



Life Events

Presentation by

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Life Events overview

The previous government wanted public services to be radically transformed for the benefit of all New Zealanders.

This led to the governments Better Public Services program, specifically Result 10, which encourages a collaborative proactive approach for agencies towards digital services for New Zealanders when dealing with government agencies.

42 different Life Events identified;

5 of those were prioritised:

- Birth of a Child
- End of Life
- Starting Tertiary
- Victim of Crime
- Turning 65

Whetūrangitia

 **Death Documents**

 **Te Hokinga ā Wairua**
End of Life Service

 **SmartStart**

Life is about events, not agencies

Agencies have little integration and wait for the customer to initiate most interactions



Customer experience and data is spread across different agencies



Customers told us they wanted agencies to work together to better support their needs



New parents are time poor and always tired!

How we design our products:



Put users at the heart of the design work



Get started, deliver something (MVP) and then iterate



Build a cornerstone “system” that can be emulated



One product owner organisation with strong partnerships



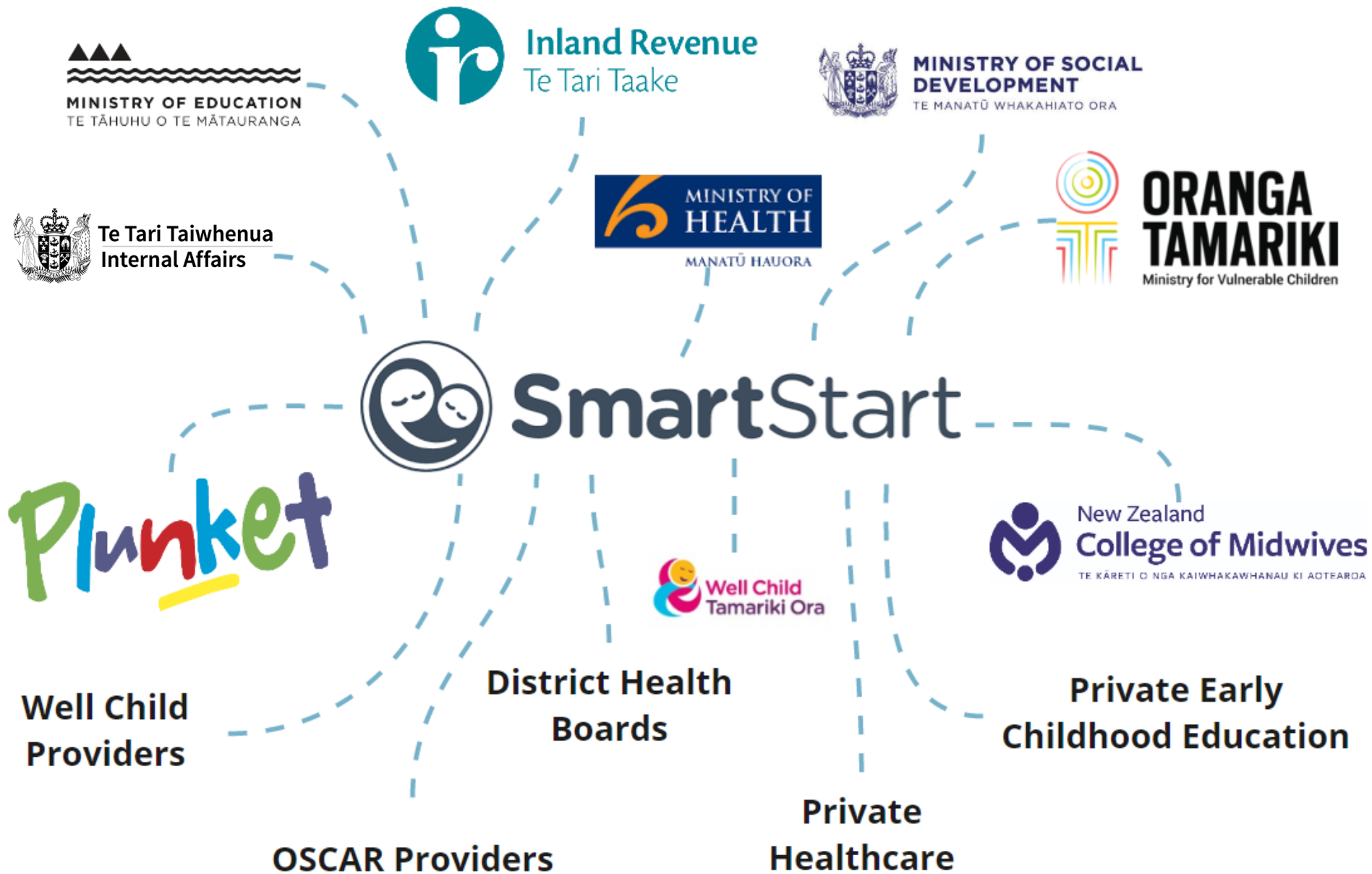
Communicate to build relationships and trust



