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Summary of Chapter 14: Taangata Turi

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Summary of Chapter 13: Kaapoo Maaori

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 14 about issues related to Taangata Turi (Maaori deaf and hearing impaired). Claimants explained that Taangata Turi is an intersectional identity including linguistic and cultural aspects.

We begin this summary by considering the historical context for the Taangata Turi claim. Next, we consider access to NZSL interpreters and accessible health information, followed by equitable access to deaf services and health outcomes. Finally, we consider Taangata Turi leadership in the disability system, after which we provide our findings.

Historical context

In this section, we consider the history of the oralist method of education (a method that banned signed language in preference for vocalisation and lip reading) in Aotearoa New Zealand during the nineteenth and twentieth centuries.

Increased public awareness of a growing deaf population led to the establishment of the first school for the deaf, the "Deaf and Dumb Institution" in Sumner, Christchurch (the

"Sumner School"), in March 1880. The Sumner School was influenced by the oralist method, which instructed students not to use sign language, but to converse only by vocalising the sounds of speech and interpreting the movement of speakers' lips (lip reading). Later, in 1940, another school for the deaf, modelled on the Sumner School, was opened in Auckland (the "Kelston School").

Whaanau (families) from across the country sent their tamariki turi (deaf children) to these schools. For many this meant being separated from whaanau or, sometimes, relocating as a whaanau to the major centres, away from their hau kaainga (home, local people of a marae). Witnesses told us that this separation, often occurring at a young age, was distressing and contributed to a wider dislocation from whaanau, culture and whenua (land).

Taangata Turi shared their experiences of what it was like to attend these schools, be without access to te ao Maaori and the impact it had on their sense of identity. They also shared their experiences of being instructed to vocalise and lip-read by a teaching staff that was mostly hearing and Paakehaa (New Zealander of European descent). Witnesses told us learning this way was extremely difficult and confusing.

The prohibition of sign language and the focus on teaching oralism often meant that other subjects were neglected. We heard from witnesses who attended the schools from the 1950s to the 1970s that Taangata Turi too often

graduated without the necessary skills to successfully navigate their lives, including basic literacy and sign fluency. Witnesses also compared the experience of being punished for using sign language to the suppression of te reo Maaori in their grandparents' generation.

Witnesses told us that learning in this mainly Paakehaa environment (as well as being separated from whaanau and the challenges of being deaf) meant many Taangata Turi entered adulthood with no connection to their Maaori identity and understanding of te ao Maaori.

Over time people became increasingly aware that oralism was not serving deaf children and was too often leading to poor educational and self-esteem outcomes. Eventually it was recognised that New Zealand had its own distinct sign language, New Zealand Sign Language (NZSL). The first training of NZSL interpreters began in 1985, with NZSL introduced in schools in 1990.

However, witnesses explained that as a consequence of the way NZSL has developed from British and Australian sign language, some NZSL signs were inappropriate in te ao Maaori. A stark example is the old sign for "haangii" which took its action from the English word "hang". The sign has since been revised and now illustrates that haangii represents food cooked in an earth oven. Witnesses noted the importance of adapting NZSL to appropriately represent Maaori concepts and the need for this work to be led by and for Taangata Turi.

In 1993, the first Maaori Deaf hui was held at Oorakei Marae in Taamaki Makaurau (Auckland). For many Taangata Turi, this represented the first opportunity to come together as a community and discuss their unique challenges and lives as Taangata Turi. Witnesses told us that, after so many years severed from their taha Maaori, the hui represented a crystallising experience in their self—understanding of being both Maaori and Deaf.

Over the years, the distinct needs of and challenges facing Taangata Turi have been identified in past reports by officials in the health sector, academics and others. In the full Hauwhaikaha report, we provide a high-level summary of key reports claimants identified in their submissions and evidence as relevant context. However, we note here that despite these reports, Taangata Turi say many challenges and issues remain unaddressed by the Crown, including access to NZSL interpreters, as we discuss next.

