and that is looking after our people. Kia ora tatou.

**[Sue Sherrard]**  
Kia ora Warren, thank you so much. Really appreciate your korero this afternoon and obviously that you have stepped in at short notice, so we acknowledge that and thank you and our hearts are with Danielle at this time.

It's my great pleasure to now welcome Tevita, and Tevita is going to introduce himself and he is from Vaka Tautua. So warm Pacific greetings, Tevita. Lovely to have you with us this afternoon.

**[Tevita Tuita]**  
Thank you Sue, kia ora koutou katoa, warm Pacific greetings.

As I mentioned, my name is Tevita Tuita. I am the team lead for People for Us here at Vaka Tautua and I'm going to take you guys through a few slides on my presentation.

I also wanted to talk to you guys about Vaka Tautua, who Volataua is.

Volataua is a Pacific for Pacific National Pacific services for mental health, disability and social services. We operate in Auckland, Canterbury, Otago and Wellington.  
  
Here is our workforce, our Pacific workforce. We we are madeout of community social workers, community navigators, peer workers, community support workers.  
And we work along across services, as I mentioned, mental health, disability, social services.

We are honored to be part of People for Us, as it has been mentioned that the People for Us was created in response to finding from the Royal Commission of inquiries into abuse and care. But what we as Vaka Tautua are best interested in is to  
look at utilising or delivering this service into our Pacific community to have an impact, to show the light and help our disabled community to uphold their rights, to enhance their mana and their dignity and to look at what good lives look like for our disabled community. We deliver this work by listening to people are not often not heard, in their own views. We built trust and relationships with them, not only the tangata, but with their family, their support networks, the provider that support them.

As our safeguarding Pacific holistic approach, we look at safeguarding everyone and make sure that we're there. As mentioned before, we're not an audit service, but we're there to support the tagata sa’ilimalo and the aiga and also the provider that we work with, we're committed, we're cultural and communication responsiveness. So we ensure that our Pacific values is incorporated within our service delivery.

How do we do this work? As mentioned, delivery is led by peer workers with lived experience to have a conversation with tagata sa’ilimalo in Malo and DSS funded homes. We use the Easy Read materials, the resources to enable us to communicate with them and to have a better understanding through talanoa using these these materials to unfold the unmet needs in those homes, and for us to be able to work with them, identify the needs and then work with them towards looking at the brighter future, as I mentioned.

We focus and give them hope, give them life, give them, give them light and uphold their rights. We engage with tagata sa’ilimalo and their families, and as I mentioned in residential disability providers. We also work alongside the whānau. The whānau and the ‘aiga are really important in their life. We're the secondary support system. We need to work with them with their support networks. We also support pathways when concerns are raised - response pathways. So we have that in place that we identify concern in regards to neglect, harm and abuse. We follow our response pathways.

Our Pacific strengths in action.

We draw into our Pacific shared values. As we believe as a Pacific organisation, we hold on to our Pacific shared values. For example, the alofa, respect the vā, the talanoa. We engage better with Pacific people through our talanoa, and the talanoa approach is we tell the story or we talanoa until it's finished.

When it's finished, that's when we look at the bigger picture of our disabled person and how can we better support them through our integrated model of care. Then we can navigate through the system to make it work for them. We collaborate with families and providers, tagata sa’ilimalo stories shared and treated with care and confidentiality. Privacy is one of the things that’s a barrier for Pacific people, but knowing who works for Vata, knowing who's there in our Pacific workforce and it's all about the the the privacy of the the information, sharing the information. So we have a better system that we protect the privacy and the stories of (our community).  
I want to ensure that they are in a safe, safe space in our hand and in our practice, empowering people to recognize their rights and well-being. Yeah, so that's how we we deliver this very important mahi and our Pacific Space.

And the last one slide is how we think about this very important work together. We make the difference to People for Us. It's not just a service, it's a movement of safeguarding. We honour the Pacific disabled voices and let's continue to uplift, protect and stand alongside our communities. Thank you so much.