SmartStart







**Receive
notifications**

**Information
& Support**

**Register
your baby**

**Top 10
Baby
names**

**Find
services
near you**

**Financial
help**

**Consent
to share**

Best Start

For baby's born on or after 1 July 2018



Everyone can get **\$60 a week** in their child's first year — if the child was due or born on or after 1 July 2018.

New parents can apply for these Best Start payments when registering the birth of their baby through the SmartStart website.



Te Tari Taiwhenua
Internal Affairs



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA



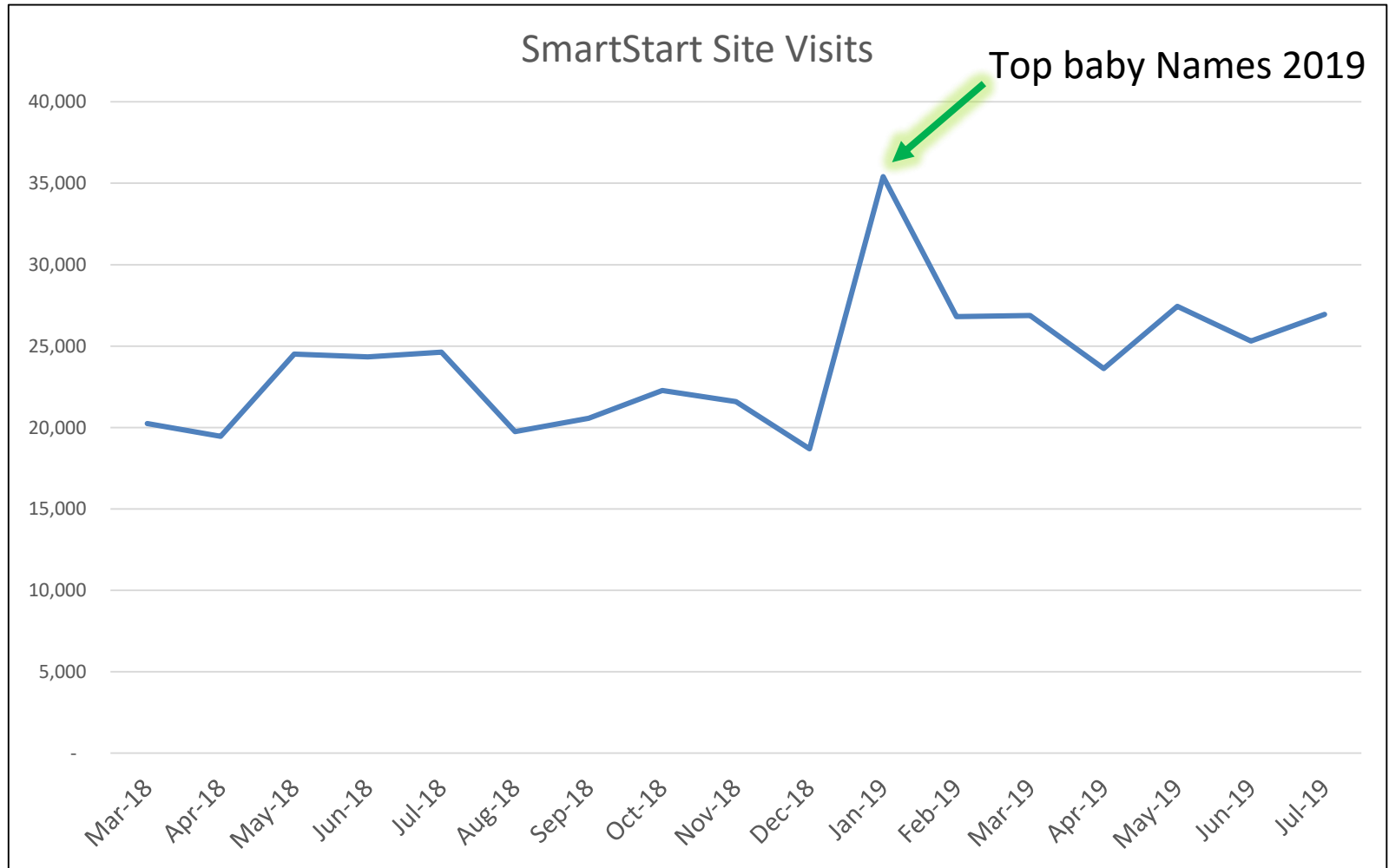
Inland Revenue
Te Tari Taake

Total visits @ 1st September 2019

- 694,000 +
- Growing by close to 1,000 a day
- 60,000 births annually in NZ
- 98% of parents register online through SS

Consented sharing

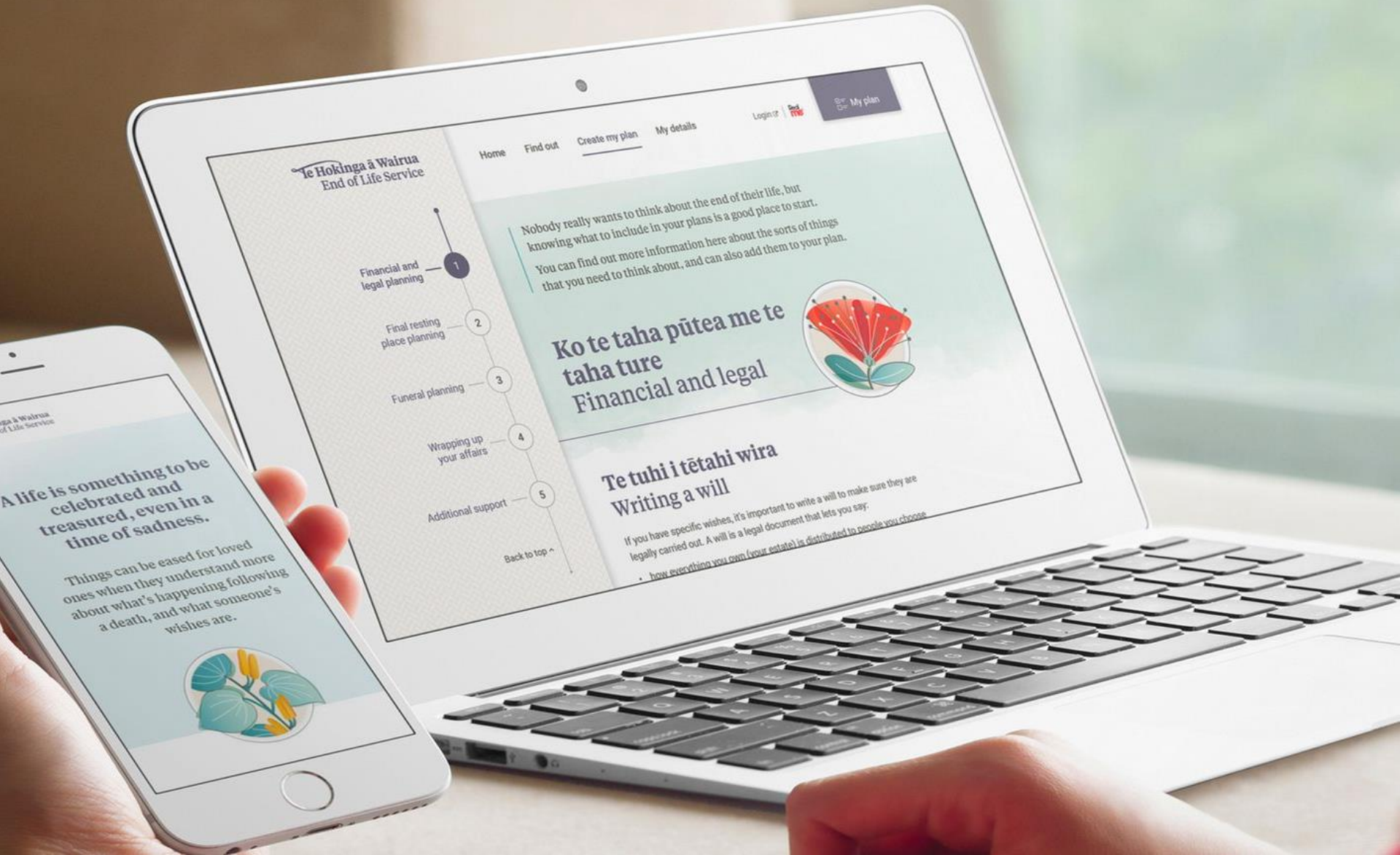
- Over 18% of parents notified MSD of their baby's birth
- 98% of parents consented to receive an IRD number





