Summary of Chapter 7: Funding

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 7 about funding. Chapter 7 explores funding-related barriers that taangata whaikaha Maaori face when they attempt to access health and disability services.

Are kaupapa Maaori providers underfunded?

Claimants submitted that kaupapa Maaori health and disability providers (Maaori-owned and governed) do not receive enough funding, which impacts the services they provide to taangata whaikaha Maaori. Providers said that they use their own money to cover some costs, including to provide cultural services. This lack of funding therefore impacts the ability of taangata whaikaha Maaori to receive care that meets their cultural needs. The Crown acknowledged they do not know how many kaupapa Maaori providers there are, so they do not know how much money is given to kaupapa Maaori providers, compared to mainstream providers. The Crown outlined funding schemes available to support providers, but did not address specific claims of underfunding, except the one from Kaapoo Maaori Aotearoa. We found that kaupapa Maaori providers do not receive enough funding to sustainably deliver culturally appropriate services to taangata whaikaha Maaori. However, due to the Crown's lack of monitoring of funding to kaupapa Maaori providers, we could not determine whether providers are underfunded compared to mainstream providers.

Is funding for taangata whaikaha Maaori and their whaanau adequate?

Multiple government agencies make a variety of funding available to taangata whaikaha Maaori. For example, funding for travel is funded by Waka Kotahi and local regional councils through the Total Mobility Scheme and Te Whatu Ora through the National Travel Assistance Scheme. Each fund has its own purpose and requirements. Funding is provided directly to the person or by reimbursement, meaning the person will need to pay the upfront costs before getting that amount paid back to them.

Claimants said that the funding they received for disability support does not reflect their needs, including care and respite hours for whaanau carers, and some costs

are only partially funded. This impacts the services that taangata whaikaha Maaori can access and means they need to cover some costs themselves or forgo care if they cannot afford the costs. Claimants highlighted funding for travel as not enough to cover their actual costs and needs. The Crown did not directly address these claims but admitted that access to funding for transport is an issue, particularly for rural taangata whaikaha Maaori. We found that government funds are not enough to meet the needs of taangata whaikaha Maaori and compromises access to care, particularly funding for transport and rural taangata whaikaha Maaori who need to travel further for services.

Are contractual arrangements for kaupapa Maaori providers equitable?

Kaupapa Maaori providers of health and disability services submitted that their contracts with the Crown are not fair or equitable to contracts with non-kaupapa Maaori providers. They said this occurred in three ways: 1) mainstream providers are prioritised in the negotiation process; 2) contracts for kaupapa Maaori providers are for a shorter time period and for less money; and 3) kaupapa Maaori providers are audited more frequently than mainstream providers. The Crown said it is working to understand the number of contracts it has with kaupapa Maaori providers, but that contract lengths vary, while older contracts have been changed to address inequitable time periods. The Crown disputed claims of inequitable contract amounts and said that all contracted providers have the same auditing and monitoring processes. We found contracts to deliver culturally appropriate services are not sufficient, impacting the care they deliver. However, we do not have enough information to determine whether contracts are generally inequitable.

Are taangata whaikaha Maaori able to adequately access government funding?

Claimants submitted that funding is not easy to access, and the funding system is complicated, as funds are available across multiple Crown agencies, each with their own requirements. They said that they often do not know what funds are available. Forms and processes for funding are confusing and can take a long time, causing some to give up on getting funding they are entitled to. Funding through

reimbursement is especially difficult as whaanau must pay the costs upfront, which is common for travel supports.

The Crown accepted that the disability system and funding are fragmented and challenging to navigate, but noted it was working to reduce these issues. We found that poor information, difficult application processes, and reimbursement processes made funding difficult to access. This means taangata whaikaha Maaori miss out on funding they should be receiving. This is especially true for travel support where taangata whaikaha Maaori who cannot afford the upfront costs miss out on funding. We also found that notwithstanding its intentions, the Crown had not provided evidence of how accessibility to funding was being improved in practice.

Do eligibility criteria unfairly restrict access to funding?

Taangata whaikaha Maaori must meet eligibility criteria to be able to receive certain funding. Claimants submitted current eligibility criteria unfairly restricts access to funding, particularly for Disability Support Services (DSS). They also raised issues with the Needs Assessment and Service Coordination process used to confirm eligibility, saying it does not fit within Maaori views of disability and is very slow. The Crown accepted that eligibility criteria is a barrier to funding and not all disabilities are eligible for funding. The Crown explained it has clarified requirements by allowing those with autism spectrum disorder to access funding, who previously could not. The Crown has also worked to improve the Needs Assessment and Service Coordination process. We acknowledge that funding is now available for people with autism spectrum disorder. However, the eligibility criteria do not include all disabilities and disorders and improvements are needed to the Needs Assessment and Service Coordination process to better facilitate access to funding.

Is funding for taangata whaikaha Maaori sufficiently flexible?

Claimants submitted the funding they receive is not flexible enough to use as they want and to choose the support they need, particularly to pay whaanua carers. They also said that flexible funding approaches, introduced by the Crown, can sometimes be difficult to use. In response, the Crown noted flexibility and lack of choice have been long-standing issues for funding, and that it has developed different funding approaches over time. For example, whaanau carers can now be paid from DSS

funding. However, we found that despite the improvements made by the Crown, including allowing whaanau carers to be paid, funding is not flexible enough for taangata whaikaha Maaori to use as they wish or according to their needs. We concluded that the flexible approaches introduced, are not necessarily flexible in practice.

Tribunal findings

We found that taangata whaikaha Maaori and their whaanau face many funding-related barriers, affecting their ability to receive timely, quality and sustainable services. Te Tiriti/the Treaty principles relevant to these barriers are active protection, equity and options.

The principle of active protection requires the Crown to ensure health services can be accessed, including culturally appropriate services, and to address inequities experienced by Maaori. This means the Crown must take steps to remove barriers contributing to health inequities. We found that the principle of active protection has been breached as kaupapa Maaori providers do not receive enough funding, either directly or through contracts, to sustainably deliver culturally appropriate services. This means health services that are culturally appropriate may not be accessible to taangata whaikaha Maaori. In the same context, we found the Crown does not give taangata whaikaha Maaori enough funding to meet their needs and to access services, particularly for transport costs, and that the funding itself is difficult to access. Moreover, reimbursements act as a further barrier for taangata whaikaha Maaori and their whaanau to access services.

The principle of equity requires that taangata whaikaha Maaori have fair and equitable access to services. We found a breach of the principle of equity in that taangata whaikaha Maaori face barriers when accessing funding, especially funding only available through reimbursement.

The principle of options requires that taangata whaikaha Maaori can choose the services they receive and from the provider they want, with their choice not affecting the care they receive. Kaupapa Maaori providers do not receive adequate funding or contracts to sustainably deliver culturally appropriate services to taangata whaikaha Maaori, reducing the options available and impacting the quality of these services. A

lack of adequate funding and restrictions on how funding can be used are further Crown breaches of this principle.

Finally, we found that while the Crown has made efforts to address some barriers, particularly flexibility of funding, there are still barriers to accessing funding and the Crown has not taken appropriate steps to recognise and address all identified barriers. Access barriers to disability services are discussed further in chapter 8 on service barriers and availability.