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Joint Venture Business Unit  
Eliminating Family and Sexual Violence  
National Strategy Insights Team

Email: [submissions@violencefree.govt.nz](mailto:submissions@violencefree.govt.nz)

Tēnā koe

### **National Strategy and Action Plans survey to Eliminate Family and Sexual Violence**

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on National Strategy and Action Plans to Eliminate Family and Sexual violence survey.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

NZNO has consulted its bicultural partner Te Rūnanga, the College of Emergency Nurses New Zealand (CENNZ), and members in preparation of this submission. NZNO supports the joint National Strategy and Action Plans to Eliminate Family and Sexual violence. We commend the efforts of the Minister for Prevention of Family Violence and Sexual Violence, the Hon Marama Davidson for her continued efforts to work towards zero tolerance of all forms of violence irrespective of gender, race, ethnicity, age, ability and identity.

NZNO priority as health professionals and specialists in health care, that it is important we strongly

advocate for approaches that uphold the best standards of duty of care that lead to a thriving and healthy whānau and community. NZNO also understands how important is for the strategy to focus on upholding Te Tiriti o Waitangi as a recognised honourable partnership that ensures equitable outcomes. As a bicultural organisation that aims to increase the voices of tangata whenua and all members, we truly value a te ao Māori whānau-led perspective, thought leadership and lived experiences included in Te Rōpū interim report, 'Te Hau Tangata – the sacred breath of humanity'. Which we understand has been instrumental in the design and delivery approach of the joint engagement process that has set the direction for the Joint Venture national strategy.

NZNO supports the Joint Venture collaborative vision to *“end family violence and sexual violence in Aotearoa New Zealand – so that people are safe, well, and thriving”* including the four guiding principles *oranga whānau, mauri ora, healthy relationships, and equitable and inclusive approaches*. Particularly, as the Joint Venture principles have set the tone to explicitly focus on areas that whānau have identified as requiring more immediate attention. NZNO supports the following guiding principles and the Joint Venture focus areas as key priorities to eliminating violence. The principles include:

- recognising te ao Māori
- supporting tangata whenua community-led approaches
- strengthen workforces to prevent and respond to family and sexual violence, and
- enabling continuous learning and improvement.

Historically the shift to acknowledge all forms of harm and violence has been met with much criticism in terms of governments inactive approach and public demand for government to provide a stronger response to domestic violence. We know that family violence disproportionately affects Māori. With Māori twice as likely to experience all forms of violence than any other ethnicities in Aotearoa New Zealand. The call for action by the workforce and public led to the transformation of the Domestic Violence Reform Bill which was replaced by the Family Violence Act 2018 (the Act). NZNO supported the transformation of the Act and participated in the submission process, where they raised concerns about safety, early intervention, and prevention. Further, following the implementation of Act, NZNO continued to support additional amendments to legislation that

included clauses relating to violence and harm. These included, the Bail Act 2000, Crimes Act 1961, Sentencing Act 2002, Evidence Act 2006, Criminal Procedure Act 2011 and Care of Children Act 2004.

Findings reported in the 2019 Health Quality and Safety Commission New Zealand, Kupu Taurangi Hauora o Aotearoa report - *A window on the quality of Aotearoa New Zealand's health care, a review on Māori health equity*<sup>1</sup> included discussions relating to nurses and midwives understanding of cultural safety education and the cultural harmful barriers experienced within the health system due to colonisation and experiences of violence.<sup>2</sup> Further, the report raised concerns regarding the responsibility of educational institutions to facilitate empowerment and advocacy to change systems, not just individual learners' knowledge, attitudes, and skills. Subsequently, findings relating to health equity and importance of achieving equitable health care for Māori at different levels of the health sector<sup>3</sup> was emphasized as a key priority to removing discrimination at all levels in the health system.

NZNO knows as health professionals that all forms of violence, includes cultural discrimination as this can lead to psychological ill-health, physical harm, and at the extreme early death.<sup>4</sup> Many of these concerns have been raised by NZNO and specifically by Te Rūnanga claimants in the Waitangi Tribunal Health Services and Outcomes Kaupapa Inquiry - WAI 2575 report. In the WAI 2575 report many spoke about cultural safety to be a manifestation of power imbalance between different ethnicities that empowers institutional racism and negative determinants of health outcomes.<sup>5</sup>

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<sup>1</sup> A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity | He matapihi ki te kōunga o ngā manaakitanga ā-hauora o Aotearoa 2019 – he tirohanga ki te ōritenga hauora o te Māori (2 MB, pdf)

<sup>2</sup> Ramsden IM. (2002). Cultural Safety and Nursing Education in Aotearoa and Te Wai Pounamu. Unpublished PhD thesis, Victoria University of Wellington, Wellington, New Zealand. URL: [www.nzno.org.nz/Portals/0/Files/Documents/Services/Library/2002%20RAMSDEN%20I%20Cultural%20Safety\\_Full.pdf](http://www.nzno.org.nz/Portals/0/Files/Documents/Services/Library/2002%20RAMSDEN%20I%20Cultural%20Safety_Full.pdf) (accessed 30 April 2019).