One more thing, People for Us deliver across regions. Thank you so much.

**[Jacinda]**   
Kia ora, Tevita, thank you so much for your presentation.  
So now that that comes to the end of the three providers of the People for Us service, and while I'm introducing the Q&A part of the session, we've got a few minutes set aside at this point to ask specific questions around the People for Us service and those questions can be directed to any one of the providers.

So our spotlighting expert will be looking after spotlighting - Sue who will manage any questions that come in, as well as the three providers that you've heard from so far. We don't have any questions in the Q&A function as yet, so whether or not nobody has any questions or you're not able to use the Q&A function, which is not ideal, so hopefully that's not the case, but we do have the option for people to raise their hands as well if you would like to ask a question verbally.

So we'll just give everybody a minute or two. And we'll start with the written questions that have come through through the Q&A function. So um, we will commence with the first question and our colleague Solmaz Nazari will be reading out those questions. Thank you.

**[Solmaz Nazari Orakani]**  
Yes, I am Solmaz, I am Senior Advisor in Quality team and the first question is can you please reiterate the areas that the providers are operating in.

**[Sue Sherrard]**  
Kia ora Sue here. Um, I think, uh, Tevita, you said that the area you were working in was Auckland and Warren said, I think that, um, Te Ahi Kara is starting out in Kirikiriroa Hamilton. And Gary, would you like to talk about People First?

**[Gary Basham]**  
Kia ora. So we're a national provider, so everywhere, but we're starting our build in also in Kirikiriroa, here in Wellington, in Christchurch and Ōtepoti Dunedin. So be the four places that we're starting very soon, but growing to be national.

**[Sue Sherrard]**  
Kia ora. Thanks, Gary.

**Solmaz Nazari Orakani**  
Kia ora, thank you so much. And the next question is, how is this similar or different to the DAPAR contract?

**[Sue Sherrard]**  
OK, so People for Us is again similar to DAPAR in some ways, in terms of it's not a crisis service. This service is about visiting people in residential service and working with them so that we can understand, and they can understand, what their current experience is in terms of their safety and their well-being and then working towards response pathways should that be needed.

one of the response pathways will be into a DAPAR service, and so we are currently in contract negotiations around who will be providing the DAPA service and so that's just one of the response pathways. Others will include family a whānau. Possibly NASC and EGL sites, maybe things like health service or social service. So there's there's a variety of different ways that People for Us will refer into different response pathways.

**[Solmaz Nazari Orakani]**  
Thank you, Sue. Kia ora. And uh, the next question from, uh, one of our attendees. So Jay's asked about what is the referral pathway please.

**Sue Sherrard**   
The referral pathway that's at this point in time is still being really finalised, but each of our providers will be available through their websites.

And I know, uh, Vakatoto, I think you said, um, Tevita, that your website was up and running or was that you Warren? Would one of you like to comment?

**[Tevita Tuita]**  
We're working on, sorry, we're working on a website and the electronic referral process. Thank you.

**[Sue Sherrard]**

Warren, would you like to add a comment there from Te Ahi Kaa?

**[Warren Katipa]**   
Yes, it's the same with us. We're just currently in the process on how to make it a lot more easier, especially with the referral process.

**[Sue Sherrard]**   
Nice. So people can refer themselves, family can refer, anyone concerned can refer into the people for our service and then we will also, as Gary talked about, be reaching in and visiting through the provider networks, Gary, would you like to make a comment around that?

**[Gary Basham]**   
I think like everybody else, we're building a website. We're also exploring an 0800 or a free phone number for people as well. We think we might learn a lot of different ways about how people want to refer, and we want to just be responsive and as Warren said, make it as easy as possible for that to happen.

**[Sue Sherrard]**  
Kia ora. Thanks, Gary.

**[Solmaz Nazari Orakani]**  
Thank you so much.

**[Sue Sherrard**]  
I think Tevita just wanted to add something.

**Solmaz Nazari Orakani**  
Yes, sure.

**[Tevita Tuita]**  
Yeah, I just wanted to add on, while we were working on our website and all that anyone can just ring up 0800 825 282 and be put through to myself during work hours and then we will create a pathway to engage with those inquiries into People for Us. Thank you.