Access to NZSL Interpreters and accessible health information

In this section, we consider whether access to NZSL and Taangata Turi sign language interpretation has been sufficient to meet the needs of Taangata Turi. We begin by summarising the relevant settings for access to NZSL interpreters in Aotearoa New Zealand, before considering access to NZSL interpreters when accessing healthcare and accessible health information. Next, we consider

access to te ao Maaori, followed by a discussion of the NZSL Act.

What are the NZSL settings in Aotearoa New Zealand?

In this section, we consider the legal framework, the NZSL Board and strategy, and funding of NZSL interpreters.

In 2006, New Zealand recognised NZSL as an official language through the New Zealand Sign Language Act 2006 (the NZSL Act). The purpose of the Act is to "promote and maintain the use of" NZSL.

Section 9 provides (amongst other things) that the Deaf community should be consulted on matters relating to NZSL and that NZSL should be used in the promotion of government services to make these services accessible to the Deaf community.

In 2008, New Zealand ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 21(e) requires that State Parties "shall take all appropriate measures' to recognise and promote the use of sign languages "to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice".

In its 2013 report, A New Era in the Right to Sign, the Human Rights Commission explained that "[w]hile not covered by the NZSL Act, providing NZSL interpreters has been an explicit expectation of the health service since well before the NZSL Act." This includes the Code of Health and Disability Consumers' Rights, which includes the right to effective communication (right 5), the right to be fully informed (right 6), the right to make an informed choice and give informed consent (right 7), and the right to have one's cultural needs taken into account (right 1(3)).

Certain health and disability service providers are also required to comply with, and are audited against, the Ngaa Paerewa Health and Disability Services Standard. The standard contains explicit criteria regarding the provision of "appropriate interpreter services" and information in patients' "preferred format and in a manner that is useful" to them.

Sitting within the legislative framework are human rights instruments: the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. The New Zealand Bill of Rights Act contains rights relevant to the use of and access to NZSL. The primary relevant provision is section 20, which protects the rights of minorities, including the right of linguistic minorities to use their language. The Human Rights Act outlines prohibited grounds of discrimination, which includes disability, in the following areas: employment, education, access to public places,

provision of goods and services, and housing and accommodation.

In 2013, the Human Rights Commission recommended establishing a statutory board to oversee the promotion and maintenance of NZSL, responsible for (among other functions) developing a NZSL strategy and advising, guiding and monitoring government agencies' use and promotion of NZSL. In 2014, Cabinet established the NZSL Board by Cabinet mandate. The Board's terms of reference (revised in 2022) provide that the principles from the NZSL Act 2006, Treaty of Waitangi, and UNCRPD will guide how the Board works. In 2022, the NZSL Board established Te Roopuu Kaitiaki, an advisory group led by Taangata Turi.

On funding for NZSL interpreters, the Crown explained that Whaikaha—Ministry of Disabled People contracted Deaf Aotearoa, a private sector representative organisation for deaf people and a national service provider, to provide NZSL interpreter services. This might cover a doctor or hospital appointment, for example. Deaf Aotearoa provides these services through iSign, a nationwide interpreting service. We understand that, since our hearings, the Ministry of Social Development now contracts Deaf Aotearoa to provide these services.

In practice, a person can book an NZSL interpreter with iSign via text, email, online booking, or over the phone. We understand that access to interpreter funding is considered

each month with "core services", such as private health appointments allocated funding first. The remaining funding is then allocated on a case-by-case basis depending on the available funding at the time of the request and whether the event the person wants a NZSL interpreter for is covered under the contract.

In the health context, Te Whatu Ora "also provides funding for Deaf people to access NZSL interpreters for hospital and other medical specialist appointments." Ara Poutama Aotearoa, in turn, is responsible for providing NZSL interpreters for medical appointments inside prison.

Do Taangata Turi have sufficient access to NZSL Interpreters when accessing healthcare?

The claimants submitted that access to NZSL interpreters is a critical issue for Taangata Turi and directly impacts on their access to the health and disability system, and ultimately, health outcomes, including mental health. Witnesses identified delays, particularly in emergency situations, gaps in health service providers' understanding of Taangata Turi needs, and access to NZSL interpreters in rural areas as specifically challenging.

