

COMPLETE

Collector: Web Link 1 (Web Link)
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Page 2: About you

Q1

Name of submission (organisation or individual)

Valerie Dewe

Q2

Respondent skipped this question

Principal contact (Full name) (optional)

Page 3: Concepts used to guide the inquiry (see Chapter 2)

Q6

Do you see any gaps in how we are thinking about wellbeing and persistent disadvantage? What are these gaps?

no you have done well

Page 4: Measuring disadvantage (see Chapter 3)

Q7

Is there any aspect of disadvantage or persistent disadvantage that has not been captured by our definitions and proposed measurement?

no sounds about right to me.

Page 5: System barriers (see Chapter 5)

Q8

Do the barriers we have identified match your experience? What would you add or remove?

Yes for example, lack money to pay for a previous consultation with a Gp, affects ability to get help support serious condition like diabetes. Care for long term conditions shouldn't be rationed due to the inability to pay.

Page 6: System shifts (see Chapter 6)

Q9

What do you think needs to be done to support these shifts and activate change? Is there anything missing?

Policy makers need education on the reality of living hand to mouth for a lifetime and how that affects health, both physical and mental and what leads to addiction/law breaking/poor choices.

Health and education providers need change attitudes to low income/disadvantaged people, be aware of the importance of helping those don't have the resources they themselves may have, through no fault of their own. We need to become more supportive and less judgemental, more inclusive.

Page 7

Q10

Is there anything else, relevant to our inquiry, you would like to tell us as part of your submission?

I agree with the importance of the first 3 years children's lives which can be quite chaotic in disadvantaged families. To improve the lives of this next generation while trying support the previous two generations. I have seen the difference warm homes/reliable/stable parenting/support stay off drugs can have on a family. There is a lot of good being done but more needs to be done earlier to prevent difficult situations getting worse. We need more support for guiding Maori/Pacific people to gain the skills to enable them to join the health workforce. I work for a Maori health provider.
