

14 December 2009

Ron Paterson
Health and Disability Commissioner
PO Box 11934
Wellington 6142

Dear Commissioner,

Complaint regarding ACC Sensitive Claims Unit and Maori Women

The National Council of Women of New Zealand (NCWNZ) is concerned that the Accident Compensation Corporation (ACC) is currently operating in conflict with the HDC Code of Health and Disability Services Consumers' Rights. An analysis of the currently operated sensitive claims clinical pathway for Maori women victims of sex crimes in terms of how the health and disability services are provided appears to be undermining the Code in the following way:

Right 1: Right to be Treated with Respect

2.3 Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups, including the needs, values, and beliefs of Maori.

The clinical pathway was implemented on 28 October 2009. It was implemented in advance of ensuring that the needs of Maori in relation to their treatment plans had been fully consulted and agreed to. ACC had indicated that there would be at least two Hui with Maori providers of counselling services in advance of Christmas. One Hui has now happened, however representatives of Maori Counselling were given only 24 hours notice of this meeting. There are still no agreed to outcomes arising from this meeting, rather providers again simply voiced their concerns relating to the treatment options for Maori women.

According to ACC, Maori are more likely to be the client for ACC subsidised counselling. Women over all make up 82% of the claimants; and while it is known that Maori women are heavily represented in this percentage, ACC is currently unable to confirm what the actual ethnicity breakdown is. Furthermore, ACC has not determined the kaupapa Maori treatment plans.

The clinical pathway implements a European-style, medical model. Some Maori providers are of the following opinion:

For example, cognitive behaviour therapy is taken as best practice overseas but the philosophy and theory behind this is offensive to Māori. Imagine a people who for over 150 years have suffered colonisation, oppression, being taught they are not good enough. This traumatisation has passed down through generations. Imagine them turning up to a service to find a, probably pakeha, practitioner who believes that what is wrong with them is that their thinking is distorted and that what they need is to be taught skills to think straight. This is a most offensive context in which to provide healing and transformation for our people who have experienced unimaginable traumatisation.

The lack of clarity around the clinical pathway process for Maori places the Maori providers in a position where they may inadvertently impinge on the consumers rights. Without the needed clarity, Maori consumers will not enjoy their right to be treated with respect.

Right 2: Right to Freedom from discrimination, coercion, Harassment, and Exploitation

Maori consumers are currently discriminated against because their treatment plans, rather than being designed and administered by Maori providers, assuming that is the preference they have signalled, will now have their treatment plans determined by clinical psychologists or psychiatrists; the only currently qualified professions able to assess using the DSM-IV diagnostic tool.

In advance of implementation, Maori providers provided the following example to evidence their very real concerns arising from the assessment programme which is a service feature of the pathway:

“... the trauma that can happen as a result of what ACC is suggesting especially around disclosure. I want to mihi to this client who has given me permission to use this information for the purpose of informing ACC of the impact and aftermath of certain process that one engages in when seeking help.

I was an A student at my school. I enjoyed sports and hanging with my friends. The first time I disclosed was to the guidance counsellor, then my parents, then the police, and now another counsellor. The constant telling and re telling of my story drove me crazy to the extent of; my grades dropping, my dropping out of school, hanging out with the wrong crowd, engaging in substance abuse, taking sleeping pills, having flashbacks and nightmares. I also had to deal with the constant “you need to tell, you need to tell” I actually had the scarf around my neck and the other end tied to a beam. The scarf did not hold me. The thought of hanging myself never entered my mind until I had to disclose to so many people. My disclosure was personal to me, but it felt like it was everyone’s business. I felt pressured to do what others wanted me to do, not what I wanted to do. My whanau didn’t know how to help me; I didn’t know how to help me. I know I have gone down big time. I struggle to take care of myself everyday. I am not the girl I was. I want her back. I just need someone to help me and understand me.

(Wahine Maori)

The above story from a wahine Maori, is but one of many stories we as practitioners acquire through the therapeutic relationship. As a result of this story, we ask that you reconsider your decision to go ahead with this medical model and re-engage with providers to create a framework that ensures safety, trust, and healing.”

Some Maori counsellors are feeling particularly frustrated, as they have young Maori women arriving on their doorsteps, wanting to access ACC subsidised counselling; but no guarantees can be made to these young women that the counsellor sitting opposite them will be on the ACC recommended treatment providers list. It is felt that the hasty 24-hour notice given to Maori Counsellors in advance of a most significant Hui is indicative of ACC’s lack of desire for engagement and lack of respect for their role in recovery treatment.

As stated by Maori providers in both Wellington and Nelson, they have young Maori women leaving in tears because providers cannot make any guarantees relating to service provision, or the quality or type of service they can expect to receive.

The National Council of Women of New Zealand (NCWNZ) regrets that it did not contact you regarding our concerns in advance of the clinical pathway implementation date. Currently the clinical pathway is only applied to new claimants, or those processed who were on the waiting list prior to the change-over. On the 10th of January, all existing claimants will be transferred to the new pathway. There is insufficient time for ACC to address the needs of Maori before the transference, particularly with the holiday period upon us.

We request that you, as the Commissioner accept this correspondence as a formal complaint. We believe that existing Maori consumers should be permitted to remain under the previous system until such time as ACC resolves the matter of kaupapa Maori models and makes guarantees to the Maori community that Maori Counsellors will still be able to work with their clients in the formulation of culturally appropriate treatment plans.

We also wish to bring to your attention that ACC has as yet to put anything in place for the treatment of Pacific women, or any other non-European ethnicity. Maori at least were on the list for consideration (after implementation), unlike other peoples who make up our increasingly diversified population.

We look forward to your response and recommendations.

Yours sincerely,

A handwritten signature in blue ink, reading "Elizabeth Bang", is placed on a light blue textured rectangular background.

Elizabeth Bang
National President