They said interpreters are often unavailable when Taangata Turi need them, particularly at short-notice and so Taangata Turi often face a difficult decision between waiting for an interpreter or proceeding without one. The

claimants submitted that access to preferred interpreters is another important issue for Taangata Turi. They noted that many Taangata Turi prefer Maaori interpreters, and without the ability to choose their preferred interpreter, Taangata Turi are at risk of not being represented in a culturally appropriate way.

Another important issue cited by the claimants was access to Deaf relay interpreters. Deaf relay interpreters involve deaf people working alongside hearing interpreters to bridge the communication gap for Taangata Turi with different levels of NZSL fluency. Claimants explained that Deaf relay interpreters are important because they are able build trust with Taangata Turi, due to the shared lived experience of deafness.

The claimants noted that the Crown's current approach was for each Government agency and Crown entity to develop its own policy on how NZSL interpreting services are provided, but that the Crown had not filed information that explained each policy. This approach, they argued, nevertheless meant that on any given day Taangata Turi must engage with different policies and different eligibility requirements, resulting in different access to NZSL interpreters across different government agencies and entities.

The Crown submitted that the process of overcoming the historical use of oralism and promoting sign language is taking considerable time. Overall, the Crown

acknowledged the claimant evidence that described many challenges in accessing NZSL interpreters. The Crown noted that, while significant milestones have been achieved in recognition of NZSL, there is still a considerable amount to achieve under the direction of the NZSL Board and in general within the State sector.

In the previous section, we saw the importance of access to NZSL for the deaf community, including Taangata Turi, is recognised in a number of legal, strategic, and international instruments. However, none of these instruments creates a specific right to NZSL interpreters in health settings. The NZSL Act, for example, only creates provision for use of NZSL interpreters in legal proceedings. Instead, access to NZSL interpreters in health settings is underscored by the patients' rights in the Code of Health and Disability Consumers' Rights, with funding for NZSL interpretation services provided by the Government.

Moreover, despite the Government's funding of NZSL interpreters, there appear to be critical gaps in the availability of NZSL interpreters in practice. Specifically, although the system appears to work well for future, planned visits to the doctor where an interpreter can be booked in advance, witnesses told us of significant delays in emergency situations and rural contexts.

The implications of these access gaps, we believe, are significant. Firstly, access to NZSL interpreters is essential for Taangata Turi access to healthcare and the realisation

of their rights under the Code of Health and Disability Consumers' Rights. This includes their right to effective communication, the right to be fully informed, and the right to make an informed choice and to give informed consent. Secondly, where NZSL interpreters and Deaf relay interpreters are not present, there is likely to be an increased risk of miscommunication or even misdiagnosis. Thirdly, the absence of the correct interpretation supports impacts Taangata Turi wellbeing. Lastly, Taangata Turi highlighted gaps in the accessibility of health information, the onerous nature of lengthy forms, particularly for Taangata Turi with limited literacy, and the inaccessibility of public health communications.

Do Taangata Turi have sufficient access to te ao Maaori?

Taangata Turi powerfully shared the importance of access to their culture, language, and identity and the important role that trilingual interpreters perform as a bridge to te ao Maaori. Witnesses told us that lack of access to trilingual interpreters has inhibited their ability to learn te reo Maaori and participate in hui Maaori, such as tangihanga. They noted that, despite years of reports and campaigning, they are still unable to participate on marae, learn te reo Maaori, or acquire maatauranga Maaori to the degree they desire, all because of an ongoing shortage of interpreters fluent in NZSL and te reo Maaori.

The claimants highlighted that since the first National Maaori Deaf hui in 1993, which set a goal for 100 trilingual interpreters by 2003, three decades later "just a couple persist with this mahi." Taangata Turi are also concerned that given the small number of trilingual interpreters, they face a heavy workload. Claimants noted that the Office of Disability Issues website indicated that because of the high demand on the small number of trilingual interpreters, they "need to be booked at least four weeks in advance". The claimants submitted that such a timeframe was clearly unworkable for events like tangihanga.

