



Pāoa ki uta, Pāoa ki tai, Pāoa ki tua o te pae o Matariki

Bill submission: Principles of the Treaty of Waitangi

SUBMITTER DETAILS:

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ORAL SUBMISSION REQUEST: E Tipu e Rea wishes to speak to our written submission.

Ko wai mātou?

E Tipu e Rea Whānau services is the iwi health/ social service for Ngāti Pāoa, with a focus on supporting young hapū māmā, mātua taiohi (young parents), and their tamariki. We support both young parents from our iwi of Ngāti Pāoa and from the community in our tribal area of Auckland and Hauraki. Our integrated services include a focus on the first 2,000 days with a suite of services to support the best outcomes during this time, including midwifery, childhood immunisations, Tamariki Ora/Well Child checks, nurse practitioner clinics, rongoā clinics, family violence prevention, transitional housing and other housing assistance, social care support, counselling, cultural support, tūpuna parenting programmes, and employment and training opportunities. We work to the values of manaakitanga, rangatiratanga, tika, pono and aroha, which were afforded to us through the mātauranga that has been handed down by generations by our Ngāti Pāoa ancestors. What makes our work unique is how we address tamariki wellbeing during their critical first 2,000 days through both on-the-ground services and structural efforts, including systemic policy and advocacy, allowing us to respond with agility to removing systemic health and social care barriers that affect pēpi and tamariki.

We have chosen to write this submission due to an overwhelming call from the young whānau we support to highlight their concerns.

Introduction

1. Our position has been guided by empirical evidence and also individual submissions written and shared to us by whānau in our service. The feedback we have received from mātua taiohi in our service, both Māori and non-Māori, overall highlights the deep concerns around this Bill and its potential negative impact on Māori health outcomes, especially for tamariki in the first 2,000 days, a period where crucial foundations are set for their future lifespan.
2. We therefore **oppose** the Principles of the Treaty Bill. Our opposition is based on the following reasons:
 - a. Consistent with the lived experience and views of mātua taiohi that we support in our service
 - b. Threatens intergenerational health, social, economic, education, employment, justice system outcomes and equity in Aotearoa for mātua taiohi, and their pēpi.
 - c. It undermines the original commitments of Te Tiriti, compromising trust and the partnership between Māori and the Crown.
 - d. The process followed has failed to honour the principles of good faith and meaningful engagement with iwi Māori.

General concerns

3. The Bill fails to uphold the principles of good faith for both Māori and non-Māori. As an iwi health and social service, we are concerned at the way in which it has bypassed comprehensive consultation and collaboration with iwi which is needed for such a significant piece of legislation.
 - a. One mātua taiohi, Mia*, who we work with came to our staff stating that she was going to write a submission and shared to our team that *“I believe this is wrong, and that the reasons [for this bill] aren’t the actual reasons, it is the rights of hapū and iwi. My main reason [for wanting to write a submission] is that I support the development of hapū and iwi”*
4. The content and process of the Bill presents a risk to social cohesion, which may exacerbate targeted discrimination, directly affecting the whānau that we work with, in which the majority are young Māori.

Specific concerns in relation to our service/ communities

5. Reduces Commitment to Address inequity and Structural Disadvantage: Mātua taiohi in our service often experience multiple layers of disadvantage across health determinants, from unstable housing/ homelessness and gaining employment, healing from drugs/ addictions to access to maternal/ child healthcare. For pēpi in their first 2,000 days, the impacts are felt most acutely, with overcrowded housing, inadequate access to health services, and

access to nutritional kai posing just some of the significant threats to long-term health and development (11,12,13). In our services, we often see how early wrap-around tautoko (support) can change these outcomes (1), however, the Bill risks the removal of a legal/ policy mechanism that supports addressing equities, potentially compounding disadvantages, ultimately undermining health improvements for Māori whānau.

- a. Mātua taiohi, Miller* expressed to her E Tipu e Rea social worker *“I am concerned about all the wrap-around support for whānau like me; furnishing homes, first homes, clothing our newborns, transport. Access to services like counselling. For hapū mama, that care is really important and coming from my iwi provider and other Kaupapa Māori services is right for me, and I wouldn’t go anywhere else”*.

6. Reduces mātua taiohi rights to forge own pathway to hauora:

Rangatiratanga and partnership affirmed in Te Tiriti o Waitangi allow for Māori right to govern, design, deliver, and monitor services that lead to the best health outcomes for mātua taiohi and their wider whānau. This highlights the importance of co-designing services for mātua taiohi in collaboration with the Crown, which gives us the ability to address the unique needs of our whānau (14). However, the new Bill threatens to remove these fundamental principles. mātua taiohi, Hine*, who also expressed a desire to write a submission stated to her social worker* *“This bill claims to bring equality to all New Zealanders- but you can’t have equality without addressing inequity. My people have been on the back foot for centuries”*.

7. Limits Economic and Environmental Opportunities:

Failing to uphold Te Titiri and therefore adequately address Māori health inequities comes with high economic and societal costs (17), many of which are borne by tamariki Māori (18). In the context of the first 2,000 days, the failure to invest in equitable services for pēpi and their whānau means more long-term social and economic burdens (18). Secondly, mātua taiohi are concerned about the protection of the environment, and as an iwi service, we also understand the intimate link between our physical health and the health of our taiao. Māori worldviews and knowledge we know to be essential in efforts for a sustainable future, particularly in responding to our changing taiao (19). However, the Bill limits the opportunity to integrate Indigenous perspectives into both health and environmental solutions, impacting the future of mātua taiohi and their mokopuna whakaheke. One of our non-Māori mātua taiohi, Nikki*, shared *“Why can’t they leave indigenous people alone? Why do they do this to them, why can’t they see the good things?”*.

8. The content and process of the Bill presents a risk to social cohesion, as it may exacerbate targeted discrimination, including for mātua taiohi. The

experiences shared by mātua taiohi in the health and social service sector highlight the need to continue addressing discrimination. Evidence of structural inequities experienced by Māori in health and social systems contradicts the narrative that Māori hold an unfair advantage (5). We regularly see how these inequities manifest, particularly during the crucial first 2,000 days of a child's life. Racism, whether overt or systemic, remains a primary driver of the health disparities (9), heavily impacting mātua taiohi and pēpi affecting access to care and early childhood development services (10). The young Māori māmā and pāpā we work with regularly discuss their experiences of being displaced, having their voices unheard, a sense that they are pushed to the side, and others are prioritised, not only because they are young, but specifically because they are Māori. We therefore see how this bill could exacerbate existing discrimination, particularly for mātua taiohi, and mātua taiohi are concerned about this too. Mātua taiohi Tammy* *“I am horrified at the audacity of this bill... what right do you think you have to mess with a founding document of a nation”*.

Conclusion

E Tipu e Rea Whānau Services opposes the Principles of the Treaty Bill due to concerns it undermines Māori health outcomes, particularly for pēpi and tamariki in their first 2,000 days, and their future projected lifespan. We understand that there will be individual submissions from mātua taiohi from our service; this is something they championed for themselves. This engagement in submission writing by young parents reflects their interest and concerns about the Bill's potential to impact their lives, and the lives of their pēpi into adulthood and beyond by exacerbating systemic inequities that will be felt intergenerationally.

For E Tipu e Rea, the lack of meaningful consultation with iwi Māori contradicts the principles of good faith and partnership outlined in Te Tiriti o Waitangi. Without addressing the structural disadvantages faced by Māori, this Bill risks deepening existing disparities, particularly in maternal and child health with long lasting economic, social, health, employment, education, and justice system consequences.

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