Summary of Chapter 10: Disability Workforce, Training and Employment

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 10 on the disability workforce, training and employment. In this chapter, we address three issues: Maaori representation in the disability workforce, disability and cultural competency of the workforce and training providers, and support for whaanau, including whaanau carers.

Disability system's support for the Maaori disability workforce

The disability workforce means people (including taangata whaikaha Maaori) who work in the different areas of the wider disability system, such as disability services, mainstream health services, paid carers, assessment staff and staff from relevant government agencies.

Are Maaori represented in the disability workforce?

Claimants submitted that Maaori are under-represented in the disability workforce, meaning the number of Maaori in the workforce is lower than their proportion of the population. They said this impacts the care taangata whaikaha Maaori receive, especially in rural areas given the smaller workforce and lack of local services. Claimants noted representation is important, because Maaori are more likely to deliver culturally appropriate care and taangata whaikaha Maaori prefer to be treated by Maaori staff.

The Crown accepted that Maaori are under-represented in the health and disability workforce, which was identified in 2001. The Crown further acknowledged that Maaori remain under-represented even though the Maaori workforce has increased due to Crown actions, including specific strategies and plans, to improve representation. We agree that Maaori are under-represented in the health and disability workforce, which negatively impacts on the cultural competency of the workforce, and therefore, the quality of care delivered to taangata whaikaha Maaori.

Is workforce training and professional development adequate?

Claimants said disability staff in general are not adequately trained, do not understand Maaori views and perspectives on disabilities, and therefore, are not culturally competent. They noted there is not enough compulsory training to ensure

the workforce understands both their disabilities and lived experiences. Taangata whaikaha Maaori provided examples of the poor care they have received. The Crown agreed that the disability workforce needs to be properly trained, which includes a cultural understanding, to meet the needs of taangata whaikaha Maaori. The Crown said that there are many training opportunities for staff, including cultural competency, to improve the workforce. We confirm, for taangata whaikaha Maaori to have positive outcomes, it is critical for the disability workforce to be competent in both te ao Maaori and what people with disabilities need. Moreover, the mentioned training opportunities are often not compulsory and typically address disability and cultural competency in te ao Maaori separately, which negatively impact on taangata whaikaha Maaori and the care they receive.

Is there adequate support for whaanau, including whaanau carers?

Claimants argued that whaanau carers are not provided adequate training opportunities. The Crown acknowledged that there has been concerns about the lack of support for whaanau carers for a long time. The Crown did not provide information about training offered or funding for whaanau cares, but pointed to plans to better support carers and their professional development, including the Mahi Aroha Carers' Strategy Action Plan 2019-2023 and Kaiaawhina Workforce Plan 2020-2025. However, we were not presented with evidence about the progress of these plans or how training has improved.

Even though we did not have much information about training available to whaanau, including carers, the experiences of whaanau carers in the inquiry show many are not trained or supported to care for taangata whaikaha Maaori. We emphasise that it is important for whaanau and carers to be properly trained for their own health and safety and that of whaanau in their care. This is of particular importance as many taangata whaikaha Maaori have said they want to be cared for by whaanau.

Are there sufficient employment opportunities for taangata whaikaha Maaori?

Claimants said there are not enough employment opportunities for taangata whaikaha Maaori, both inside and outside of the health and disability system, and that they experience low levels of employment. Claimants said a lack of resources

and accommodations to support them impacts their ability to get a job. Claimants further submitted that the Crown has not taken appropriate steps to meet the goal in Whaaia Te Ao Maarama 2018 to 2022: The Maaori Disability Action Plan, namely that taangata whaikaha Maaori 'have greater opportunities for employment and engagement with their local community.'

The Crown accepted that taangata whaikaha Maaori need to be represented in the health and disability workforce and that the health and disability workforce does not represent the population, with disabled people being under-represented. The Crown further outlined initiatives to support taangata whaikaha Maaori getting a job, including programmes by the Ministry of Social Development and Whaikaha. Moreover, the Crown pointed to the goals of Whaaia Te Ao Maarama, but did not provide evidence of the progress it has made.

Research and statistics show taangata whaikaha Maaori are more likely to experience inequities compared to disabled people. This is true for employment opportunities and gaining qualifications in education, both of which negatively impact their income. Moreover, taangata whaikaha Maaori are not being properly supported to participate in employment and do not have enough employment opportunities. While the Crown has developed positive initiatives, the Crown did not provide evidence of how successful they have been, and therefore, has not shown that it has achieved the goal of Whaaia Te Ao Maarama to improve the employment of taangata whaikaha Maaori.

Tribunal findings

We found that, in general, there is inadequate training and professional development in the disability system, which impacts the services delivered to taangata whaikaha Maaori. Moreover, we found that taangata whaikaha Maaori have limited employment opportunities. Tiriti/Treaty principles relevant to these findings are active protection, equity and partnership.

The principle of active protection requires the Crown to ensure that health services are culturally appropriate by including and practicing tikanga in mainstream health services. We found that training delivered to health and disability staff is not fit for purpose as disability staff are not always providing culturally competent or safe care

to taangata whaikaha Maaori. We also found that training does not typically account for being both Maaori and disabled, and therefore, disadvantages taangata whaikaha Maaori as it does not reflect their identity. We further confirmed that for taangata whaikaha Maaori insufficient training of carers led to poor experiences, not having their needs met and caused some to forgo care. Therefore, the principle of active protection had been breached.

The principle of equity requires the Crown to ensure Maaori and all other citizens are treated equitably, including having fair and equitable access to health services. The Crown also needs to inform itself of any inequities. We found that Maaori are under-represented in the health and disability workforce. This poor representation negatively impacts the cultural competency of services delivered to taangata whaikaha Maaori, as Maaori are more likely to deliver culturally competent care. Taangata whaikaha Maaori are under-represented in the health and disability workforce and workforce generally, as they face employment barriers. We also found that training for staff has not ensured they are appropriately competent and has resulted in taangata whaikaha Maaori receiving poor and culturally unsafe care. Therefore, we found that the principle of equity had been breached.

The principle of partnership means that Maaori are to have appropriate influence on health policies and how services are delivered. This includes Maaori participating in the workforce as they can influence how services are delivered to Maaori patients and to help prevent Maaori values being ignored. The under-representation of Maaori in the workforce therefore breaches the principle of partnership. This principle also requires that Maaori are involved in the design and delivery of health services for taangata whaikaha Maaori. This would include training programmes. However, we did not receive enough information about Maaori involvement in the design and delivery of training programmes to say whether, in this instance, partnership had been breached.