<sup>3</sup> Include the Ministry of Health, PHARMAC, district health boards, primary health organisations, and health practitioners such as doctors, nurses and community health workers.

<sup>4</sup> A window on the quality of Aotearoa New Zealand's health care 2019 | He matapihi ki te kōunga o ngā manaakitanga ā-hauora o Aotearoa 2019 (hqsc.govt.nz)

<sup>5</sup> The\_Waitangi\_Tribunals\_WAI\_2575\_Report\_Implicatio.pdf

As nurses and midwives are often the first health professionals to meet a person at risk of or experiencing violence. Consequently, nurses and midwives must be able to initiate appropriate interventions aimed at the prevention, early detection/screening and, where appropriate, reporting of abuse or violence. NZNO holds a firm position that violence and aggression towards nurses is never acceptable in any context or in any health setting and equally any violence witnessed must be reported. NZNO also recognises that racism towards whānau seeking support from the health sector is all too real and these experiences were raised in the WAI 2575 hearings, which spoke about health inequities, racism and stigmatization, which we know are all contributors to harmful violent behaviour.

In 2019 NZNO released a position statement which supported zero tolerance of all forms of violence as violence in interpersonal relationship, families, schools, workplaces, and communities is absolutely not tolerated.<sup>6</sup> More recently NZNO endorsed the CENNZ to adopt 'zero tolerance' to violence and conducted research on first responders and their experiences of violence and aggression in the workplace. NZNO members highlighted links between violence and abuse, and substance use - including alcohol and, increasingly, methamphetamine and synthetic drugs - by health consumers and visitors to healthcare facilities.<sup>7</sup> Subsequently, NZNO and CENNZ provided representation on the national committee that contributed to the inception of the Protection for First Responders Bill in 2020.<sup>8</sup>

Confounding literature on the prevalence, origins and impact of violence in New Zealand health care, and its relationship to nurses in particular (Baby, 2013; Ball, 2016; Marshall, Craig & Meyer, 2017; Rolls, 2006; Singh, 2015) reported numbers of physical violence, and recognition of intolerable conditions in the health service, including overcrowding in facilities (Ng et al 2001). All findings have been reflected in many media reports which highlighted society's concerns (Manch &

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<sup>6</sup> file:///C:/Users/BelindaT/Documents/Position%20statement%20-%20Interpersonal%20Violence,%20N2012.pdf

<sup>7</sup> New Zealand Nurses Organisation. (2019). Position Statement: Violence and Aggression Towards Nurses. NZNO: Wellington. Website: [www.nzno.org.nz/LinkClick.aspx?fileticket=JpI7UyOnRCw%3d&tabid=109&portalid=0&mid=4918](http://www.nzno.org.nz/LinkClick.aspx?fileticket=JpI7UyOnRCw%3d&tabid=109&portalid=0&mid=4918)

<sup>8</sup> Read Aneka Anderson Julie Spray: <https://pubmed.ncbi.nlm.nih.gov/32007766/> and CENNZ report - [https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Journals/ENN51\\_CENNZ%20Journal\\_August%202020\\_.pdf?ver=ktVv6\\_QAoao3BhAGtsyXOw%3D%3D](https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/Journals/ENN51_CENNZ%20Journal_August%202020_.pdf?ver=ktVv6_QAoao3BhAGtsyXOw%3D%3D)

Desmarais, 2019; Davidson, 2018; Leaman, 2018; Russell, 2018; Tapaleao, 2018).<sup>9</sup> The recent literature and the rates of violence that have been further heightened by Covid-19 pandemic does paint a bleak picture of an unstable future. However, as a large organisation that upholds the importance of ensuring safety of health consumers and their whānau, family, nurses and other health workers is paramount for NZNO. Further, any national campaigns that seeks to end all forms of violence supports the principles of NZNO position statement of 'zero tolerance to violence'.