Claimants further submitted that despite the demand, the current training and professional settings do not adequately support growth in the trilingual and Maaori workforce. They highlighted that the only NZSL interpreter course in the country, which allows one to become a registered NZSL interpreter, is at Auckland University of Technology (AUT). This clearly excludes many Maaori who reside outside Taamaki Makaurau and cannot afford to relocate as well as those who prefer to learn in a waananga environment and in te reo Maaori. The claimants also identified a lack of recognition within the profession for the specialist skillset of trilingual interpreters, as reflected in remuneration and lack of support for Maaori interpreters in the profession itself. Moreover, they noted that there was no registration process for becoming a trilingual interpreter.

The claimants highlighted issues with the funding of NZSL interpreters for hui Maaori, such as iwi meetings and tangihanga. Claimants explained that, at the time of hearing, funding in practice only covered access "to about four hours" of the raa nehua (the burial day). It did not cover other significant parts, like the poroporoaki (the formal farewell to the deceased). This is unacceptable as Taangata Turi should be entitled to participate in the full funerary rites of their loved ones and grieve alongside their whaanau during the full process

The Crown acknowledged the claimants raised important issues related to identity, language rights and rights to culture. In its evidence, the Crown provided examples of the types of initiatives the NZSL Board had supported. It included contracting Deaf Aotearoa to promote te reo Maaori in NZSL via outputs such as booklets, and NZSL classes incorporating te reo Maaori concepts.

The Crown noted further that the NZSL team at Whaikaha was in the process of refreshing the NZSL Strategy 2024-2029 and was engaging with Taangata Turi. The key aim of the new strategy would likely be building the interpreter workforce, including increasing trilingual interpreters. This was also a focus for Whaikaha, the Crown noted Whaikaha was in the early stages of developing a workforce plan which included a scholarship grants programme.

As at the time of hearings for the disability inquiry, it was estimated that in the whole country there are only three trilingual interpreters. As the claimants rightly highlighted, the need to increase the trilingual workforce has been long known to the Crown. Despite these consistent calls for change, the situation for trilingual interpreters remains unchanged. As a result, many Taangata Turi are being left without a bridge to te ao Maaori, which is their birthright.

The Crown noted that there is no one ideal pathway to increase the number of trilingual interpreters. However, the Crown has not presented us with any proposals that reflect the need for a bespoke approach, nor has it presented evidence that partnership with Taangata Turi is being pursued. We are therefore not confident that the Crown's current approach will meaningfully increase the number of trained trilingual interpreters for Taangata Turi. As the last three decades have illustrated, the status quo will not create meaningful change for Taangata Turi.

The NZSL Act 2006

The current Government is no longer pursuing changes to the NZSL Act. However, to understand the context for the parties' submissions, we begin with a summary of the background to the proposed amendments, as they were in 2023.

In March 2023, the Minister for Disability Issues proposed to amend the NZSL Act after the NZSL Board reported in

2019, and again in 2020 that the NZSL Act was out of date and was not aligned with either the UNCRPD or the NZSL Strategy, was not effective in achieving its purpose, and did not refer to te Tiriti o Waitangi/the Treaty of Waitangi. Key proposals included strengthening deaf leadership on NZSL matters, embedding te Tiriti/the Treaty by supporting Taangata Turi identity and leadership, and establishing clear monitoring and accountability mechanisms under the NZSL Act. However, during our inquiry, the Crown confirmed that in January 2024 the new Minister had confirmed that all work on the amendments to the NZSL Act had stopped.

The claimants submitted that, as a consequence of the reforms not going ahead, the NZSL Act does not reference te Tiriti/the Treaty or Tangata Turi as a distinct linguistic community. They also noted that the NZSL Act does not provide for the right to use NZSL outside of legal proceedings. The Crown did not make submissions on the merits of amending the NZSL legislation, noting the Government was not progressing earlier proposals to amend the legislation at that time.

In our view, the creation of Te Roopuu Kaitiaki in 2022 is a positive step for Taangata Turi, one that recognises that their needs are unique and require specific attention. However, the creation of this roopuu (group) still leaves many other issues that the NZSL Act reforms aimed to address, outstanding. This includes recognition of te

Tiriti/the Treaty and of Taangata Turi as a unique cultural and linguistic community.

Is access to deaf services equitable between Taangata Turi and non-Maaori hearing impaired?