- We are also working on expanding the current notification services to include enrolling in Early Childhood Education and school.
- We are also looking at notifications for immunisation and WellChild checks (including before school checks).
- WellChild Tamariki Ora providers will be available in 'services near me' to help parents transitioning from a Lead Maternity carer and enrolling with a provider.

Te Hokinga ā Wairua End of Life Service

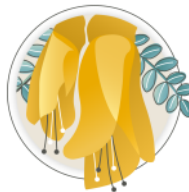




Te Hokinga ā Wairua

End of Life Service

Things can be eased for loved ones when they understand what's happening following a death, and what someone's wishes are.



Te Hokinga ā Wairua End of Life Service



New Zealand Government Te Kāwanatanga o Aotearoa



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA



Caring Funeral Professionals



**MINISTRY OF
HEALTH**
MANATŪ HAUORA



Inland Revenue
Te Tari Taake



**Te Tari Taiwhenua
Internal Affairs**



**MINISTRY OF
JUSTICE**
Tāhū o te Ture



Te Kaporeihana Āwhina Hunga Whara





What the product includes:



Information:

- Coping with terminal illness
- Wills and legal requirements
- Managing finances
- Preparing the body
- Planning a service
- Specific support e.g. loss to suicide or losing a child



Creating and sharing a plan



Having an account with RealMe



Services near me



Discovery Insights:

Theme: Finances

People's worry about finances is not limited to the early stages following a death; it can exist as a burden long after the death. Not just emotional burden, but also physical burden (e.g. debt)

Theme: Motivations

People would find it motivating to plan with someone else. Having support is just as important for people who are creating a plan for their own end of life, as it is for those experiencing a death

Theme: Emotional support

People may not have come to terms with a death before coming to the website, which can be emotionally triggering - especially if they are using it alone. They want very simple information to avoid feeling overwhelmed

Theme: Assistance

Most people wouldn't initially think to create a plan online - especially those who need support from others to access digital services



Discovery Insights:

Theme: Cultural awareness

People felt that there was a lack of cultural representation - especially Māori. Language diversity and visual diversity is needed

Theme: Cultural responsibility


There is a lack of guidance around cultural protocol for people less familiar with cultural bereavement processes - those that are immersed in their culture are already aware and don't need to be told

Theme: Spirituality

'Spiritual health and safety' (e.g. performing karakia) is hugely important for Māori when talking about death - "there is an intense fear that you're going to do something wrong"

Theme: My rights

Understanding rights - both law and lore (the cultural knowledge or traditions passed between generations) - is critical for people to process a death and to avoid potential family conflicts



**Information for family and whānau
experiencing the death of a baby or
child. Sending aroha to you.**

Kua whetūrangitia koe
[Return to the stars >](#)

Stillbirth

If you or someone you know has been affected by stillbirth, find out about support available to you, practical information and financial entitlements you may be eligible for.



Miscarriage

Find relevant information for yourself or someone you know who has suffered a miscarriage, including financial entitlements, memory making and support resources.



Fetal abnormality

If you are faced with an unexpected diagnosis in pregnancy, this section provides unbiased information to support you in making a decision based on your individual circumstance.