**[Sue Sherrard]**   
Kia ora. Thanks, Tevita.

**[Solmaz Nazari Orakani]**  
And we have one more question. Can you please detail your plans to connect with people living in services who experience significant communication barriers?

**[Sue Sherrard**]  
Nice. This is really important because it is the population that we are most concerned about and really want to get alongside. And so how people communicate is really critical to the service and the success of really bringing their voice and their experience into this space. So we've doing some training and working alongside people. I'm gonna throw to you, Gary, to see if there's some other things that you've been considering.

**[Gary Basham]**  
Yeah, I mean, as you say, it's super important doing a lot of thinking about this. We've got a meeting next week with an organisation called More Talk who specialise in speech and language therapists who specialise in working with people with different communication styles. Where part of People First is Easy Read as well. So we're making sure that a lot of our information is in the Easy Read (format) so it's easier for people in particular with learning disability to be able to absorb that, but we sort of recognize that we're going to have to involve wider people around the person that we're visiting potentially to make sure that we are able to, you know, understand and hear the stories that they've got to tell us.

**[Sue Sherrard]**  
Oh, nice one. Thanks, Gary. Appreciate that. And I see Jacinda is waiting in the wings. Kia ora, Jacinda.

**Jacinda Allwood**  
Kia ora, Sue. Thanks so much for that, and thank you for the questions that you've posted in the in the Q&A function. Everybody, we will move on to the Assisting Change service now just so we can cover off the information that we've got for you. But we will come back to some of those other questions if we have time at the end.  
So I'll hand back over to Sue to introduce the Growing Voice and Safety Assisting Change initiative and our speaker. Thanks, Sue.

**[Sue Sherrard]**  
Kia ora, Jacinda, thanks so much. I'm feeling very, um, just so excited to be able to also introduce the assisting change work that has been going on now for maybe  
five months or so. I'm looking at John who's nodding at me. So yes, Assisting Change is again, a quality initiative and it's about how can we support providers with quality  
questions, concerns, issues possibly in ways that are useful to providers.

We know as the quality team that there are various ways quality issues come into us and we become aware sometimes of more and it's this. This service is not so much about individuals, but it's about providers and recognizing that sometimes there are patterns that we can recognize within the quality team. And so we can often pick up issues. Also our portfolio managers within DSS come to us with questions about “0is this an issue that perhaps assisting change could support if it is?”.

Then we contact to Te Pou Wairoa, who is the provider of the Assisting Change work and they will work together and I'm going to get John to talk about how they do this   
But really, it's about setting up systems to support providers to manage issues that they might come up with. So that's enough for me and kia ora, John, I know you are here from Te Pou Wairoa.

**[John Taylor]**  
Yes, I am talking about Te Pou Wairoa, which has the Assisting Change contract. So I'll talk a little bit about Te Pou Wairoa, and then how we hope to work and some of the projects we've been working on. We established specifically do this work, and we are a disabled person and family led organisation that is about to support the voice and leadership of disabled people, tangata whaikaha Māori families and whānau.  
And we have as our foundation principles Te Treati O Waitangi, Enabling Good Lives and the United Nations Convention on the Rights of Persons with Disability. Our name comes from was gifted to us by Ngāti Awa ki re Awa o Te Atua, Iramoko Marae and they are closely associated with the work that we're doing.

Our goal is to support providers to insure, to assist disabled people to have the best life that they can have, and the way it works is that if a provider is finding that there's some systemic issues going on for them, either within their control or without of their control, they can talk to their contract relationships manager or - what's the new name for that? Sorry, I can't remember - and a referral can come through to Te Pou Wairoa.

The way we operate is that we have a range of associates who work for the organisation, and other associates are people like Grant Clayland, Lorna Sullivan, Jonathan Tautari, Poroto Naropu, Jane Bawden. There's a bunch of us who have a fairly long history in the sector, and we all have different expertise that we can bring to support providers to do what they need to do. Our way of operating is to figure out with the provider what the issue is, look at a range of options for how things might change so it's more successful in supporting disabled people and then help them bring about whatever change is required.

