



Summary of Chapter 13: Kaapoo Maaori

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Blind Low Vision NZ, Auckland

TN: The logo on the top of the page is Waitangi Tribunal

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About the Hauwhaikaha report

The Waitangi Tribunal is a permanent commission of inquiry. It makes recommendations on claims brought by Maaori relating to legislation, policies, actions or omissions of the government (Crown) that are alleged to breach the promises made in te Tiriti o Waitangi/the Treaty of Waitangi.

The Health Services and Outcomes Inquiry (Wai 2575) (health inquiry) concerns claims relating to health services and outcomes that are important to Aotearoa New Zealand. In December 2017, the health inquiry was organised into three stages. This inquiry is the first part of the second stage and concerns claims relating to the State disability system.

The Hauwhaikaha report summarises what we heard during the disability inquiry and outlines our findings and recommendations.

Summaries of each chapter of the Hauwhaikaha report

People who want to read the full report, can find it here:
www.waitangitribunal.govt.nz/en/publications/tribunal-

reports/by-wai-number/wai2575hauwhaikaha or
www.bit.ly/Hauwhaikaha

We have also produced summaries of each chapter of the report, for those who do not want to read the whole report.

This document is a summary of chapter 13 about issues related to Kaapoo Maaori (blind, deafblind and low-vision Maaori).

Historical context

In this section, we set out the historical context for the Kaapoo Maaori claimants. Even though the disability inquiry concerned contemporary issues, it is important to provide context for the claimant positions regarding the needs of Kaapoo Maaori.

The Jubilee Institute for the Blind (Jubilee Institute) was set up in Parnell, Auckland in 1890. The Jubilee Institute was a residential school that also provided adult residential care and vocational training and was a place where individuals lived, went to school and worked. The original purpose of the Jubilee Institute was to assist the visually impaired to develop skills which would allow them to operate independently. However, researchers noted that the reverse happened, with residents becoming dependant on the Jubilee Institute and the Jubilee Institute relying on residents' work production.

Before the establishment of the Jubilee Institute, Maaori with visual impairment were likely to have lived within their communities on marae. Education was compulsory for children with visual impairment due to the School Attendance Act 1901 and the Education Amendment Act 1910. Thus, for parents of Kaapoo Maaori, choice was limited because the Jubilee Institute was the only institution that offered services for visual impairment. Researchers noted that Kaapoo Maaori evidently experienced marginalisation and discrimination when they were removed from their cultural environment, including language, when they were removed from their homes into the Jubilee Institute. Furthermore, Kaapoo Maaori endured the same injustices as the general population of the visually impaired. The Jubilee Institute is now Blind Low Vision NZ.

In 1975, the Disabled Persons Community Welfare Act was introduced, signifying a move towards deinstitutionalisation whereby services were moved away from large institutions and into community-based care. The process of moving those previously living in institutions into their homes within the community was noted by Kaapoo Maaori claimants as challenging.

In response to experiences of marginalisation and discrimination, Ngaati Kaapoo, now Kaapoo Maaori Aotearoa, was formed in 1983, to advocate for Kaapoo Maaori issues.

What are the needs of Kaapoo Maaori and their whaanau?

Kaapoo Maaori claimants noted that the health and disability needs of Kaapoo Maaori are inherently linked to the social determinants of health such as living conditions, income, access to education, employment and transport. We note that the scope of our inquiry does not cover issues outside of the health and disability system, which will be covered in other Waitangi Tribunal kaupapa inquiries. However, we outline relevant evidence here to provide context for the claimant positions regarding the needs of Kaapoo Maaori.

Reducing socioeconomic barriers

The claimants submitted the Crown has failed to adequately address the disproportionate effects of poverty on Kaapoo Maaori and their whaanau. The claimants said Paakehaa typically required assistance with issues arising from their impairment, such as assistance with rehabilitation and mobility. They noted that the needs of Kaapoo Maaori were often different, because Kaapoo Maaori were more likely to be living in poverty and living in urban areas away from their traditional whanau and marae support networks.

Ensuring safe and adequate housing

Kaapoo Maaori claimants submitted that inadequate living conditions contributed towards the poor health outcomes faced by Kaapoo Maaori and their whaanau. Inadequate housing was emphasised as a common theme throughout the lived experience evidence of Kaapoo Maaori claimants.

Improving access to health and disability services

The need for increased access to health services was identified by Kaapoo Maaori claimants and demonstrated in figures collected by the research report, the Maaori Health Disability Statistical Report 2019. This report compared attendance rates over a 10-year period (ending in 2017) for tamariki Maaori and non-Maaori children with lived experience of low vision and blindness across various health appointment types. Where data allowed comparison, the report found that attendance at District Health Board (DHB) ophthalmology clinics was consistently lower for tamariki Maaori than for non-Maaori children.

