



# Kia ora Assessors,

Welcome to the first edition of our Enable New Zealand Clinical Advisory Newsletter!

Our team of clinical advisors is here to support you with expert guidance on rehabilitation equipment, housing modifications, and best practices in assistive technology.

In this newsletter, we'll share updates, resources, and professional development opportunities to help you navigate complex cases with confidence.

We'll also highlight common challenges, new product insights, and practical solutions tailored to your work.

Stay connected and empowered as we work together to achieve the best outcomes for those we support.

Scroll down to find

- **Information** around upcoming events, tools and resources, and some clinical best-practice tips
- **Articles** on research, case studies, and an interview with a pressure injury specialist
- **Updates** for assessors working with both ACC and DSS, and on our Outreach Service.

We value your feedback—let us know what topics you'd like covered in future newsletters! Simply reply to this email with any of your thoughts.

## Upcoming Events

### Workshop on Challenging Behaviours

More details coming soon

In May 2025, join Carey and Jolene as they support you in exploring housing modification solutions for people with challenging behaviours. The focus will be on meeting Ministry criteria while prioritising the least restrictive options—those that minimise impact on the person's freedom of movement and promote their safety and independence.

### Oceania Seating Symposium

November 4 - 6, Energy Events Centre in Rotorua

This premier event focuses on wheeled mobility, seating, and postural care, bringing together professionals, researchers, manufacturers, and users to share innovations and best practices. The 2025 theme is Whai Wāhi: Participation – An Expression of Self.

[Register now on the Oceania Seating Symposium website.](#)

### ATSNZ Disability Expo

August 6 - 7, Auckland

August 19 - 20, Christchurch

This expo showcases the latest in assistive technologies and services, providing valuable opportunities for learning and networking. Registrations open soon.

[Learn more on the ATSNZ Expo website.](#)

# Pressure injury prevention and management with Anj Dickson



## Interview

*From Dheshini Naidoo & Nafi Lefono  
Clinical Service Advisor*

In this insightful interview, a seasoned health professional generously shares their extensive knowledge, thoughts, and experience in the field of Pressure Injuries.

The conversation delves into key themes that resonate with current research, such as the impact of systemic barriers, financial constraints, and disparities in pressure injury assessment tools.

Throughout the discussion, the expert Anj emphasises the importance of practical solutions. This includes providing education – particularly for the non-healthcare population, and actionable tips when assessing Pressure Injuries.

This interview is an invaluable resource for assessors and healthcare professionals. It offers firsthand insights that can guide decision-making, advocacy, and service development, aimed at better supporting disabled individuals in their daily lives.

Kia Ora Anj Dickson,

Please find below the list of questions for our written interview for our Newsletter. Please do feel free to contact either Nafi or I should you require further information. Thank you.

## Interview Questions

## Opening & Background

1. You have been with Counties Manukau for 17 years and specialized in wound care for the past seven years. What led you to focus on pressure injury prevention and management, and how has your perspective on wound care evolved over time?

When I retrained to be a nurse, I realised very quickly that I enjoyed the challenges that surround complex wounds. I had initially worked in Plastics and then General surgery and there were a lot of complex open abdominal wounds that I would spend hours redressing and marvel as they healed. In 2018, ACC had a project that funded Pressure injury improvement in the District's, and I was lucky enough to be chosen to support that and I haven't looked back. Pressure injuries are complex and I really enjoy with the patient and their family to put a plan in place to either heal the wound if feasible or at least treat the characteristics of the wound, to help improve their quality of live living with a chronic wound.

## Expertise & Insights

2. You recently completed your Master's research on the impact of skin tone on pressure injury development. What were your key findings, and how could healthcare professionals, especially assessors, adapt their practices based on your research?

