IHC Group

Level 15, 57 Willis Street
PO Box 4155
Wellington 6140
0800 442 442
www.ihc.org.nz

4 July 2022

STATEMENT FOR ROYAL COMMISSION OF INQUIRY INTO HISTORICAL ABUSE IN STATE CARE AND FAITH-BASED INSTITUTIONS

For more than 70 years, IHC has championed the rights, inclusion and capability of people with intellectual disabilities in New Zealand.

Today, we employ around 4500 staff and directly support approximately 4000 people with intellectual disabilities around New Zealand through our government funded disability services. Our services include disability residential care, supported living, specialist support, vocational support and social housing. We also lobby and advocate for the human rights of all people with intellectual disabilities at community, national and international levels.

We are proud of our values and the support that our staff and volunteers deliver in the community every day. Our work reflects these values, such as, historically, fighting to close institutions; and on an ongoing basis, lobbying government for new services and support, working with and assisting families, and providing support to people to be part of their communities. Our work promotes and upholds the human rights of people with intellectual disabilities.

IHC is fully supportive of the Royal Commission of Inquiry's work. We commend those individuals who have come forward to tell their stories, and we hope that New Zealand will benefit as a whole from learning from the past and ensuring that things can be improved for the future based on these learnings.

We have been provided with three witness statements which refer to IHC. We do not intend to comment on the specifics of those statements but do wish to make the following general comments.

IHC was heavily involved throughout New Zealand in the transition of many individuals with intellectual disabilities from institutions to the community which occurred throughout the 1980s and 1990s.

While we believe that we have always provided staff with appropriate training in line with best practice and Government guidance at the relevant time, the significant changes which occurred during the 1980s and 1990s with people transitioning into the community did pose challenges. Learnings following the transition by all involved, including community service providers, registered health professionals and Government funding agencies were, however, implemented as part of the evolution of service provision, leading to improvements in the quality of those services, and a focus on the rights of the individual.

At the time of the transition, as is the case now, IHC provided services that aligned as much as possible to that of normal community homes and were not expected to provide any direct medical assessment or support. Whilst there was a major shift in the living arrangements for these individuals, their clinical support often did not change until much later in time after they had moved into the community. Whilst IHC sought local GP input and oversight for these individuals, this was often a significant challenge given that many GPs did not have any education or training in how to review or manage intellectual disabilities and associated complex health challenges and medication requirements. This meant that in the early days after people moved from institutions, their clinical support (including medication regimes) continued to be managed by the same health professionals (doctors and pharmacists) from the hospital

environment. Later on, IHC started to become aware of some GPs in certain regions who were upskilling in this area, and we were able to arrange for a GP to visit a local residence and assess the residents together in one setting.

The referenced review into the use of medication in community settings was commissioned by IHC in 1999 because of concerns that we had at the time for many of the people who we supported. After the transition from institutions to community residential homes, it became apparent to IHC that many of these service users had not had their health needs or related medication assessed for many years. Many of them had unique and complex health needs due to their intellectual disabilities and history. Many of them were on sedative or anti-seizure medication which was prescribed to manage challenging behaviour. Further, when new medication was added to an existing medication plan, there was no requirement for the overall plan to be reviewed.

This review in the late 1990s enabled IHC to seek and lead sector change in the way that health needs and medication was assessed more regularly for these individuals. IHC introduced the Cardiff Health Checks soon after which were considered international best practice at the time for ensuring that individuals with intellectual disabilities were clinically assessed by appropriately trained registered health professionals at least annually.

We wish to acknowledge the significant evolution and development that has occurred since that time. There has been great progress made in terms of local GPs and pharmacists having a better understanding of the needs of people with intellectual disabilities, and the use of modern technology has certainly assisted individuals, their families and service providers to receive more regular and appropriate care. An example is the recent introduction of 1-Chart – an electronic shared access record for multiple health service providers to access in relation to an individual and their health needs.

We acknowledge that best practice thinking and processes have changed significantly over the last 40-50 years, including especially in relation to a focus on the rights and equality of individuals. We have evolved and changed and tailored our support accordingly. It has always been, and continues to be, our goal to ensure that we provide the best level of care possible to the people who we support.

In all aspects of people's lives, IHC has continued to advocate for the same rights as everyone living in the community. We are proud of our history and we remain committed to continuing to learn and improve on the support that we provide to individuals and their families.

GRO-C

Ralph Jones
Group Chief Executive,
IHC New Zealand Incorporated