Access to education

Claimants argued that education provided in mainstream schools did not serve Kaapoo Maaori children. They also emphasised that Kaapoo Maaori need support to

contribute and participate in school life. Claimants provided evidence of recalling times where young Kaapoo Maaori had fallen through the gaps in their education or experienced significant delays in receiving essential equipment.

Strengthening whaanau and cultural connections

A result of relocating to larger urban areas to access a specialist school meant that many Kaapoo Maaori lost their traditional whaanau support. For example, Kaapoo Maaori were less able to access support from extended whaanau to take them to appointments and were therefore impacted by the costs of transport to access medical care and health services in urban centres.

Opportunities for employment

Similar to many taangata whaikaha Maaori, Kaapoo Maaori face challenges in obtaining meaningful work. The Kaapoo Maaori claimants submitted that the specific employment data for Kaapoo Maaori show significant disparity compared with visually impaired non-Maaori.

The Kaapoo Maaori claimants further submitted that discrimination against taangata whaikaha Maaori is perpetuated by Crown service contracts, noting that Kaapoo Maaori Aotearoa's services contracts do not include reasonable accommodations for Kaapoo Maaori to

equitably perform their roles compared to those who are able-bodied.

Care for pakeke (elder) Kaapoo Maaori

Claimants described care of pakeke Kaapoo Maaori as a growing issue. Pakeke with age-related eye conditions, such as macular eye degeneration and cataracts, require support to ensure they have adequate housing and access to services. Claimants emphasised the importance of Kaapoo Maaori Aotearoa being properly resourced to provide advocacy support services for elderly Kaapoo Maaori.

Crown actions sought by Kaapoo Maaori claimants

Claimants acknowledged that the Crown has made efforts to improve health, education, economic and social outcomes for the Kaapoo Maaori community. However, they emphasised that much more needs to be done. In particular, the Crown has yet to recognise that the needs of taangata whaikaha Maaori and non-Maaori disabled people are different and therefore require distinct solutions.

Moreover, claimants proposed several ways in which the Crown can recognise and provide for the specific needs of Kaapoo Maaori. These include supporting and properly

resourcing alternative models of service delivery that are designed by Maaori for Maaori. They also stressed the importance of transparency regarding the level of financial resources allocated specifically for Kaapoo Maaori and taangata whaikaha Maaori health and disability services, and the need to properly resource Maaori health and disability service providers.

Kaapoo Maaori Aotearoa

The Kaapoo Maaori claimants raised significant concerns about the barriers that prevent Kaapoo Maaori Aotearoa from delivering effective services to the Kaapoo Maaori community. Key among the barriers they identified was insufficient funding from the Crown. Claimants also provided evidence regarding the lack of Kaapoo Maaori Aotearoa involvement and participation in the design of health and disability policies and services.

The Crown provided evidence and examples of when Kaapoo Maaori Aotearoa has been engaged and funded to participate in activities. The Crown also confirmed it's intention to establish a formal process to engage with Kaapoo Maaori Aotearoa to develop shared priorities and work programme. Moreover, Whaikaha—Ministry of Disabled People officials have held discussions with Kaapoo Maaori Aotearoa about how best to strengthen the relationship in order to achieve equitable outcomes for Kaapoo Maaori and their whaanau.

Tribunal Findings

We considered the principles of active protection, options and tino rangatiratanga were relevant to the issues raised by Kaapoo Maaori claimants.

The principle of active protection requires the Crown to ensure access to health services, including culturally appropriate services. The principle of options requires the Crown to ensure Maaori can choose Maaori or mainstream options, or to choose a combination of both, by supporting and resourcing both options.

In chapter 7 on funding, we found the Crown does not adequately fund kaupapa Maaori health and disability providers, generally, to sustainably deliver culturally appropriate services and care to taangata whaikaha Maaori. This failure impedes the ability of taangata whaikaha Maaori, including Kaapoo Maaori, to receive culturally appropriate care and have their needs met in breach of the principles of active protection and options. We reiterate this finding in relation to Kaapoo Maaori Aotearoa.

We also found the Crown has not established adequate contracts with kaupapa Maaori providers including Kaapoo Maaori Aotearoa to enable them to meet the needs of Kaapoo Maaori (including cultural needs), which reduces the options available and compromises the quality of care

delivered to Kaapoo Maaori, in breach of the principles of active protection and options.

Tino rangatiratanga means Maaori autonomy and self-government to the fullest extent possible. We found in respect of the Kaapoo Maaori claim that current disability system settings remain largely Crown-designed and oriented around individualised models of support, preventing Kaapoo Maaori from exercising collective decision-making and providing culturally grounded approaches to disability, in breach of the principle of tino rangatiratanga.

End of Summary of Chapter 13: Kaapoo Maaori