Whetūrangitia

Meaning of Whetūrangitia

In traditional whaikōrero Māori refer to the passing of a person as a 'star' that returns to the sky to join the multitude of ancestors. Whetūrangitia means "stars that adorn the sky". The whakataukī, "Kua whetūrangitia koe", in this context means, "Return, take your place amongst the stars along with your ancestors that adorn the sky".



Death Documents

 Death Documents

The digital tool to securely
and easily complete and
view the Medical Certificate
of Cause of Death and
Cremation Forms

Required by the Burial and Cremation Act
of 1964.

Login with RealMe



New to Death Documents?
Create a Death Documents
account >



> Practitioners can easily complete documentation in one
friendly form, online, from anywhere, with built in help and
clinical guidance



> Funeral directors can conveniently retrieve these
documents from any device, and print and download these
for their use



First time here or need
some help?

Select one of the options below to be
directed to clinical and system help

[FOR PRACTITIONERS](#)



The forms before...

SP-1024

Revised and Commissioned in 2008

Medical Certificate of Cause of Death

This certificate must be given to the funeral director or other person in charge of the body without delay

The information required on this certificate will be used in the determination of causes of death, statistics

Please print clearly, and do not use abbreviations

Signature of Decedent

Date or gross weight (if of decedent)

Decedent's National Health Number (NHN) (maximum 10 numbers)

--	--	--	--	--	--	--	--	--	--

Date of death

____ day _____ month _____ year

Date of death as seen to me

____ day _____ month _____ year

Last seen alive by me

____ day _____ month _____ year

Body seen by me after death

☐ Yes ☐ No

Place of death is full

☐ Yes ☐ No

How common manifestation

☐ Will to show
☐ Required – cannot see signs
☐ Not required

Sex ☐ Male ☐ Female ☐ Other

☐ I examined with consent

☐ I examined this death as not appropriate under the **Common Act 2000**

Not

☐ I did not see the decedent after and the doctor who has examined the decedent is satisfied, and having examined the body, signed, upon to the determination of death, as notified that death is so required to be reported to the Coroner

Not

☐ I saw the death

☐ I saw the death at time of death

☐ I saw the death, but progress within 42 days of death

☐ I saw the death, but progress at time of death or within 42 days of death

Cause of death

Approximate interval between onset and death

Part 1

Disease or condition directly leading to death

(S1)

due to (or as a consequence of)

Immediate cause

Mental condition, if any, giving rise to the above cause

(S2)

due to (or as a consequence of)

From the underlying cause

(When an injury which caused the onset of mental illness leading to death) or the last event (S1 or S2)

(S3)

This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death

Part 2

Other significant condition contributing to the death but not related to the disease or condition specified in Part 1

(S4)

Accidents or Hilarity Events

When signing a medical certificate under Part 1 of the Death and Commission Act 1980 if death was the result of injury possible death here and where the injury occurred in Cause of Death, Part 1 (S1, S2, S3).

If the decedent was on the time of death suffering from an infectious disease, whether or not caused death, enter the decedent

I certify that the probable cause of death shown above is true to the best of my knowledge and belief, and that no other information has been omitted or reported by the Coroner Commission of Health. I am prepared to provide additional information as to the cause of death, where available, for the purpose of allowing more precise statistical classification.

Print name and position

Signature

Address

Signature

Date

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Death Certificate (Form 1) (2008)
 Please forward to: 2008-2009

10. Do you know any reason whatever for supposing that an examination of the body or the deceased may be desirable? _____

9A. Do you know or have you any reason to suspect that the body of the deceased contains a cardiac pacemaker or other biomechanical aid? _____

10. Give the name and address of the ordinary medical attendant of the deceased: _____

11. Give names and addresses of all the medical practitioners who attended the deceased during their last illness: _____

F-LINK A
Reg.5(1) & (4)

THE CREMATION REGULATIONS 1973
APPLICATION FOR CREMATION

Consecutive number (to be inserted on receipt of application)

i. _____
(Full name of applicant)

(Address)

(Occupation)
apply to the crematorium authority of the _____ Crematorium (or as the case may be)
to undertake the cremation of the body of _____
(Full name of deceased)

(Address)

(Occupation) (Age) (Sex) (Whether married, widow, widower, or unmarried)