My research showed me that there is inequity in the pressure injury space, that I didn't even consider prior to completing my thesis. All the international research points towards skin tone being a risk factor, as it is more difficult to see the subtle signs of tissue damage in darker skin tones, but none of the internationally recognised pressure injury risk assessment tools acknowledge it or have been modified to acknowledge it. My research showed that pressure injuries were not being identified until they were open wounds (Stage 2 or greater). It showed me that the even the language of pressure injuries is bias, as it is European-centric and non-blanching redness only covers those with lighter skin tones, so we need to ensure that we are assessing darker skin tones more carefully. I always promote setting yourself up for success; good lighting, comparing, and contrasting to the surrounding skin, as well as feeling for subtle changes in temperature.

3. Pressure injuries are often seen as preventable, yet they continue to be a major issue. In your experience, what are the most common gaps in prevention that healthcare professionals should address?

Education of the non-health population – we have changed the name of pressure injuries over the years (pressure ulcers, bed sores, decubitus ulcers) but I think that one area we

really lack in, is educating the carers. There is a large patient population that are cared for at home by family, so why are we not investing time and energy into showing them why it is important to turn the family members that they are caring for and what are the signs that they need to look out for in the early stages of pressure injury and when seek support and who to reach out to.

4. If an assessor identifies a risk of pressure injury, when is the optimal time to refer for Specialist Nurse input, and what signs should prompt a referral?

I am a firm believer in utilising your resources – if you see something say something. Inform the patient, provide education to the carers making sure it is language appropriate (There are a lot of free resources from ACC about prevention available in 16 languages). If there is a wound or you think that the patient is vulnerable and could benefit from a prophylactic dressing, then have an early threshold for referring.

5. To assist assessors in building experience in pressure injury prevention and management, what key factors should they consider to ensure equipment reduces further pressure injury risk?

I think that the most important thing to do is to establish a rapport with your patients and their family. If people feel like you are genuinely there to help them without judgement, they are more likely to engage with you. I also think that is vital to choose equipment that not only meets their pressure relieving need, but it also acknowledges their financial ability as well. There is no point putting an alternating air mattress into a property if they don't have money for power to run it. Equally, educating the patient and family about how it works and why it important that their loved one it one it is paramount

## Assessor Relevance

6. Virtual consultations are becoming more common in wound care. From your experience, how effective is remote assessment in pressure injury management, and what are its limitations?

Virtual review for wound care works to a point, but a photo can't tell you what the malodour of a wound is, how much exudate there is and how deep it is, (although there is a lot of clever software out there that can do that now). But really seeing a person's home setting if vital in the pressure injury space – what is the home like? Where will the patient be sleeping? Are there a lot of young children that could kick out plugs from air mattress? Are their animals that can chew cords. Sometimes reviewing a patient's environment is

the best way to see the behaviours that may be leading to the development of pressure injuries, so you ensure that best fit for that patient.

## Challenge & Future Outlook

7. Has a person you worked with, or an experience fundamentally changed your approach to pressure injury management? What did you learn from it?

I think that there is a lot of misdirected shame in the pressure injury space. It really saddens me that pressure injuries are often thought to be a sign of neglect, but sometimes it is a knowledge deficit. If a family member is looking after their loved one and a pressure injury develops, and as health professional, we struggle to see the early signs of pressure injury development, then how can we expect the family to see those signs. How can that be neglect because you know what you know?

Over the years I have learnt that it vital that I don't judge people or their families for the development of pressure injuries, because that won't help. I focus on connecting with the patients and their families, so I can understand what their home environment might look like and what may have been the contributing factors that lead to the development of the pressure injury; knowledge deficit, difficult behaviours due to cognitive decline, hierarchies within families – knowing more about each patient helps me, to help them.

8. Looking ahead, what are the biggest advancements or innovations in pressure injury prevention? How might emerging technology, materials, or AI shape the future?

There is a lot of technical advancements in the pressure injury space – new beds that can judge the quality of turns and send you a text to correct the turn; more advance moisture wicking fabrics for moisture management; new materials gel services that envelop the patients. I am really looking forward to seeing the technological advances to help us to help our patients.

