



Te Runanga o Aotearoa, New Zealand Nurses Organisation

Submission to the Māori Affairs Committee

On the

**Inquiry into determinants of
wellbeing for Māori children**

Due March 16 2012

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ABOUT TE RUNANGA o AOTEAROA, NEW ZEALAND NURSES ORGANISATION:

Te Runanga o Aotearoa, New Zealand Nurses Organisation (Te Runanga), alongside our Te Tiriti o Waitangi partner, the New Zealand Nurses Organisation (NZNO), represents our Māori health professional members. Our aim is to enhance the health and wellbeing of all people of Aotearoa New Zealand and we are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders. Te Runanga membership comprises 3079 (March 2012) nurses (nurse practitioners, registered, enrolled and student nurses), midwives; kaimahi hauora, health care assistants and allied health professionals of NZNO total 46, 000 members.

Te Runanga shares NZNO's vision; "Freed to care, Proud to nurse", our aims include being a lead voice for Māori health in Aotearoa New Zealand, strengthening our own bicultural partnership, and opposing injustice and inequality wherever it impacts upon the health and wellbeing of New Zealanders. It is extremely important to Te Runanga that our member's voices are heard and that we are responsive to their needs.

"Me haeretahi tātou mō te hauora me te oranga o ngā iwi katoa o Aotearoa: let us journey together for the health and wellbeing of the people of Aotearoa"
(Reverend Leo Te Kira, 2005).

EXECUTIVE SUMMARY

1. Te Runanga o Aotearoa, NZNO (Te Runanga) along with New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Māori Affairs Select Committee inquiry into the determinants of wellbeing for Māori tamariki.
2. We wish to congratulate the Māori Affairs Select committee on this timely and appropriate inquiry. We **strongly support** the focus on our future generation's health and wellbeing, and our future leaders of Aotearoa. We draw your

- attention to NZNO's recent submission to the Government Green Paper on Vulnerable Children that focused on making child centred policy changes; showing leadership; shared responsibility, and making child centred practice changes.
3. Te Runanga has consulted its members and the wider NZNO membership in the preparation of this submission; in particular Te Poari o Te Runanga o Aotearoa, the NZNO governance board, Kaumātua and policy advisors.
 4. Te Runanga welcomes the opportunity to make an oral submission and advises that we will be represented by NZNO Kaiwhakahaere, Kerri Nuku, Ngāti Kahungunu and Ngai Tai.
 5. We **support** this inquiry and are very proud to be an associate of the Smokefree Coalition Tupeke Kore Campaign that aims to ensure that future generations of New Zealand children will be free from exposure to tobacco and will enjoy smoke free lives.
 6. We are also proud to be associated with the Alcohol Action campaign which strongly advocates the '5+ Solution' to reduce the harmful effects of alcohol, including fetal alcohol spectrum disorder (FASD), a major cause of harm to our tamariki. Aotearoa research indicates that we could have one of the highest FASD rates in the Western world, producing up to 3000 FASD babies every year (source) who are affected by learning problems (memory, concentration, problem solving) and behavioural problems (hyperactivity, impulsivity, poor communication ability, poor social skills) which are not apparent at birth but develop as children become more interactiveⁱ.
 7. In the following discussion on the social determinants of health on Māori children, we focus on the importance of:
 - a proactive approach;
 - a whānau ora approach;
 - access to care;
 - nurses advocating change;
 - Tamariki ora being everyone's responsibility;

- Culturally and clinically appropriate training;
- Te Rau Kōkiri campaign;
- positive solutions for our Tamariki;
- systemic barriers to health for Māori children; and
- how health professionals help to make changes.

DISCUSSION

Proactive approach

8. Our members spend their working lives caring for and improving the health of all New Zealanders and trying to ensure that people have equitable access to the best possible healthcare wherever they live. Specific health care delivery needs to be appropriate, accessible and available to those with the greatest need.
9. We acknowledge that Māori have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoplesⁱⁱ. We also acknowledge the rights of Māori under the Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and includes the physical, spiritual and cultural wellbeing of Māori as individuals and collectivelyⁱⁱⁱ.
10. While it is widely acknowledged that there are long standing and significant disparities in health outcomes for Māori - shorter lives, less access to primary health care, less access to treatment, poorer treatment - we do not accept that such inequalities are acceptable, just, necessary or fair^{iv} in a developed country like Aotearoa New Zealand, in 2012.
11. It is of serious concern that at a time when the gap between Māori health and the health of the average New Zealander is *increasing* reducing disparities and acknowledgement of the rights of Māori to equal health under Te Tiriti have disappeared from policy objectives.