The true answers to the questions set out below are as follows: _____

1. Are you an executor of the deceased? _____
If no, state the relationship. _____
If you are not an executor or a near relative*, state why this application is being made by you and not by an executor or a near relative* _____

2. Have the near relatives* of the deceased been informed of the proposed cremation? _____

3. If the application is not made by an executor, is there an executor of the deceased? _____
If there is an executor has he been informed of the proposed cremation? _____

4. To the best of your knowledge and belief has any near relative or executor of the deceased expressed any objection to the proposed cremation? _____
If so, on what ground? _____

5. What, to the best of your knowledge and belief, was the date and hour of the death of the deceased? _____
Date: _____ Hour: _____

6. Where did the deceased die? (Give address, and say whether own residence, lodgings, hotel, hospital, nursing-home, etc.) _____

7. Do you know or have you any reason to suspect that the death of the deceased was due, directly or indirectly, to -
(a) Violence: _____
(b) Poison: _____
(c) Privation or neglect: _____
(d) Illegal operation? _____

FORM AB
Reg. 7A

THE CREMATION REGULATIONS 1973

**CERTIFICATE IN RELATION TO PACEMAKERS AND
OTHER BIOMECHANICAL AIDS**

I HEREBY certify that I have examined the body of:

(Full name of deceased)

(Address)

(Occupation)

* I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid.

* I have removed from the body a cardiac pacemaker or other biomechanical aid.

Signature: _____

Address: _____

Date: _____

Registered Qualifications: _____

* Delete whichever is inapplicable

MEDICAL
ALPHABET

A	B	C	D	E	
↵	↶	↷	↸	↹	
F	G	H	I	J	
↵	↶	↷	↸	↹	
K	L	M	N	O	



The forms after

Death Documents

MINISTRY OF HEALTH
HUMAN SERVICES

Medical Certificate of Cause of Death

Burial and Cremation Act 1964
HP4720

Document number:
DD19-00003-01

This certificate must be given to the funeral director or other person in charge of the body without delay.
The information recorded on this certificate will be used in the compilation of cause-of-death statistics.

Mouse, Mickey

DATE OF BIRTH 18/11/1928	DATE OF DEATH 04/07/2019	SEX Male	NIHI NUMBER 2220008
PREGNANCY STATUS N/A	LAST SEEN ALIVE BY ME 03/07/2019	BODY SEEN BY ME AFTER DEATH Yes	DEATH DISCUSSED WITH CORONER No
SATISFIED THE DEATH IS NOT REQUIRED TO BE REPORTED TO THE CORONER UNDER THE CORONERS ACT 2008 Yes		POST-MORTEM Not requested	PLACE OF DEATH Disneyland hospital Disneyland Drive Anaheim Anaheim

Cause of Death

PART 1

A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive cardiac failure	APPROXIMATE TIME BETWEEN ONSET AND DEATH 4 days
B) ANTECEDENT CAUSES Ischaemic heart disease	20 years
C) UNDERLYING CAUSE Atherosclerosis	20+ years

PART 2

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH
Cerebrovascular accident (2 years)

INFECTIOUS DISEASE
Nothing documented

I certify that the particulars and causes of death as described are true to the best of my knowledge and belief, and that no relevant information has been omitted. If required by the Director-General of Health, I am prepared to provide additional information as to the cause of death, where available, for the purpose of allocating a more precise statistical classification.

PRACTITIONER AGENCY DATA THREE	HPH-CPH/REG NO. 82108	QUALIFICATIONS BSC	DATE 04/07/2019
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New Zealand Government

Death Documents

MINISTRY OF HEALTH
HUMAN SERVICES

Cremation Form B and Form AB

Cremation Regulations 1973 Reg. 7(1)(a)
Certificate of Medical Practitioner or Nurse Practitioner

Document number:
DD19-00003-01

I am informed that application is about to be made for the cremation of the body of:

NAME Mickey Mouse	ADDRESS Disneyland Drive Anaheim Anaheim Hononga o Amerika	OCCUPATION Entertainer
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As a medical practitioner or nurse practitioner who is required or permitted by section 46B or section 46C(1) of the Burial and Cremation Act 1964 to give a certificate of cause of death (as defined in section 2(1) of that Act), and who has seen and identified the body after death, I give the following answers to the questions set out below:

