# Transforming Respite

## Submission form

### Your details

|  |  |
| --- | --- |
| This submission was completed by: *(name)* |  |
| Address: *(street/box number)* |  |
| *(town/city)* |  |
| Email: |  |
| Organisation *(if applicable)*: |  |
| Position *(if applicable)*: |  |

*(Tick one box only in this section)*

Are you submitting this:

as an individual or individuals (not on behalf of an organisation)?

on behalf of a group, organisation(s) or business?

*(You may tick more than one box in this section)*

Please indicate which sector(s) your submission represents:

|  |  |
| --- | --- |
| Disabled person or their family | NASC |
| Disabled person’s organisation | DIAS |
| Current respite provider | Other sector(s) *(please specify)*: |
| Potential new respite provider |

### Privacy

We may publish all submissions, or a summary of submissions on the Ministry’s website. If you are submitting as an individual, we will automatically remove your personal details and any identifiable information.

If you do not want your submission published on the Ministry’s website, please tick this box:

Do not publish this submission.

Your submission will be subject to requests made under the Official Information Act. If you want your personal details removed from your submission, please tick this box:

Remove my personal details from responses to Official Information Act requests.

If your submission contains commercially sensitive information, please tick this box:

This submission contains commercially sensitive information.

Please send the submission in a Word document (not PDF please) by email to:

**respitestrategy**[**@moh.govt.nz**](mailto:tobacco@moh.govt.nz) by **5 pm, Wednesday 3 May 2017**

## Questions

Although this form provides blank spaces for your answers to questions, there is no limit to the length of your responses; you should take as much space as you need to answer or comment. Feel free to enlarge the boxes or attach additional pages.

**Q1 Do you think that implementation of the strategy will make it easier for families to continue in the caring role?**

Yes  No

Reasons/additional comments:

|  |
| --- |
|  |

**Q2 Are there any parts of the draft respite strategy that you don’t like?**

Yes  No

Reasons/additional comments:

|  |
| --- |
|  |

**Q3 Do you think there is anything missing from the draft respite strategy that you would like to have added?**

Yes  No

Reasons/additional comments:

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| --- |
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#### Q4 Do you support the introduction of a flexible respite budget?

Yes  No

Reasons/additional comments:

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| --- |
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#### Q5 What barriers (if any) do you think there are for families with disabled children and young people using out-of-school care programmes?

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#### Q6 What do you think should happen so that there are respite options for people with high and complex needs and challenging behaviours?

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| --- |
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#### Q7 What additional information about respite do you think should be available for disabled people and their families, and in what format?

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#### Q8 Do you think there is a need for families to have individual help to find a respite option that works for them?

Yes  No

Reasons/additional comments:

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| --- |
|  |

#### Q9 Do you support changes to Carer Support administration?

Yes  No

Reasons/additional comments:

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| --- |
|  |

**Q10** **Do you support the development of an online system (website) for managing flexible respite budgets?**

Yes  No

Reasons/additional comments:

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| --- |
|  |

#### Q11 Many people don’t like the term “respite”. What should we call it instead?

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|  |

#### Q12 Are there any other comments you would like to make?

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