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**KEI MUA I TE AROARO O TE ROOPUU  
WHAKAMANA I TE TIRITI O WAITANGI  
BEFORE THE WAITANGI TRIBUNAL**

**WAI 2575  
WAI 2644**

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**IN THE MATTER OF** The Treaty of Waitangi Act 1975

**AND**

**IN THE MATTER OF** The Health Services & Outcomes Kaupapa  
Inquiry

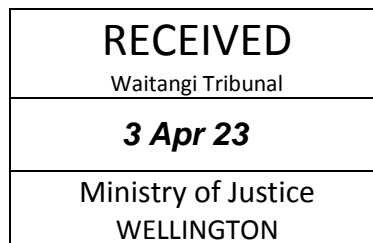
**AND**

**IN THE MATTER OF** a claim by Sir Edward Taihaakurei Durie and  
Rangi Wade on behalf of the New Zealand  
Maaori Council (Wai 2644)

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**SUMMARY OF BRIEF OF EXPERT EVIDENCE: HISTORY OF  
MAAORI UNDERUTILISATION ACC INJURY TREATMENT AND  
REHABILITATION SUPPORT SERVICES, THE BARRIERS TO  
THEIR UTILISATION, AND WHAT WORKS TO IMPROVE  
SERVICE DELIVERY TO MAAORI BY DR JOHN WREN AND DR  
PETER JANSEN**

8 March 2023



WOODWARD LAW OFFICE

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**Summary: The key issues and argument under consideration**

The expert witnesses argue that:


1. In the context of Maaori injury related health need and compared to non-Maaori population groups, over the last 20+ years a clear body of evidence has accumulated that can no longer be ignored showing substantive and inequitable utilisation of ACC funded injury treatment and rehabilitation services by Maaori and associated injury related health outcomes (including disability). The argument for this hinges on.
  - a) understanding the Maaori burden of injury related health loss compared to non-Maaori
  - b) analysis of ACC administrative claims and health data respectively about the utilisation of ACC funded health treatment and rehabilitation services by the population
  - c) the choice of whether to adopt a 'health equity' lens, or a 'actuarial' insurance/banking lens to interpret and understand the observed differences in Maaori compared to non-Maaori ACC service utilisation
2. The evidence brief is informed by a social epidemiology perspective and adoption of a critical mixed methods literature review approach to examine the issues under consideration.
3. Specifically, the evidence shows:
  - a) significant inequitable underutilisation of ACC services by Maaori in the context of their injury related health need
  - b) about what the barriers are to Maaori accessing ACC services
  - c) about what works for Maaori in agency service delivery and what they want
  - d) ACC responsiveness over the years has been at best ad-hoc and inconsistent (noting specialist Maaori Teams have been established and disestablished at various times under changing ACC Board's and Snr Management)
  - e) ACC is institutionally racist as currently legislatively designed, and functioning

- f) There are no Te Tiriti obligations (or reference to Te Tiriti) in any of the ACC related legislation
  - g) The dominant Western actuarial / insurance and banking perspective about what 'equity' means is antithetical to a 'health equity' lens
  - h) from the dominant ACC perspective, no action is required as utilisation is matter of individual choice
  - i) equity from this perspective also means 'same policy/service design' irrespective of Te Tiriti requirements for protection, participation and partnership
  - j) ACC is a monopsony provider set up by the Crown, there is no other choice for Maaori – but it is clearly not working for Maaori in context of their injury related need
  - k) Crown Monitoring agencies have been inconsistent in their reporting of the issues
4. Given the evidence, systemic change is required to address the institutional racism built into the design and operation of ACC. We recommend on the basis of Te Tiriti obligations and the evidence about what works for Maaori in health and a range of government services that:
- a) ACC legislation be amended to require ACC to comply with the principles of Te Tiriti, and fulfil established standards regarding protection, participation and partnership, where Maaori aspirations for self-determination and development are recognised
    - i. this might be done by including ACC within Schedule 2 of the Public Service Act
  - b) the legislation explicitly include a health equity lens that is given equal status to the dominant Western Actuarial / Insurance / Banking lens when it comes to service design and delivery
  - c) Crown Monitoring agencies must publicly report on ACCs progress in reducing the health inequities observed
    - i. this should include funding and public dissemination of the results from the Otago Uni/ Ngaai Tahu Maaori Health Research Positive

Outcomes of Injury Study (with a focus on examining health inequities in service utilisation and treatment outcomes (including Disability) for the Maaori population with comparisons to Non- Maaori)

- d) ACC decisions that affect Maaori be measured against outcomes set by Maaori organisations with representative mandates
- e) ACC undergo significant systemic and cultural change, integrating Maaori decision-makers at all levels and funding training and development programs designed by Maaori for all staff
- f) ACC be required to form active partnerships with Maaori primary healthcare providers and Iwi authorities
- g) ACC implement a focussed and serious commitment to Maaori injury prevention in partnership with Maaori and other government agencies given the Maaori experience of injury is double that of non-Maaori

**Dated at Wellington this 8 March 2023**

The image shows two handwritten signatures in black ink. The signature on the left is 'John Wren' and the signature on the right is 'Peter Jansen'. Both signatures are written in a cursive, flowing style.

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Dr John Wren

Dr Peter Jansen

Expert witnesses for the New Zealand Maaori Council.