## Closing & Takeaway

9. If you could give one key piece of advice to assessors prescribing equipment to prevent pressure injuries, what would it be?

It is about the whole of the patient – not the hole in the patient. Making sure that we assess each patient as an individual, so that we met their needs, rather than what we think they need. Make sure the patients know the 'Why' why do you want them to use a piece of equipment and 'how' that is going to positively impact them?

Thank you again,

Kind regards,

Dheshini Naidoo (NZROT) and Nafi Lefono (NZRPT)

Clinical Services Advisors at Enable NZ

Email: Dheshini.naidoo@enable.co.nz or nafi.lefono@enable.co.nz

## Clinical best practice when describing movement



### Tips & Advice

*Jolene Young*

*Clinical Service Advisor*

- Avoid subjective terms, like 'struggling'.
- Identify specific tasks that they struggle with.
- Explain what is causing the difficulty with this task

When describing how a person performs a task, words like 'difficult', 'struggling', or 'significant' are vague and subjective. These terms express an opinion about the task, rather than providing concrete details about how it is being performed.

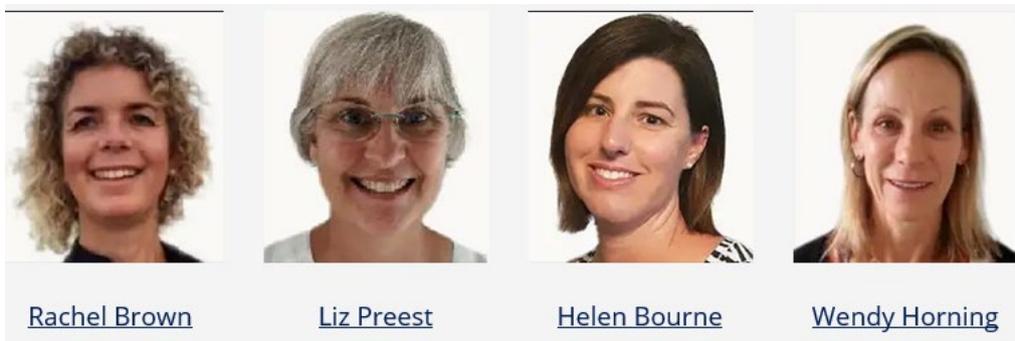
Saying that someone is "struggling to get dressed" does not explain what aspect of dressing is challenging. Whether it's buttoning a shirt, reaching for clothing, or balancing while putting on pants. Similarly, calling a task 'difficult' does not specify whether the issue lies in strength, coordination, cognition, or another factor. Such language lacks the precision needed to fully understand a person's abilities and challenges.

By using activity analysis, we can provide a clearer and more actionable description of how a person performs daily activities. Instead of saying someone is "struggling to get dressed," we might analyse and document that they require assistance to pull a shirt over

their head due to limited shoulder mobility; or take longer than average to fasten buttons due to reduced finger dexterity.

Activity analysis shifts the focus from subjective to objective, measurable observations.

## The Enable New Zealand Clinical Advisory Outreach Service



Our Outreach service works alongside EMS (Equipment Modification Service) Assessors (occupational or physiotherapist) to assist with meeting the wheelchair, seating and lying support needs of people with a disability.

By coming to our clinic, you'll get to work directly with a Clinical Services Advisor (CSA) who specialises in complex wheelchairs and seating.

Learn more on our website. [Wheelchair and seating outreach services](#)

### Some handy tips from the CSAs on the outreach team about power wheelchairs

- A power wheelchair with non-expandable electronics can have power tilt along with power seat elevation, i.e. you don't need expandable electronics to achieve these two power seat functions.
- For certain sizes of compact power wheelchairs, the seat top will overhang the seat base. This means the overall width will be wider than the width of the base which is usually listed as the overall wheelchair width of the power wheelchair. (see below photo of a 20" seat width on a compact power wheelchair)

- Power wheelchairs manufactured for a maximum weight capacity over 205kg are typically not crash tested for occupancy and/or safe travel in a vehicle.