12. NZNO strongly advocates for government to have a multipronged approach across all agencies to remove structural barriers, such as access to affordable and culturally appropriate services that affect the wellbeing of our tamariki.
13. As health professionals, we understand why it is necessary to be proactive in addressing health inequity and know from the evidence-base that ensuring free access to culturally appropriate primary health care services for all tamariki is an essential first step in promoting better health outcomes for our tamariki. All tamariki in Aotearoa New Zealand should be entitled to the positive social determinants of health – the right to shelter, the right to love, the right to a safe environment, and the right to access free health and social services at any time 24/7.
14. A proactive approach to improving the health and wellbeing of every tamariki is essential for the future wellbeing of our country. We believe this whakataukāi “*Mā te tuakana ka tōtika te teina, mā te teina ka tōtika te tuakana*” *Everyone has a responsibility to nurture the young as well as the elders*”, reflects the need for every Aotearoa New Zealand person to be committed and involved in making changes to the ways our society views tamariki, and to ensure our future generations are protected, respected and treated as taonga (treasured possessions).
15. We draw your attention to traditional Māori society which treated Māori children as a taonga, where the whole whānau contained multiple parents in grandparents, uncles and aunts and minders in older cousins as well as siblings, were all committed to raising the children, very much in the model left from the primal whānau^v. ‘Sustainability of the iwi was vital for the future of the people’. Te Runanga agrees that children are the future of Māori communities and the main function of whānau is the nurturance of children^{vi}.
16. However, unless the wellbeing of our tamariki becomes a national priority, New Zealand will continue to have poor outcomes for our tamariki. Poverty is a major problem facing around 200,000 New Zealand tamariki, this is not acceptable for any child^{vii}. We draw your attention to the *transforming Australia for our children’s future: making prevention work strategy* raised critical issues and challenges facing Australia including links between poverty, inequality and poor outcomes for children,

one in seven Australian children live in poverty, including 50 percent of all Indigenous children^{viii}.

Whānau ora approach

17. We recommend using a Whānau Ora approach to address the health and wellbeing of all tamariki. This inclusive approach empowers families as a whole^{ix}, rather than focusing separately on individual members and their problems. It aims to strengthen support pathways for whānau, helping them to address their needs and achieve their aspirations^x.
18. Using Māori models of health and wellbeing to improve service delivery should be used across the whole health sector. Aspects of Duries Te Pae Mahutonga public health model are reflected in whānau ora policy to encourage whānau to take control, and participate in their health promotion and their community's unique aspirations. The model's aim is to enhance the level of wellbeing, te ora, by increasing the extent of Māori participation in society^{xi}. We believe the wellbeing of Māori tamariki can be significantly improved through an inclusive model that addresses determinants such as housing, poverty, education and income.
19. We strongly agree with Public Health Advisory Committee report *the best start in life: achieving effective action on child health and wellbeing* to the Ministry of Health, (2010) that leadership for whānau ora should run throughout all services, not just Māori specific services. This leadership includes meaningful partnership between iwi and the health and disability sector to design services that support Māori aspirations^{xii}.

Issues with access to care

20. Our members have identified examples of issues with time frames, appointment bookings that are designed to meet the needs of the organisation and not the consumer. Disparities in access to care have been described at various stages along the health care pathway; from achieving full access to prevention services, early detection, management accordingly to best practice guidelines, and referral to specialist care and tertiary interventions (Reid & Robson, 2006).^{xiii}

21. Baxter (2002) research also identified that access was a barrier to appropriate, affordable health care for Māori patients needing diabetes and cancer services in Aotearoa. These barriers still exist; they are systemic across all health services, as we do not provide accessible or culturally appropriate practices for a wide cultural diversity group such as Māori. Structural barriers to care provision also still exist with transport and financial resources which impact on attendance at health appointments.^{xiv}

22. Other barriers to accessing care include:

- increasing access to free health care for tamariki 24/7;
- no accessibility to children's specialist hearing appointments for parents who work Monday to Friday 9-5pm;
- Māori are being informed of health initiatives by health professionals who seem pressed for time;
- Whānau seeing a different health professional at every visit, no consistency in health care.

