Tēnā koutou katoa. Ngā mihi mahana kia koutou.

Ko Taranaki te maunga.

Ko Ngāruahine te iwi.

Ko Jo Hikaka toku ingoa.

Kia ora koutou.

Welcome to this presentation today where Ngaire and myself will be going through the report that we wrote regarding older Māori and aged residential care in Aotearoa.

So I am a pharmacist by background and health researcher, usually based in Tāmaki Makaurau, Auckland, but currently in the US at Brown University until the end of the year. Thank you for joining us, and hopefully we can have a great presentation today and it'll be great to have your contribution at the end when we go through questions and discussion.

So this report was commissioned by the Health Quality and Safety Commission, looking to explore the literature that we already have regarding Māori in aged residential care, as well as understanding those involved in the delivery of aged residential care services to Māori and their views on the current state of the sector.

So an important aspect that is not covered in this report was going out to Māori communities, whānau and residents in aged residential care and really understanding their experiences, perceptions, needs in the aged care setting. And we acknowledge that that is something that is really important and that future solutions need to be centred on those voices.

So the objectives today are really to highlight to you the key points from the report. We want to share knowledge of positive examples where Māori leadership, Māori workforces and Māori values were central to how services have been delivered and developed. And we are hoping that you can walk away with some understanding and some ideas of how to apply the findings in your own practice. And we acknowledge that there'll be a wide, diverse range of people on here today with many areas of discussion and thinking that will be going on, so ways these findings could be applied is in the provision of care, the commissioning, the governance, and thinking about community planning as well.

So you will have already have heard Ngaire regarding the changing demographics of our population in Aotearoa and the differential access to ARC for Māori compared to non-Māori. So when we looked at the quality of care in ARC for Māori, there was really limited information. So although we have tools like interRAI which look at quality of care as well as needs of people in aged care, there's limited published information about quality of care for Māori and we also need to acknowledge that quality of care falls outside of outcomes that are captured in tools like interRAI.

And so there needs to be more collaboration and development with residents and whānau around positive outcomes, what they look like and what should be measured when we're discussing quality of care for Māori in ARC.

We need to understand more about our workforce. So currently we need to ensure that in general the workforce are culturally competent to deliver care to Māori and it's particularly relevant in aged residential care when we see large proportions of our care staff coming from countries outside New Zealand that may have been educated outside of New Zealand, and so understanding that, you know, what care looks like in the local context is really important.

Another aspect to this is ensuring that we train and maintain and retain Māori staff in aged residential care. So acknowledging those that bring both clinical and cultural expertise, and ensuring that we acknowledge the importance of those dual competencies.

So understanding that if we are remunerating people, we're looking at both their clinical expertise, their cultural expertise, and if we're remunerating people appropriately, ensuring a workforce is supportive of those dual competencies, then we're more likely to retain that workforce and have a sustainable model of care.

So flexibility and funding models, so the resourcing that goes into aged residential care is really important and includes things like understanding what means testing or asset testing might look like for Māori. So we have — that might be that there's — for Māori there are higher proportions of people living in multi-generational, intergenerational households. So what does that mean when a whānau asset is means tested? Same for things like whānau land that are held in trusts and the implications of that for Māori, and the context of colonisation where land confiscation has been central to that colonisation process.

We also need to think about what aged residential care looks like by Māori, for Māori, with Māori. So bringing Māori along in that development journey and redesigning aged residential care that might look quite different to how we think of aged residential care currently.

I'm going to be talking now about local, sorry, Māori service providers. I want to acknowledge here Rangimahora Reddy from Rauawaawa Kaumātua Charitable Trust in Kirikiriroa and her team who contributed to this report, and also Georgina Martin from Te Whānau o Waipareira’s Wai-Research research arm who contributed. Numerous valuable points were brought up in their kōrero, but importantly was the fact that for Māori, aged residential care is seen as a last resort that can be that you know, that wants to be avoided at all cost. There needs to be, because of this, there needs to be normalisation and understanding of the clinical value that you can receive from aged residential care, and this understanding of age residential care needs to be discussed throughout the life course, so normalising these care decisions, so that it's not left for whānau when they're in an acute situation with lots of things going on, lots of decisions needing to be made, where, you know, this idea of aged residential care is first brought up.

It puts a lot of stress on an already stressful situation, and there needs to be that discussion that goes on through the life course. Need to understand that there's diversity in the needs of Māori, so Māori aren't one conglomerate with one way of doing, and that diversity not only exists currently through different people, but it also will change as time goes on. And so what may be needed for older Māori now might be quite different, but when, for example, I'm in an older age category and understanding my needs as I age.