Example of a 20" seat width on a compact power wheelchair.

## Presentation at the 2024 European Seating Symposium

Rachel Brown provided a poster presentation at the 2024 European Seating Symposium at Trinity College Dublin:

*Power wheelchairs (PWCs) for people with motor neurone disease (MND)*

[Download Poster here](#)



# Update from Enable's MRES Team



## Equipment Spotlight

*Sarah Boyt*

*Service Manager for Clinical Service Advisors*

The ACC MRES (Managed Rehabilitation Equipment Service) online searchable list is up and running! This tool makes ordering from the list fast and efficient. Please check it out.

[Visit the list online](#)

Remember to consider 'list options first' in all MRES ordering. For more information around the list check out our recently recorded webinar on the Enable Education Tutorial page.

[View the Webinar](#)

There are a range of high quality configurable motorised wheelchairs available on the Complex List – Please check these out and ensure they are considered in the first instance.

- Ti lite ZRA
- Ti Lite Aero Z
- Melrose Hawk (both Titanium and Aluminium)
- Custom Tech Apex Aluminium
- Allied Medical Ki Rouge

Bariatric options include the Melrose Stallion and the Allied Medical Karma BT10.

### **IMPORTANT REMINDER**

ALL trials (both non-list and Complex List) require quotes. Please ensure one is included with your order to avoid delays in processing.

Should you have any questions or need further information, please don't hesitate to reach out to one of our Clinical Services Advisors.

## Great updates for EMS Assessors



### Equipment Spotlight

*Carey Maclean*

*Clinical Service Advisors*

We are excited to announce an important update for our EMS Assessors!

Effective immediately, three new low profile pressure care cushions are available to EMS Assessors holding PSCHM and WMPMLIP accreditation.

These cushions are designed for comfort and to support in the prevention of pressure injuries:

- Roho Mosaic Cushion
- Caremate Gel Cube Cushion
- Ki Mobility Axiom Air LTE Cushion

Additionally, we would like to share that we now have our first draft of a searchable equipment list. This new list will allow EMS Assessors to narrow down their searches more efficiently by using relevant keywords, making it easier to find the right equipment.

We will continue to update you on this project as it progresses.

## Our summary of *The Global Report on Assistive Technology (GReAT)*

Summaries and article critiques

*Joanne Taylor-Cross*

*Clinical Service Educator*

[Download full report online](#)

In 2022, the World Health Organization and UNICEF released the *Global Report on Assistive Technology (GRaAT)*, which offered a powerful overview of how assistive technology, (AT) can be accessed and used around the world.

Access to appropriate AT is crucial for enabling education, workforce participation, and independent living, thus ensuring there is quality of life for individuals. This report findings are relevant to all people of Aotearoa

## What the Report Found

- **Widespread Need**

More than 2.5 billion people globally need at least one assistive product. This number is expected to grow to 3.5 billion by 2050, due to an aging population and rising rates of chronic illness.

- **Access Gaps**

While around 90% of people in high-income countries have access to the assistive devices they need, this figure drops sharply in low-income countries—sometimes as low as 3%.

- **Key Barriers**

The report highlights high costs, limited product availability, lack of trained staff, and low awareness as major obstacles. These issues prevent many people from getting the equipment they need to live independently and participate fully in society.

## Recommendations

The report outlines ten actionable recommendations to improve global AT access:

1. **Integrate AT into Key Development Sectors**

Ensure AT is part of essential services like health, education, and social welfare.

2. **Ensure Product Safety and Affordability**

Develop and enforce quality standards to make AT products safe, effective, and affordable.

3. **Expand and Diversify Workforce**

Increase the number and variety of trained professionals in the AT sector.

4. **Involve Users and Their Families:** Engage AT users and their families in the development and implementation of AT services.