1. ON WHAT DATE AND AT WHAT HOUR DID HE/SHE DIE?
04 July 2019, 2:30pm

2. WHERE DID THE DECEASED DIE?
Disneyland hospital
Disneyland Drive
Anaheim
Anaheim

3. ARE YOU A RELATIVE OF THE DECEASED?
No

4. HAVE YOU, SO FAR AS YOU ARE AWARE, ANY PECUNIARY INTEREST IN THE DEATH OF THE DECEASED?
No

5. WERE YOU THE ORDINARY MEDICAL ATTENDANT OF THE DECEASED?
No

6. DID YOU ATTEND THE DECEASED DURING HIS/HER LAST ILLNESS?
No

7. WHEN DID YOU LAST SEE THE DECEASED ALIVE?
2 hours

8(A). HOW SOON AFTER DEATH DID YOU SEE THE BODY?
2 hours

8(B). WHAT STEPS DID YOU TAKE TO SATISFY YOURSELF AS TO THE FACT OF DEATH?
Checked for pulse for 2 minutes

8(C). HOW DID YOU ESTABLISH THE IDENTITY OF THE DECEASED PERSON?
Saw him on TV

9. WHAT WERE THE CAUSES OF DEATH?

A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive cardiac failure	APPROXIMATE TIME BETWEEN ONSET AND DEATH 4 days
B) ANTECEDENT CAUSES Ischaemic heart disease	20 years
C) UNDERLYING CAUSE Atherosclerosis	20+ years

STATE HOW FAR YOUR ANSWERS AS TO THE CAUSES OF DEATH AND THE DURATION OF SUCH CAUSES ARE FOUNDED ON YOUR OWN OBSERVATIONS OR ON STATEMENTS MADE BY OTHERS.
Founded on my own observations

New Zealand Government

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Death Documents

MINISTRY OF HEALTH
HUMAN SERVICES

Certificate in Relation to Pacemakers and Other Biomechanical Aids

Document number:
DD19-00003-01

10. WHAT WAS THE MODE OF DEATH?
Coma

11. WHAT WAS ITS DURATION?
3 days

STATE HOW FAR YOUR ANSWER AS TO THE MODE OF DEATH IS FOUNDED ON YOUR OWN OBSERVATIONS OR ON STATEMENTS MADE BY OTHERS.
Founded on my own observations

11. DID THE DECEASED UNDERGO ANY OPERATION DURING THE FINAL ILLNESS OR WITHIN A YEAR BEFORE DEATH?
No

12. IF KNOWN WAS THE DECEASED NURSED DURING HIS/HER LAST ILLNESS?
Minnie Mouse

13. WAS THE DECEASED ATTENDED DURING HIS/HER LAST ILLNESS BY ANY MEDICAL ATTENDANT BESIDES YOURSELF?
No

14. IN VIEW OF THE KNOWLEDGE OF THE DECEASED'S HABITS AND CONSTITUTION, DO YOU FEEL ANY DOUBT WHATEVER AS TO THE CHARACTER OF THE DISEASE OR THE CAUSE OF DEATH?
No

15. DO YOU KNOW, OR HAVE YOU ANY REASON TO SUSPECT, THAT THE DEATH OF THE DECEASED WAS DUE, DIRECTLY OR INDIRECTLY, TO:
a) Violence No b) Poison No c) Privation or neglect No d) Illegal operation No

16. HAVE YOU ANY REASON WHATEVER TO SUPPOSE A FURTHER EXAMINATION OF THE BODY TO BE DESIRABLE?
No

17. HAVE YOU GIVEN THE MEDICAL CERTIFICATE OF CAUSE OF DEATH (AS DEFINED IN SECTION 2(1) OF THE BURIAL AND CREMATION ACT 1964)?
Yes

Certificate in Relation to Pacemakers and Other Biomechanical Aids

I have examined the body and I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid.

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease (or accident) or which makes it desirable that the body should not be cremated.

PRACTITIONER AGENCY DATA THREE test222222@dia.govt.nz 02123456789 at the office	HPH-CPH/REG NO. 82108	QUALIFICATIONS BSC	DATE 04/07/2019
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New Zealand Government

Page 2

How to get started

- RealMe login
- Nursing Council Registration Number, or HPI-CPN.