Some of the things that we're working on at the moment, just to give you some examples how this looks, is that we are working with one organisation that has had a number of people in senior management leave the organisation through, well, frankly through death and through other unfortunate situations. So we're supporting that organisation to develop the expertise of the current senior managers, we're working with another organisation to look at Enabling Good Lives training and how to imbue the organisation with Enabling Good Lives and the processes that would put that into effect. We are working with another organisation to think about alternative alternatives to their current respite model. The current respite model is an in-house in residence one and they want to do things differently. So working with them.

One of the larger projects we're working on is to think about one organisation's having quite a bit of or has had quite a bit of trouble in working out a pathway for people with learning disability or intellectual disability who also experience mental health distress. Now, for most of you will know this is an issue right across the country, so in one area we're working with this provider to try and develop a pathway and we're working with mental health services and a whole bunch of other organisations to think about how we can successfully work with people who have a learning disability, and who might also experience mental distress because you know the current situation of how that works and it's not very successful.

We are working with another organisation on some individualized service design for some people are they're supporting who have very high and complex needs, and we've also established a very small provider group who want to think about things such as how they can make sure their housing is the best housing they can find for disabled people and suits future demand, how they can think about outcome measurements to see if what they're doing works well for people.

We're hoping in time that we'll be seen as a partner to to assist them to do better, rather than somebody who gets called in when things aren't going well.

Yeah, that’s it in brief. Depo by order. Hope that is obvious helps.

**[Sue Sherrard]**   
That was that was great, John. Thank you. And some of this information, once you've done the thinking and figured out some of the pathways that you talked about, will go up on the website and be freely available to anyone.

**[John Taylor]**  
Absolutely. It's a very good point. Yes, thank you. So, a lot of the learnings we take out of this, we'll anonymise it and we'll make it available to providers on our website which is tepouwaiora.org.nz, and over time there'll hopefully be a section which you can go on to and if you've got a similar issue, you can read what's happened before, make contact and we'll better put you in touch with other providers who have gone through that journey.

**[Sue Sherrard]**  
Awesome. Hey, thanks, John. Thanks for sharing the work for Te Pou Waiora under the assisting change banner of Growing Voice and Safety. Jacinda, have we got some questions?

**Jacinda Allwood**  
Kia ora Sue and thank you to both yourself and John, Gary, Tavita and Warren for sharing some of the updates on this, these really important initiatives and services that are going to be rolled out shortly.

So we don't have any raised hands, so this is your opportunity to star and shine and ask your question verbally if you'd like to, and I’m more than happy to just have your microphone turned off so we don't have to have your camera. If you would like to ask a question, you should be able to access the raise hands function on this Teams forum, but we don't have any as such.

I'll just keep an eye on that for the next couple of minutes and hand over to Solmaz because I think we have a few more written questions. So thank you.

**[Solmaz Nazari Orakani**]  
So the question for Gary, do you have services available in Whangarei?

**[Gary Basham]**  
Not as yet. As I said, we're just in the very early starting place and so the four places we're starting would be in the Waikato region, Lower Hutt, Christchurch and Dunedin.

**[Solmaz Nazari Orakani**]  
Thank you so much. And the next question is from Adrian. How far out are plans to provide services in Northland?

**[Gary Basham]**  
I wonder if Adrian is working with Helen to ask both those questions. It's probably for me again as well. I think what we need to do is we need to develop a plan for growth and have a good chat with Sue about the timeline for growing. So no, no details on that as yet.

**[Sue Sherrard**]  
Nice.

**[Gary Basham]**   
But you know, we we're keen to get up and get running as quickly as we can.

**[Sue Sherrard**]  
It's certainly, certainly beginning to work alongside people as soon as we can. And it's, yeah, exciting times and we will be putting more information up on the website, the DSS website and so people can refer there as well to really get a sense of how things are going, we want this to succeed. It's really important for disabled people. So we're encouraging the start small and build slowly and and try and learn and adjust as we go. So kia ora, thanks for the question.