5. **Raise Public Awareness:** Combat stigma and increase understanding of AT through public education campaigns.

6. **Invest in Data and Evidence-Based Policies**  
Collect and utilise data to inform AT policies and programs.
7. **Promote Research and Innovation**  
Support research to foster innovation in AT products and services.
8. **Develop Enabling Environments**  
Create policies and infrastructures that support AT access and usage.
9. **Include AT in Humanitarian Responses**  
Ensure AT needs are addressed during emergencies and humanitarian crises.
10. **Support Through International Cooperation**  
Provide technical and financial assistance to countries to improve their AT services.

## Why It Matters

Access to the right assistive technology can make a huge difference. It helps people engage in education, join the workforce, and live with more autonomy. The benefits aren't just individual—they ripple out into communities and economies as well.

## What Needs to Change

The report lays out ten clear recommendations, from integrating AT into national health and education systems, to increasing public awareness and improving affordability. It also calls for more involvement from users and families, stronger international cooperation, and investment in innovation and research.

## How this may relate to New Zealand in 2024

"In the article by Manship et al. (2023), *The experiences and perceptions of health-care professionals regarding assistive technology training: A systematic review*, they explore the training needs and experiences of healthcare professionals (HCPs) in relation to assistive technology (AT). It highlights the increasing global demand for AT devices to support independent living, especially as populations age and chronic illnesses rise. The study synthesizes data from 62 studies involving 7,846 participants, showing significant gaps in HCPs' access to training, which limits their ability to effectively prescribe and support the use of AT. The review suggests that comprehensive, ongoing training is crucial

for HCPs to be confident and competent in using AT to help users live independent, healthy lives.

Key findings include the need for tailored education and ongoing support after training to ensure long-term competence and confidence among HCPs. The study also discusses the perceived barriers to AT training, such as lack of availability and access, and emphasizes the importance of continued research on the effectiveness of AT training programmes.

The findings of this article align closely with the *Global Report on Assistive Technology (GReAT)* as according to the GReAT report, more than 2.5 billion people globally need at least one assistive product, a number projected to rise to 3.5 billion by 2050. However, the report highlights significant barriers to accessing AT, including high costs, limited availability of products, a shortage of trained professionals, and low awareness, particularly in low-income countries.

Both the systematic review and the GReAT report emphasize the need for a trained workforce in the AT sector to ensure that individuals receive appropriate support and equipment. The GReAT report provides ten actionable recommendations to improve global AT access, such as integrating AT into health, education, and social welfare systems, increasing public awareness, and expanding the AT workforce. These recommendations directly address the gaps identified in the systematic review, particularly the need for trained professionals and tailored training programs.

The overlap between the findings of both documents underscores the importance of addressing training gaps in healthcare professionals to ensure that AT users are adequately supported. The systematic review advocates for continued research on AT training effectiveness, which is one of the recommendations in the GReAT report to foster innovation and improve the AT sector globally.

In Aotearoa New Zealand, these findings are particularly relevant, as the demand for AT is increasing, and addressing training gaps in the workforce is crucial to improving access and outcomes for individuals who rely on AT for independence and quality of life.

## References

World Health Organization & UNICEF. (2022). *Global report on assistive technology (GReAT): Access to assistive technology* [Report]. World Health Organization. [www.who.int/publications/i/item/9789240065414](http://www.who.int/publications/i/item/9789240065414)

Manship, S., Hatzidimitriadou, E., Moore, J., Stein, M., Towse, D., & Smith, R. (2023). The experiences and perceptions of health-care professionals regarding assistive technology

training: A systematic review. *Disability and Rehabilitation*, 45(1), 123-146.

[doi.org/10.1080/10400435.2023.2219294](https://doi.org/10.1080/10400435.2023.2219294)

## Restraint Minimisation and equipment solutions



### Tools and resources

*Christa Roessler*

*Clinical Service Advisors*

- There are clear Health Standards around the use of restraints in New Zealand.
- Enable has resources around using (and minimising the use of) restraints on our website, including a webinar.