Nurses advocating for change

23. Nurses have taken the lead to enhance the quality of care patients receive with success both nationally and internationally. Nurses are experts at child health assessment and are able to work with whānau and the range of agencies available to support whānau to ensure the children's health needs are met. Health services need to provide allocated time according to client's needs rather than institutional timetables (Durie, 2007)^{xv}. Nurse led clinics have shown benefits in increasing patient satisfaction, providing longer consultation times, improved patient education and providing prevention strategies.^{xvi} The focus has been on health outcomes rather than health outputs.

24. Allocated consultation appointments of 45 minute have allowed nurses to discuss social issues affecting the whānau, such as; financial assistance, smoking cessation, transport issues, family violence screening and housing concerns^{xvii}. Child health conditions such as atopic eczema, asthma, functional constipation; urinary tract

infections and iron deficiency anaemia have been successfully managed within the nurse led clinic model. Te Runanga strongly advocates acting on research findings which support better utilisation of nurses for example creating full time designated nursing positions within community settings like schools,^{xviiiix} marae, kohanga reo, pre schools, and kindergartens - would greatly assist whānau families in accessing tamariki children services, improving immunisations rates, improving B4school checks, and ensure communities have continuity of tamariki children health care.

25. Evidence from Aotearoa shows that where the nurse is able to assess and focus care on the specific needs of children and whānau in a community, health outcomes improve. For example, when the nurse at a nurse-led clinic in a primary school in Auckland focused care on education and interventions for families managing asthma, skin conditions and ear conditions, significantly decreased visitation to the city's children's hospital was observed for ENT services and decreased visitation was observed for general medical services for children from the area (Clendon, 2004).^{xx} Whānau using the clinic also reported feeling comfortable and listened to and that their health had improved as a result of attending (Krothe & Clendon, 2006)^{xxi}.

Tamariki ora is everyone's responsibility

26. The Treaty of Waitangi has provided an important framework for addressing inequalities in the past three decades^{xxii}. Policy documents like He Korowai Oranga^{xxiii} specifically focused on improving the effectiveness of mainstream services in relation to Māori health; providing highest quality services; and improving Māori health information^{xxiv}. However, implementation of those policies has not always focused on practical ways to educate frontline staff on culturally and clinically appropriate service delivery for our tamariki children and their whānau.
27. Te Runanga strongly agrees that Tamariki ora service delivery is not just the responsibility of Māori health providers, but the responsibility of all health providers, including Plunket, GP services and every other primary health care service that must be enabled to reach 'those that are deemed hardest to reach'.

28. It is not acceptable for professionals working in the frontline not to understand cultural practices, or to assume that their practice has worked with multi cultural, but is missing any understanding of bicultural principles. We strongly recommend that culturally and clinically appropriate health services should be accessible and available for our tamariki children; and from every provider of tamariki children's health services. This includes ensuring that funding models and contracts need to monitor service providers to see that they meet the needs of all tamariki in Aotearoa New Zealand.

Culturally and clinically appropriate training

29. NZNO's manifesto highlighted the need to ensure that culturally and clinically appropriate care in all settings is provided by the appropriate person in the health care team^{xxv}. We also support universal access to the necessary information, education and clinical care to manage good health, with particular attention to the needs of mothers and young children, which must be prioritised to ensure improved population health, health equity and manageable health needs^{xxvi}. This approach is similar to the Public Health Advisory Committee discussion on the *best start in life: achieving effective action on child health and wellbeing* report^{xxvii}.

30. While most Aotearoa trained nursing students are educated on inclusive, holistic models of health and wellbeing like Mason Durie's Te Whare Tapa Whā^{xxviii} that places physical, mental, spiritual and community health and wellbeing on each of the four corner stones of a whare, it is essential that overseas registered health professionals are required to complete bicultural training before working with our tamariki.

31. Training in cultural safety should be mandatory for all frontline staff across all government agencies. Regulatory bodies such as Nursing Council of New Zealand have included cultural safety into nurse's scopes of practice which require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice^{xxix}. We strongly recommend that

bicultural training be made mandatory for all overseas registered health professional who wish to practice in Aotearoa's health sector.

Te Rau Kōkiri Campaign

32. Te Runanga urgently requests the government to address the pay parity campaign Te Rau Kōkiri that continues for Māori and Iwi providers working in Primary Health Care^{xxx}. This workforce is vital for the health and wellbeing of the Māori community health sector, and will be essential for the implementation of a whānau centred approach to Māori wellbeing and fundamental to improving health outcomes for Māori.

