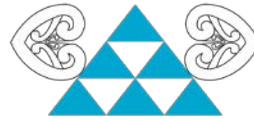




THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato



**Kāpō Māori Aotearoa
New Zealand Inc.**



“Seeing” Kāpō Māori: Making visible the experiences of Kāpō Māori during and after COVID-19

Research team:

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Funder:

Nga Pae o te Māramatanga, New Zealand’s Māori Centre of Research Excellence

Research outline:

A scoping project focused on the intersection of Māori and the framing of vision impairments (disability) within the context of a pandemic response (in this instance COVID-19). Specifically, we were interested in the experiences of kāpō Māori during and post COVID-19 in order to centre the cultural and health needs of kāpō Māori in a culturally responsive manner. We highlight the aspirations that kāpō Māori have for themselves and their whānau, and to identify the facilitators and barriers that kāpō Māori and their whānau face in achieving these.

Research process:

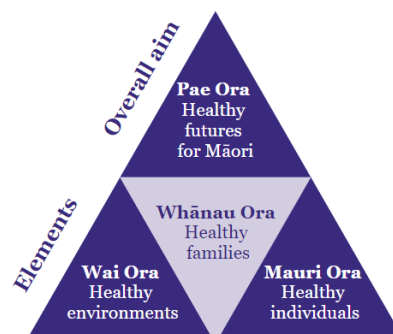
To answer our research question we held two (2) wānanga with seven (7) kāpō Māori from the Waikato region. Each wānanga was held at the Blind Low Vision recreational centre in Liverpool St, Hamilton. The research team arranged transportation to and from the venue and provided appropriate manaakitanga for participants. Participants talked freely on a range of issues related to the research topic. Core ideas from these conversations are presented in this brief report to Minister Sepuloni.

Suggested citation:

Masters-Awatere, B., Graham, R., & Cowan, C., (2021). “*Seeing*” Kāpō Māori: Making visible the experiences of Kāpō Māori during and after COVID-19. Summary analysis report presented to the Minister for Social Development, June 15, 2021. Wellington, NZ.

Summary analysis

We utilised the He Korowai Oranga framework from the Ministry of Health to analyse experiences shared. This framework centres Whānau Ora (healthy families). Together with Wai Ora (healthy environments) and Mauri Ora (healthy individuals), all three elements contribute to the overall aim of Pae Ora (healthy futures for Māori). Each component is discussed in turn below.



Wai Ora

Barriers to Wai Ora were primarily experienced with regards to accessing resources, independent travel, and (un)known relationships. Accessing resources included housing (e.g. finding a new flat to rent is difficult when websites are inaccessible), needing to speak to Work & Income staff (e.g. the secure website (MyMSD) that Work & Income directs clients to is inaccessible for blind persons), and Work & Income staff making demeaning comments when requiring financial support for optometry-related expenses.

Travel is challenging and limits opportunities. For example, a local retailer donated grocery items to local community, but accessing these required being able to independently travel to the site. The total mobility subsidy still costs families, public transport not always suitable, don't want to always be relying on others for rides. The reduction of the number of cars on the road during lockdown made walking and enjoying outside more accessible

Participants discussed the awkwardness of having strangers call to check in during Covid. Their reluctance to engage with a stranger was sometimes misconstrued as whakamā. However, with no previous engagement and no whakawhanaungatanga, there was no relationship with the caller and/or provider. The provider needed to establish a trust relationship first. Covid lockdown could have been ideal for starting to establish relationships to build on in the future, failing to do so is a missed opportunity.

Protective factors and facilitators to Wai Ora

- Living near to supports such as local shops, carer, family members
- Being known to local community and having trusted relationships with known others
- Being able to access information from a variety of mediums during lockdown – radio, social media, websites, phone calls from trusted others
- Being able to access the same information as everyone else e.g. wage subsidy because websites were accessible
- Familiarity of known environments
- Knowing and being able to recognise staff at government centres
- Knowing your rights (e.g. not having to disclose one's medical condition)

Mauri Ora

Key barriers to Mauri Ora were being required to engage with multiple (inaccessible) providers and services to access support. Participants repeatedly expressed a desire to be able to access supports, information, and documents independently and autonomously.

Stages of life reflected different needs and this requires diverse responses, for example:

- Wanting security and routine
- Wanting to make own mistakes/not to be 'cotton-wool' wrapped
- Wanting to try new things
- Wanting to have the same education opportunities as other young people
- Wanting access to same life opportunities as sighted persons

Law vs. lore. Participants expressed feeling like they had to choose between upholding tangihanga responsibilities and upholding covid law. That is, they felt they would have to choose between whānau ora (family well-being supported through tangi attendance) and mauri ora (not being arrested).

Protective factors and facilitators of Mauri Ora

- Accessible information in a timely manner
- Non-disability providers providing accessible information and services
- Individual resilience and resourcefulness
- Sense of autonomy and self-determination

Whānau ora

Barriers to Whānau Ora were experienced across all factors of life; Employment, training and education, and accessing consumer goods.

Examples of everyday barriers included:

- Employer forced a resignation for 'health and safety' reasons
- Contract work resulting in lack of employment protections
- University enrolment website inaccessible for blind/low-vision persons and the University did not make it easily possible to enrol via the phone; accommodations for blind and low-vision persons while undertaking tertiary study are unclear.
- Educators are not always familiar with vision needs, so whānau have to work extra hard to inform school staff. This is not always well received.
- Queuing in the bank and not being able to see that the queue had moved, but nobody approached them to let them know to move up
- Shop entries were changed during Covid, which made it extra challenging for blind and low vision persons to navigate the store

A history of segregation of disabled persons means wider society is not always sure of how to provide/unaware of need. Participants were sometimes unsure if the barriers they face are a result of racism and/or ableism. The unspoken question participants were left with was "is this [barrier or unpleasant experience] because I'm blind or because I'm Māori?"

Protective factors and facilitators to Whānau Ora

- Food drop offs directly to the home were appreciated
- Family connections and phone calls from known others mitigated isolation
- Being treated with respect, dignity, and value
- Having a skill set that others valued

Pae Ora

Barriers to Pae Ora included disability providers which were not always well placed to answer non-disability related questions (e.g. university website not accessible but disability provider unable to answer questions relating to university enrolment), and phone calls from unknown providers. The latter reflects a provider focus on tasks rather than calling in order to create an ongoing supportive and reciprocal relationship. There was a sense that health services and providers primarily focus on individual medical needs.

Participants expressed a desire for a health, secure, and accessible future for themselves and their families. The key areas identified were:

- Access to secure employment with protections
- Accessible study and training (education)
- Information that is accessible in appropriate alternate formats