Equipment solutions that may potentially restrict a person's normal freedom of movement would be considered a restraint.

Our Clinical Services Advisory teams have an interest in this topic and have presented several times since November 2023. It is an important consideration in our clinical practice as therapists, whether you work as an assessor under DSS or ACC services.

The current New Zealand Standard Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 was published in early 2022 and informs the expectations of all service users. It provides definitions of a restraint as something that restricts a person's normal freedom of movement.

In relation to equipment some examples that may be considered a restraint, depending on the circumstances include bed rails, wheelchair seating and accessories, bed positioning equipment and sleep aides. The circumstances of the individual and the assessment and goal of the equipment will help to determine whether the equipment is restrictive.

To find out more, view the recorded webinar and access valuable practice resources on the Enable New Zealand website.

[View the webinars on our website](#)

# Our critique of NZ research on Mobility of Disabled Children

Summaries and article critiques

*Joanne Taylor-Cross Clinical Service Educator*

*And Rachel Tatham, National Manager, Clinical Advisory Services Operations*

- *'Mobility barriers and enablers and their implications for the wellbeing of disabled children and young people in Aotearoa New Zealand: A cross-sectional qualitative study'*
- Published in Wellbeing, Space and Society, Volume 2, 2021

*Article critique*

*Smith, M., Calder-Dawe, O., Carroll, P., Kayes, N., Kearns, R., Lin, E.-Y. (J.), & Witten, K. (Year). Mobility barriers and enablers and their implications for the wellbeing of disabled children and young people in Aotearoa New Zealand: A cross-sectional qualitative study. Journal Name, Volume(Issue), pages.*

[www.sciencedirect.com/science/article/pii/S2666558121000014](http://www.sciencedirect.com/science/article/pii/S2666558121000014)

The qualitative study "**Mobility Barriers and Enablers for Disabled Children and Young People in Aotearoa New Zealand**" investigates the mobility experiences of disabled children and young people (CYP) in Tāmaki Makaurau Auckland. Conducted between 2016 and 2018, the research involved 35 disabled CYP aged 12 to 25, who were engaged through face-to-face and go-along interviews. Led by a multidisciplinary team with expertise in public health, mobility, rehabilitation, social justice, and youth studies, the study aimed to identify the key barriers and enablers affecting mobility.

The findings underscore the significant role mobility plays in promoting wellbeing, participation, and independence. They also highlight a number of systemic barriers, such as ableism, inaccessible transport networks, financial challenges, and bureaucratic obstacles. The study advocates for urgent reforms to improve transport accessibility and enhance equity for disabled CYP.

The study offers a comprehensive and well-structured analysis of the mobility challenges faced by disabled CYP in Aotearoa New Zealand. The inclusion of diverse voices and lived experiences provides strong validity to the findings, presenting a compelling case for systemic change.

## Use of Evidence and Thematic Analysis

The study utilises **thematic analysis** effectively to categorise key barriers and enablers. The themes, such as ableist attitudes, inconsistent accessibility services, and the financial burden of mobility challenges, are well-supported with **participant quotes** and examples. The findings align with existing literature on disability and mobility, bolstering their credibility. However, the inclusion of additional **quantitative data**—such as statistical comparisons of mobility experiences before and after specific policy interventions—could have provided a more comprehensive perspective on the impact of these barriers.

## Policy and Practical Implications

The study makes a compelling case for systemic reforms, such as improving transport accessibility, increasing funding for mobility support, and raising public awareness of ableism. However, the recommendations could have been more actionable. For example, while the study addresses the impact of financial constraints, it doesn't delve into specific funding models or legislative changes that could alleviate these burdens. Incorporating policy frameworks from countries with more advanced mobility accessibility initiatives could further strengthen the recommendations.