In this section, we discuss equitable access to health and disability services for Taangata Turi in the health and disability system. This includes services related to diagnosis and screening, specialist hearing support services, such as cochlear implants and hearing aids, and non-clinical needs assessments.

The claimants submitted that Maaori are, and have historically been over-represented within the Deaf community. For example, in 1963 a "Te Ao Hou" magazine article on Maaori communities reported about 50 students (over half of the total pupils) at Kelston School were Maaori. Taangata Turi witnesses similarly observed high numbers of Maaori students at Kelston and Sumner Schools when they attended in the 1950s, 1960s, and 1970s.

The claimants argued that the overrepresentation of Maaori within the Deaf community results from inequitable health outcomes that Maaori experience generally, including inequitable access to health services and poorer health outcomes, which are themselves breaches of te

Tiriti/the Treaty. They noted that hearing loss is often a secondary issue caused by another health condition, such as measles, rubella or meningitis.

At the time of hearings, both the claimants and the Crown identified the 2018 Census and the 2021 Deafness Notification Report (Deafness Report) as the best available data on Taangata Turi. The 2018 census identified the percentage of the total population who identified as Maaori (16.5 per cent), as deaf (4,599 people), and as users of NZSL (23,000 people). It also recorded whether individuals use NZSL exclusively (1,410 people), or in conjunction with other languages, such as te reo Maaori (81 people).

The claimants submitted that there are substantial limitations to the data that the Crown collects on Taangata Turi to understand the true population of Taangata Turi. They submitted that the census is inaccessible to many NZSL users, and might only be capturing data for Taangata Turi with higher educational attainment and accessibility.

Regarding screening and diagnosis, the claimants highlighted findings in the Deafness Report that "current screening protocols/instruments may exacerbate rather than narrow pre-existing inequities for" Maaori and Pacific children and that "systems and practices that are Euro-centric and create inequities may reduce the chance that hearing losses are identified promptly when they develop outside the two-or three-points during childhood at which

hearing is currently screened." The claimants submitted this indicated that advancements in "Deaf services are not being evenly distributed across the Deaf population" and, in fact, are "further perpetuating the disparities that already exist" for Taangata Turi.

Moreover, they submitted that despite comprising between one third and one half of the total deaf population, evidence from the Crown on access to Whaikaha deaf services for the 2022/2023 year, showed a proportionally lower uptake of services. For example, of the people who received cochlear implants, 13.4 per cent identified as Maaori, and—of the people supported by the cochlear implant programme—12.6 per cent identified as Maaori.

These figures on the uptake of services, the claimants submitted, indicate further inequities in access to deaf services. In their view, the available evidence demonstrates that the low uptake is representative of a lack of cultural competency within deaf services, and the lack of by-Taangata Turi, for-Taangata Turi services.

The Crown did not take issue with the claimants' submissions that Maaori are over-represented within the deaf community. As the Crown acknowledged, the actual prevalence is likely higher than the best available data.

Even with gaps in the available data, the current over-representation of Maaori within the deaf community is clear. Specifically, the Deafness Report, one of the best sources of data at the time of hearing for Taangata Turi,

found that Maaori comprised 34 per cent of notified cases but only 26 per cent of the population under the age of 20. Damningly, this appears to be the continuation of a long pattern, one known to the Crown for decades.

Due to gaps in the available data, the exact prevalence and size of the Taangata Turi population remains unknown. Although the Crown is taking steps to collect data on the deaf population, such as through the Deafness Report and the notification database, the continued gaps in the available data on Taangata Turi is concerning. Notwithstanding the apparent over-representation of Maaori within the deaf population, the available evidence suggests there are gaps in the uptake of deaf services by Maaori. For example, available evidence regarding access to early screening services indicates that, although the programmes have successfully reduced diagnostic delays, disparities remain for Maaori.

The Deafness Report acknowledged that intervention programmes are not benefiting all groups equally, and tamariki Maaori (Maaori children) experience delays in diagnosis, which leads to inequitable access to timely intervention. We note that although the Crown indicated potential steps that could be taken to reduce diagnostic delays, such as changes to service culture, individual clinical practice and public education, it did not provide specific evidence of steps that were being taken.