33. We note that the Māori health workforce is a key factor in any long-term strategy^{xxxii} to improve Māori health outcomes and requires dedicated development and resourcing. We constantly hear stories of staff being poached from Māori Health Providers to work in District Health Boards (DHB) or other Tamariki ora providers like Plunket. Our highly valued staff, are given incentives to move including pay rates, better terms of conditions, 'Māori should not be disadvantaged for working for Māori and Iwi providers, and *'can not survive on aroha and good will alone when it means their whānau are suffering*^{xxxii}.

34. We strongly recommend that the Te Rau Kōkiri - pay parity for health workers in Māori and iwi provided services is a Government priority. It is totally unacceptable that those working with populations already receiving less are also paid less.

Positive solutions for our Tamariki

35. Te Runanga believes that positive role modelling, such as the campaign run through the Families Commission 'eating together at mealtimes'^{xxxiii} are needed to educate our public of our social responsibilities in raising our tamariki children. Social marketing campaigns aimed at education our Aotearoa New Zealand public should focus on positive change for our future. We believe that there is no 'right'

organisation or 'right' societal group that has all the answers, or all the solutions, and to achieve tamariki ora children's wellbeing it will take participation from all of society. Practical solutions to grow, cook food, budget, provide appropriate care of our children are also desperately needed by our communities.

Systematic barriers

36. We strongly agree with the Auditor General recent concerns about DHBs reporting of progress in reducing health disparities for Māori in the latest Health Sector: Results of the 2010/11 Audit^{xxxiv}. In particular the lack of information in the annual reports on Māori health needs and on targets to reduce disparities makes it hard to gauge DHBs' progress. We particularly believe if DHBs had specific measures for effectively measuring the outcomes of initiatives to reduce health disparities for Māori, that service performance would be better managed and improvements easier to view. We draw your attention to the Auditor General future focus that may include a review of child health and, in particular, continued disparities in the health status of Māori children - which we would support.

37. Our members report that accountability of services, and the 'shame and blame' approach of the Minister of Health has had benefits for those hard to reach, low decile areas, which DHBs and PHOs don't always reach for immunisations. Our members have provided specific examples of other structural or systems barriers that have impede the care that they have delivered to tamariki and their whānau.

These include:

- greater importance placed on smoking health targets, than focused on the health needs of client or whānau;
- inability to access key agency services for at risk clients afterhours, people related services need to be available 24/7 not just Monday to Friday 9-5pm;
- cost cutting of key services meant having to deal with an overseas call centres when what you really need is real people with solutions to crisis;
- inappropriate resourcing of services for pregnant mothers, with mental health issues, no proactive services to support mother and baby,

having to wait for 'crisis' to intervene in welfare of mother and baby;
and

- role confusion, losing trusting relationships with patient when they see you not as the nurse but as 'the policeman', when reporting becomes a priority over practical solutions.

How can health professionals help to make changes?

38. We strongly advocate having publically funded nurses as the entry point to the primary health care team. This would optimise the use of funding and health workforce resources, increase people's choices and improve health equity^{xxxv}. Nurses are also educators and health consumer advocates. Aotearoa New Zealand's health system, and the health of all New Zealanders, is closely linked to the quality and effectiveness of its nursing services.
39. Current funding pathways limit access to primary health care. There must be alternatives to capitated private GP practice which excludes a significant proportion of the population because of barriers due to location, financial resources and ethnicity. There are not enough doctors where they are most needed and, as recent research showing the increase in infectious disease (Baker, 2012)^{xxxvi} on top of the increased need for management of chronic disease and mental health care, it is basic health not medical care that is most needed.
40. Nurses are clinicians who are educated to recognise when medical intervention and referral is necessary; they work with doctors and other health practitioners to ensure seamless delivery of appropriate care^{xxxvii}.
41. Our members have provided specific feedback on improving tamariki health; benefits of holding nursing clinics on marae for children and their whānau; and benefits for Māori for Māori services for our tamariki:

What do you think would improve tamariki health?

- Changing funding pathways to allow more flexible use of all health workforce skills particularly nurses;
- no doctor's fees for tamariki visits and free dental care for tamariki;
- providing more skin infection clinics;

- better funding for Tamariki ora services, training more Tamariki ora nurses, Māori practice nurses in primary care. More community based services for Tamariki in the community, 'one stop shops for whānau';
- free breakfast instigated breakfast clubs in primary schools, healthy kai choices in school shops/ tuck shops;
- increased funding to improve breastfeeding rates in Māori , (ie: community based lactation services, increased workforce of Māori being lactation consultants);
- addressing social determinants of health (ie: unemployment, improving housing, conditions, making 'housing NZ' accountable for their role in damp housing);
- providing better antenatal services, access to local services instead of sending young mums to travel out of area just for a scan when a scanner is 5 mins from their home; and
- training all Māori health workers regulated and unregulated in smoking cessation.