New care models need to be developed, and we touched on that before, but by Māori for Māori approach, and as I said, this may look quite different to what aged residential care does now.

Māori-led models of care. So here I will acknowledge Goodwood Seadrome, Tiakina and Kelly Te Kare as well as Tina Chivers who contributed to this report, as well as Kay Shannon who's from AUT but whose doctoral thesis looked at the care village in Ngongotaha.

So the care village was established based on a Dutch model of care, where different groups of people live within a village and their housing reflects different lifestyles. Enrolled nurses or health care assistants are trained not only in health care, but in cooking and household management, and so they were up-skilled in these areas so that they could deliver care within a household. And again, going back to the concept of flexibility, the way that this care was going to be delivered, required a dispensation from the Ministry of Health to ensure that the service could be provided in this way. Spaces were developed where Māori values were central to the way things happened on a day-to-day basis and were honoured in everyday ways of working in life.

It's important to note that there was Māori involvement at multiple levels here, so it was at Māori governance and advisory. There was Māori management involved and Māori delivery of care. And I discuss that, because really if we're thinking about new models of care and sustainable models, we need to move past the need for individuals to be involved, for things to happen, and have policies in place and also depth in our workforce to ensure that these things are valued.

And so, at Seadrome in West Auckland, staff and residents actually realised that they weren't providing an appropriate level of care for their Māori residents. And this case really showed how the workforce there has gone on a journey over a period of year that has been constant upskilling and critical reflection of the way they deliver care. And it shows how small changes can be built on and built on and developed over time, and you have these really large impact at the end. So now there's more incorporation of tikanga Māori and Te Reo Māori into daily living. There's practices that reflect a Te Ao Māori and Māori world view of how things are done. And these have been normalised within the care.

So for example, when residents arrive at a facility, a pōwhiri-style welcome ceremony is undertaken where people come with their whānau, they're welcomed by current residents and staff, and they share their favourite waiata, favourite song, and you know, are really welcomed into the facility. As people live there, they're encouraged to share their own cultural values, their ways that they've lived and things that are special to them through their life.

There's also ways that they incorporate — so things like planting trees. People are able to plant a tree, so it provides them physical space, a way of claiming physical space in the whenua, the land that they are situated on, that is now their home. And when people, when residents leave the facility, there's also a poroporoaki-type farewell where again, favourite songs are played, whānau, family are present and are allowed that time to farewell the staff. The staff and residents — current residents are able to farewell the person that is leaving, and there's a formal closure, I guess to that relationship.

Although these practices were initially developed to support Māori within the facility, it's taken up almost uniformly across residents now with many, many residents and whānau understanding for them the importance of that and the value that those practices have on their time in a facility.

And Seadrome have also been involved in other aspects, so upskilling of high school students where students from local high schools who were proficient te reo Māori, who had understanding of tikanga Māori, would come and spend time with Māori residents. The residents would benefit from increased social interaction and had improvements on their mental health. The high school students were upskilling in areas of dementia care and health care more generally, and that was a really positive example for workforce development as well as benefiting the residents.

So what are the knowledge gaps, and what are our future aspirations?

We really need pro-equity policy in models of care. So this isn't around, you know, doing what we're currently doing and seeing whether there are equitable outcomes. It's around intentional planning for equitable outcomes. So incorporating Māori ideas, solutions, needs, desires, right from understanding what the issues are to how the services are developed, delivered, monitored into the future.

We need to ensure that what we do is data driven. So we need better data. We need to make use of this data. And this data — whe I talk about data, I don't mean just things like interRAI, but understanding, as I said previously, around what outcomes and what positive solutions in aged residential care look like for Māori, and then to incorporate that into practice.

We need a workforce strategy that allows for development and sustainability within the sector where Māori cultural values and expertise is valued within that.

We need to understand ageing in place in the context of Māori. So what does that look like? Is it ageing at home? Is it ageing on ancestral lands? And what does that mean for an individual? As well as putting processes in place to ensure that can happen across the sector.

Finally, we look for hope to things like the health system reform and the Māori Health Authority, where we have Māori governance and commissioning of services which you know, personally, I'm hopeful that that allows us to have these extra options for care, different ways and flexibility in how we deliver cares, an understanding that it's Māori-led, Māori-governed, by Māori, for Māori, with Māori approach in the aged residential care sector.

I just want to mihi to all of those that contributed to this report, but also acknowledge those that will have contributed over the years to our understanding in this space, and pay particular acknowledgement to the staff that work in aged residential care as well as the residents and their whānau that live in residential aged care, and hopeful that we can bring all these different people together to really create solutions for the future.

Kia ora.