What is clear is that disparity exists and are linked to system-level inequities in healthcare delivery. This is recognised in the Deafness Report which states that health services must acknowledge their "responsibility for differential quality of care, including between Maaori and non-Maaori, reducing a culture of blaming Maaori for the state of their health and acknowledging Paakehaa privilege within health services."

Are health outcomes equitable between Taangata Turi and non-Maaori hearing impaired?

The claimants argued that inequitable access inevitably results in inequitable health outcomes. They cited research that indicates significant inequities including poorer health outcomes, including a higher mortality rate, as well as poorer outcomes in relation to the social determinants of health, such as income, housing, education, and criminal justice, when compared to their non-Maaori and hearing counterparts. These inequities were also illustrated in the personal accounts of the Taangata Turi witnesses themselves. Witnesses spoke, for example, of losing Taangata Turi rangatira too young and the impact this has had on the community.

The Crown made no specific submissions in response to the claimants' arguments regarding inequitable health

outcomes for Taangata Turi or in response to the research presented by the claimants.

In their quantitative analysis, researchers examined health and social outcomes for Taangata Turi using data from the Integrated Data Infrastructure, a large research database managed by Statistics New Zealand. Comparing outcomes for Maaori and non-Maaori, the researchers found that both hearing impaired Maaori who used NZSL and hearing impaired Maaori who did not use NZSL experienced "significantly" poorer health and social outcomes compared to their non-Maaori counterparts.

Specifically, the researchers found that Maaori hearing impaired who used NZSL are twice as likely to die (1.5 per cent compared to 3 per cent, respectively) during the relevant period than their non-Maaori counterparts and had "the highest five-year mortality rates' compared to all groups. Both Maaori cohorts were more likely than their non-Maaori counterparts to present to an emergency department. In addition, the researchers found Maaori hearing impaired who did not use NZSL were more likely to have an inpatient hospital stay and to be a mental health outpatient or impatient. Maaori hearing impaired who used NZSL, in turn, were "significantly less likely" to be registered with a primary health organisation (ie with a General Practitioner).

We accept the researchers' findings on the health outcomes for Maaori hearing impaired, including Maaori

hearing impaired who use NZSL. The evidence indicates clear inequities between Maaori hearing impaired (NZSL users and non-NZSL users) and non-Maaori hearing impaired (NZSL users and non-NZSL users). Most concerning is the high mortality rates, as highlighted by the claimants.

Is there adequate Taangata Turi representation in health and disability system leadership?

The claimants submitted that there is a severe deficit of Taangata Turi leadership across the health and disability system and Taangata Turi-led services. In addition, they noted that as at August 2024, Whaikaha only employed one Tangata Turi in a non-leadership role. The claimants argued that where Taangata Turi are in positions of leadership, they are always the minority. They spoke to the high level of distrust that Taangata Turi have because of the actions of previous government agencies or Crown entities.

The claimants indicated that Te Roopuu Kaitiaki was not sufficient to meet their needs, because it is advisory only and focuses on one specific area—NZSL—and not their wider needs in the health and disability system.

They submitted that Taangata Turi have been failed by the Crown's omission to recognise the specific needs of

Taangata Turi, instead generalising their needs with the wider Deaf and hearing-impaired population.

The Crown acknowledged that Taangata Turi-led responses remained critical and acknowledged that there have been periods when there had not been full Turi Maaori representation on the NZSL Board.

We received clear evidence of inequities regarding Taangata Turi health outcomes and indications of inequities in the uptake of deaf services. Despite the longstanding overrepresentation of Taangata Turi in the deaf community, it appears that the Crown has not developed deaf services targeted for Taangata Turi.

We observe that the creation of Te Roopuu Kaitiaki is positive, encouraging focused attention on issues affecting Taangata Turi including the development of its own action plan. However, there is not parity between the roopuu and the NZSL Board as it is advisory only and lacks decision-making authority. In turn, although the NZSL Board's terms of reference mandate Maaori representation (requiring a minimum of two of a possible ten members be Maaori), we understand Maaori are a minority on the Board. Moreover, although Te Roopuu Kaitiaki is a positive step for Taangata Turi within the context of NZSL, its remit does not extend to front-line healthcare or the provision of deaf services. In these contexts, the absence of Taangata Turi leadership is even more apparent.