Can you tell me any benefits of holding nursing clinics on marae for children and whānau.

- takes the services to the people;
- tikanga, kawa are paramount and the whānau is then supported by the hapū, iwi;
- its 'by Māori for Māori' approach support local Māori providers;
- it is a relaxed atmosphere, with kai, and the availability of Kuia/Koroua, time is less of an issue;
- increase in the clinical expertise and skills of Māori Registered Nurses;
- provides a safe environment for whānau who feel whakamā;
- accessibility of services for whānau, kaupapa Māori setting, understanding, Māori with Māori, iwi run and supported Te Reo Māori;
- whānau is comfortable belonging to them, won't be as whakamā;
- whānau can access wairua at this venue; and
- cultural safety in action and cultural competence.

What are the benefits for Māori for Māori services for our tamariki?

- whanaungatanga – knowing the community;
- Māori entry processes, connection to whakapapa links allow for open engagement, whakawhiti kōrero;
- Māori nurses understand the realities of the whānau through their own realities and understand difficulties, ie: affordability – priorities, opportunistic encounters accepted by provider and whānau;
- tamariki are familiar with ‘whaea’ concept of Māori; and
- Māori nurses are more inclined to treat tamariki as whānau to them and also treat every member within the whare and beyond.

42. Te Runanga wishes to be involved in any further consultation on tamariki ora wellbeing in Aotearoa New Zealand.

CONCLUSION

Te Runanga **strongly supports** the inquiry into the determinants of wellbeing for Māori children and recommends that you:

- **Note that** we wish to make an oral submission;
- **Note that** we wish to ensure that specific health care delivery is appropriate, accessible and available to those with the greatest need;
- **Note that** we acknowledge that there are disparities in the health outcomes for Māori, we do not believe that these inequalities are acceptable, just, necessary or fair^{xxxviii} in a developed country like Aotearoa, in 2012;
- **Note that** as health professionals, we strongly advocate free access to culturally appropriate health services for all tamariki and are proactive in promoting better health outcomes for our tamariki;
- **Note that** we strongly agree a proactive approach to improving the health and wellbeing of every tamariki is essential for the future wellbeing of our country;

- **Note** We recommend using a Whānau Ora approach to address the health and wellbeing of all tamariki. This inclusive approach empowers families as a whole^{xxxix}, rather than focusing separately on individual members and their problems;
- **Note that** barriers to accessing care include:
 - increasing access to free health care for tamariki 24/7;
 - no accessibility to children's specialist hearing appointments for parents who work Monday to Friday 9-5pm;
 - Maori are being informed of health initiatives by health professionals who seem pressed for time;
 - Whānau seeing a different health professional at every visit, no consistency in health care.
- **Note that** the focus of nurse-led clinics has been on health outcomes rather than health outputs;
- **Note that** we strongly agree Tamariki ora service delivery is not just the responsibility of Māori health providers, but the responsibility of all health providers, including Plunket, GP services and every other primary health care service and who should be able to reach 'those that are deemed hardest to reach';
- **Note that** we strongly recommend that bicultural training be made mandatory for all overseas registered health professional who wish to practice in New Zealand health sector;
- **Agree to** address the pay parity campaign Te Rau Kōkiri that continues for Māori and Iwi providers working in Primary Health Care^{xl};
- **Note the** specific examples of other structural or systems barriers that have impede the care that they have delivered to tamariki and their whānau which include:
 - greater importance placed on smoking health targets, than focused on the health needs of client or whānau;
 - inability to access key agency services for at risk clients afterhours, people related services need to be available 24/7 not just Monday to Friday 9-5pm;

- cost cutting of key services meant having to deal with an overseas call centres when what you really need is real people with solutions to crisis;
 - inappropriate resourcing of services for pregnant mothers, with mental health issues, no proactive services to support mother and baby, having to wait for 'crisis' to intervene in welfare of mother and baby; and
 - role confusion, losing trusting relationships with patient when they see you not as the nurse but as 'the policeman', when reporting becomes a priority over practical solutions.
- **Note that** we wish to be involved in any further consultation on tamariki ora wellbeing in Aotearoa New Zealand.

Nāku noa, nā



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