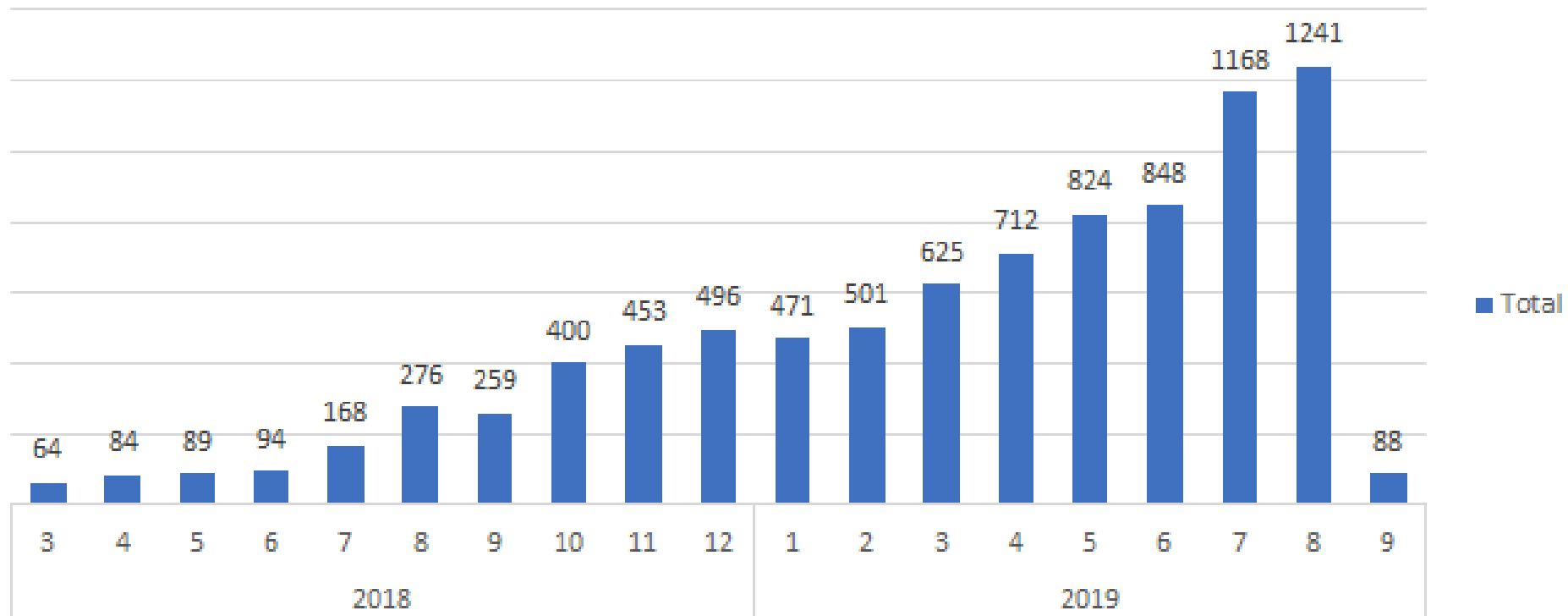


Uptake to date

- 2,239 practitioners online (many high certifiers)
- Over 10,000 documents completed online
- 433 funeral directors online (over 85% of funeral homes in NZ)
- Hospitals online (Middlemore, Rotorua, Christchurch)

Death Documents completed on-line

as at 3/9/2019



Support to transition

- Getting started online help document
- RealMe helpline 0800 (available 24/7)
- Ministry of Health 0800 (available during business hours)
- Group demonstrations

We have an opportunity to continue to make a difference for many young New Zealanders and their families through our products

Our Plan – the Governments priorities for New Zealand

- Improving the wellbeing of New Zealanders and their families
- Make New Zealand the best place in the world to be a child

Alignment to Governments Strategies

- **Child Wellbeing Strategy** - Children experience best development in their “first 1000 days”, safe and positive pregnancy, birth and responsive parenting (conception to around start of schooling) and;
- **Child Poverty Reduction bill**, Healthy Homes standards and Living standards.

Questions?