## Strengths of the Study

One of the key strengths of the study is its **participant-centred approach**, which incorporated face-to-face and go-along interviews to capture the lived experiences of disabled CYP authentically. This methodology provides rich qualitative insights into the real-life challenges faced by disabled individuals. The research team also included individuals with lived experience of disability, which not only added credibility but ensured that the study's perspective was inclusive and grounded in lived reality.

The study is also particularly strong in identifying key barriers, such as **ableism**, **inaccessible transport**, **financial burdens**, and **bureaucratic inefficiencies**. These themes are critical to understanding the challenges that disabled CYP face in achieving mobility, and the study makes a convincing case for the need for policy interventions to address these barriers.

## Limitations of the Study

Despite its strengths, the study would have benefited from a **larger participant pool** to enhance the robustness of its findings. While 35 participants offered valuable insights, a broader sample from different regions of New Zealand may have revealed additional trends or regional disparities in mobility barriers. Furthermore, while the study does a thorough job of identifying barriers and enablers, it doesn't include a detailed comparative analysis of international best practices or policy frameworks from other countries that could inform New Zealand's approach to improving mobility accessibility.

## Conclusion

Overall, the study offers a **well-researched and insightful exploration** of the mobility barriers and enablers that disabled CYP face in Aotearoa New Zealand. While it successfully highlights the **systemic challenges** and **social inequities** that disabled individuals encounter, there is potential for further research with a larger sample size and a **comparative policy analysis**. The findings are particularly relevant for **assessors, policymakers, and disability advocates**, highlighting the urgent need for equitable mobility solutions to enhance the wellbeing and independence of disabled young people in Aotearoa.

## Clinical Services Advisors: experts here to support you



### Service Managers update

*From Sarah Boyt and Gill Clarkson. Service Managers, Clinical Service Advisory teams*

On behalf of the Enable New Zealand Clinical Services Advisory Teams – It is our pleasure to warmly welcome to the first edition of our newsletter. Who can believe we are heading into the month of May already!

Our teams are here to support you and collaborate to help ensure optimal client outcomes whilst still working within the criteria of both the ACC MRES Operational Guidelines and DSS EMS criteria.

Our experienced OT's and PT's have a wealth of experience in equipment provision over a large variety of clinical settings – both in NZ and further afield.

We're available via phone, email – even an online meeting can be arranged if required. Either ask to speak to a Clinical Services Advisor when calling the Enable contact centre or use these links to find our individual contact details on the Enable Website:

[DSS EMS Clinical Advisors](#)

[ACC MRES Clinical Advisors](#)

Thank you for taking the time to read our messaging and material as we endeavour to continue to support your work to achieve optimal client outcomes in Assistive Technology prescription.

## Moving forward in a new way



Service Managers update

*From Rachel Tatham*

*National Manager, Clinical Service Advisory Operations*

As we conclude this first edition of the ECAS Quarterly Newsletter, I want to extend my appreciation to everyone who has contributed to this milestone. This newsletter marks the beginning of a new way for our team to share insights, updates, and collaborative successes with you from across our community.

At Enable New Zealand, we deeply value the expertise of our clinical advisors and skill of the assessors we work with in the community: your dedication and professional knowledge are instrumental in ensuring the best outcomes for those who rely on our services. This edition has highlighted key developments, case studies, and international perspectives, reinforcing the importance of collaboration in advancing clinical practice.

Moving forward, we will continue to build on these foundations—sharing innovations, facilitating learning opportunities, and strengthening our partnerships. Your feedback and engagement are invaluable, and we look forward to evolving this newsletter together.

Thank you for your ongoing commitment and passion. We hope you find this first edition insightful and look forward to bringing you more in the future.

Noho ora mai,

Rachel Tatham

National Manager - Clinical Advisory Services

Enable New Zealand

*Thank you to all who assisted in preparing and editing this newsletter, especially Joanne Taylor-Cross, Dheshini Naidoo, Nafi Lefono, Phillipa Corby, Christian Flutey, and Thomas Saywell.*