Tribunal Findings

The principle of active protection places an obligation on the Crown to protect Maaori interests. Active protection also means ensuring health services are culturally appropriate. The principle of equity, in turn, imposes on the Crown a duty to treat Maaori equitably with other New Zealanders. The Crown must inform itself of inequity and implement measures to positively and proactively address it. Together, the principles of equity and active protection oblige the Crown to make all reasonable efforts to eliminate barriers to services that may contribute to inequitable health outcomes for Maaori.

In this inquiry, we have heard that Taangata Turi experience disproportionate rates of hearing loss compared to non-Maaori and inequitable health outcomes compared to non-Maaori, a stark and continuing disparity we find in breach of the principles of active protection and equity. The longstanding nature of these issues, particularly the higher prevalence of Maaori hearing loss compared to non-Maaori hearing loss, heightens the obligation on the Crown to remedy the issue to ensure that Taangata Turi do not continue to be prejudiced.

We found that despite calls from the Taangata Turi community, the Crown has not developed sufficient services and policies to address the specific needs and challenges of the Taangata Turi community. Given that Maaori represent a significant proportion of the deaf

population and experience inequitable health outcomes, the Crown's obligation of active protection should include specific approaches designed to meet the needs of Taangata Turi in a culturally responsive manner. Moreover, we consider the gaps in the provision of NZSL interpreters for Taangata Turi as critical, due to their essential role in enabling access to relevant health information. While the system appears to work well for planned visits to the healthcare services where an interpreter can be booked in advance, the significant delays in emergency situations and rural contexts are particularly concerning. We find that this breaches the principle of active protection.

The principle of equity requires the Crown to inform itself of inequity and take steps to positively and protectively address it. The evidence has highlighted apparent gaps in the uptake of deaf services by Taangata Turi. Without knowing the reasons for the gaps in the uptake of deaf services by Taangata Turi, the Crown's ability to understand the needs of the Taangata Turi community to inform policy is limited and this represents a further breach of the principle of equity.

The principle of options entitles Maaori to choose their social and cultural path. It has been described as their right to "to walk in two worlds". We found that despite numerous past and contemporary reports highlighting the lack of trilingual interpreters, the Crown has taken inadequate steps to increase the trilingual workforce. In consequence,

Maaori are being denied access to their taha Maaori, their right to walk in both worlds. This breaches the principle of options. The witness' evidence clearly illustrated the prejudice to Taangata Turi by having no access to trilingual interpreters. Moreover, the Crown has not dedicated funding to ensure Taangata Turi have access to tangihanga in order to observe the full funerary rites of their loved ones and to grieve with their whaanau. We agree with the claimants that failing to do so is an omission and a further breach of the principle of options, and whaanau who are unable to properly grieve with their loved ones in a culturally appropriate way are prejudiced as a result.

The principle of partnership provides that the relationship between Maaori and the Crown is characterised by the duty of good faith. Each Tiriti/Treaty partner must be conditioned by the other's needs and the duties of mutual respect. This in turn involves the obligation to consult. In this case, we found that Taangata Turi are not adequately represented in leadership positions across the health and disability system and have inadequate influence over policy affecting them. Although Te Roopuu Kaitiaki is a positive step towards incorporating the views of Taangata Turi and focusing on specific issues affecting their community, its remit is limited to NZSL and the needs of the Taangata Turi in the health and disability system are much broader. We find this to be a breach of the principle of partnership. Moreover, we found that despite involving

Taangata Turi through consultation in the proposed NZSL Act amendments, the reforms were halted without any consultation with the Taangata Turi community. Considering the higher needs of Taangata Turi we would have expected dialogue with Taangata Turi. This represents a further breach of the principle of partnership.

Lastly, the NZSL Act omits any reference to Taangata Turi as a distinct linguistic and cultural community. In this context, where Taangata Turi comprise a disproportionate number of the deaf community and have longstanding and distinct needs, including the unaddressed need for trilingual interpreters to access te ao Maaori, we find that the omission is significant and a breach of the principle of partnership.

End of Summary of Chapter 14: Taangata Turi