**[Solmaz Nazari Orakani**]  
Thank you, Sue. And another question about “is there any plan or process being put in place to deal with the barrier individuals are currently experiencing with accessing support through NASC specifically for supported living services?”

**[Sue Sherrard]**   
I think that question is sort of outside of the People for Us service. We are aware certainly that very sadly the abuse of disabled people is very widespread, but we had to make a call to start somewhere. We decided that working with the people in residential service who may communicate in a variety of different ways, and those who have limited contact with family or whānau and community - that that's our beginning audience, that's our beginning participants for People For Us, and we will grow from there. That's certainly the aim.

**[Solmaz Nazari Orakani]**   
Many thanks. And we have a question for John. “Is there any intention to share with the sector any solution that might be common across providers?”  
Which means mental health pathway for people with intellectual disabilities.

**[John Taylor**]  
Yes, there is. I've just actually posted there about this, but this is quite a long project. So we're not anticipating anything will happen particularly quickly, but we are working with the NASC mental health providers in the area, a number of disability support providers. We're working with Te Whatu Ora's disability team. So the whole range of people involved in this project now looking for a solution to get a pathway where we can work with disabled people who might experience mental distress and put some processes in place where it's less likely to be an issue in the first instance, and then look at some ways that we can have some immediate support for providers and families when things might get a little bit difficult, and also have some longer term processes for assisting those individuals. So it's a multifaceted sort of thing, and we're only really at the front end of getting that sorted. I'm hoping by the end of the year we'll have some stuff out there because it is, from my own practices, something that is critically required across the country. Yep.

**[Solmaz Nazari Orakani**]  
Many thanks, and we don't have any question in the Q&A function now.

**[Sue Sherrard**]  
Right. Thanks so much.

**[Jacinda Allwood]**

Yes, thanks, Omaz. I was just having difficulty turning on my microphone then to jump in here as well. There's always got to be one in these things, doesn't there? So, that's excellent managing to cover off the questions within time. Hopefully there's no other burning questions, but you absolutely can contact one of the four providers of these services. Um, I think we have a little slide that we might just put up shortly. I think I've got the 0800 number that you talked about – Tevita? Was it Tevita that had an 0800 number? So I'll see if I got the numbers correct with that slide shortly and you can contact Te Pou Waiora through their website, which will pop up shortly.

And if you have any questions about this, you can absolutely contact DSS. So as Sue.  
said, we will update our website with information about the contact details and referral pathways once they are finalised and sorted, and once the suppliers have their websites set up and there are 0800 numbers if they choose to have an 0800 number established, but you can either go to the DSS website and find the information, or you can e-mail us at our Quality team shared mailbox and we will distribute your questions if you have any to the appropriate person.

The (email) address which you all probably have is quality at msd.govt.nz., But you may already have that on speed dial on your computers!

I would just like to say another warm thank you to all of the attendees who came and gave up an hour of their time on this Tuesday afternoon. I don't know what the total numbers were, but I did spot 137 at one point. So that's amazing to have so many people attend and listen to what we're trying to share at these forums. Please give us any feedback if this style of forum worked for you, including the Q&A functions and the option to ask questions verbally if people choose to. If you don't like that, please tell us as well, and we can adapt that for future forums to make it work to your needs.

I'd also like to thank all of the speakers once again for coming and sharing a bit about the work that they're developing and we are really excited in DSS to get these initiatives and services off the ground. Supporting providers and supporting disabled people to have a voice, and giving people other opportunities and avenues to speak to someone if they have any issues, and to support them through the pathways to help both the disabled people, their families and whānau and providers  
enable our disabled people to have a better life and live a better life.

I think we'll wind up the session for today and give you all a couple of minutes back in your afternoon. So, um I will close us off with a closing karakia here.

(karakia)

So thank you everybody. Have a lovely evening, everybody.