NZNO members, staff and Te Poari o Te Rūnanga champion the Joint Venture, National Strategy and Action Plans to Eliminate Family and Sexual Violence. To ensure NZNO and Te Rūnanga are best represented we would like to express an interest in participating in any advisory groups and boards that are supporting the implementation of the National Action Plans.

As devoted advocates of improving workforce capabilities and capacity to maintain the health and wellbeing of whānau and communities, it is important that our members, staff, and health workforce voices are included in all decision-making. Attached is NZNOs response to the National Action Plans survey questions.

We thank you for the opportunity to participate in the survey submission process. Ngā mihi nui ki a koutou.

Nāku noa nā



**Belinda Tuari-Toma**  
**Policy Analyst Māori**

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<sup>9</sup> <file:///C:/Users/BelindaT/Documents/Position%20Statement%20-%20Violence%20and%20Aggression%20Towards%20Nurses,%202019.pdf>



## **NZNO responses to the survey**

### **Principles Section – Joint Venture approach**

**1. Vision: What do you think or feel about it?**

NZNO supports the vision to end family violence and sexual violence and further advocates to ensure whānau, families and the health workforce are treated fairly and have the right to feel safe, well and protected so that they can thrive.

**2. Principles: what would you add or change so these principles feel relevant to you and your experience?**

Acknowledging aspects of historical trauma and the impact that has led to intergenerational trauma

**3. How do you maintain wellness and safety in your whānau, family and community?**

NZNO is a bicultural organisation that includes a body of professional colleges and sections. We work in a whānau-centred approach to supporting our members and workforce to maintain health and safe relationships.

**4. What support does your whānau, family and community need to make this happen?**

Increase whānau-led initiatives and a better across the sectors and communities. Become familiar with the workforce within the regions and the existing whānau and families we support. Acknowledge the diversity of cultural and need. Investing in a collaborative collective response that includes several support services such as health and social services that whānau can access or have the option to access.

**5. What things need to be in place to eliminate family violence and sexual violence in Aotearoa New Zealand?**

Recognition of Aotearoa New Zealand's colonial history and the inequities which at a systems level we can see progress happening with the introduction of Aotearoa New Zealand history being introduced into schools and kura curriculum. This supports a succession plan of creating future diverse learners and thinkers.

Support for those who have experienced family violence to be supported to have safe places to live. (Thinking of safe place for women and children to leave a relationship – the law change for leave in employment contracts when family violence is an issue) effective ways for women to be able to get assistance. Increase women's refugee safe houses and introduce more transitional emergency housing.

**6. What needs to happen first? What's the priority?**

Recognising the need for different demographics needs is diverse particularly when considering cultural appropriation and the immigration and migration story of many demographics, which varies in Aotearoa New Zealand. For instance, Māori, Pacific, Asian and refugee migrants.

Assessing population needs and the ecological and health determinants would be a key priority to understanding how to address violence.

## **Focus Area #1: Recognise Te Ao Māori - Whaimana Te Ao Māori**

**Te Ao Māori frameworks and responses form the basis of practices, including the acknowledgement of the intergenerational harm of colonisation.**

**Recognising that Western ideas of power and gender are different from a te ao Māori way of thinking, which has resulted in losses for tangata whenua (e.g., of land), and influenced Māori concepts (e.g., what it means to be a 'man' in society). Understanding the potential of Māori-led policy and service design and provision for eliminating family violence and sexual violence.**

### **1. What would you add or change?**

We wholeheartedly support focus area 1 and would further endorse including more narratives that acknowledge the impacts of historical trauma nationally and internationally. As this may invite the process of reconciliation and reciprocity.

We would not change anything but expand on how kaupapa Māori models in terms of their critical value to make changes in relation to whānau violence.

### **2. Is this the right focus area?**

Transforming realities with traditional knowledge underpins the constructs of culture. It also acknowledges colonisation as a mechanism that is inherently violent. There has been a number of literature, reports, and programmes that have recommended a broader perspective of family violence and demonstrated the necessity for, and efficacy of, kaupapa Māori, whānau-centred and strengths-based approaches to working with the complex issues such as colonisation and whānau.

### **3. What have you seen that has worked?**

Marae based whānau ora collective programmes and workshops that look at all the individuals within a whānau right from the pepi, to the child, to the kaumātua. Marae based support ensures all members of the whānau are supported and thriving. There are number of Marae across the country that offer such programmes that support the survivors, while addressing those perpetrators to initiate accountability. Many of which are now being funded and on the referral lists for rehabilitation.

### **4. What do you want for future generations?**

To ensure they get to grow up in a society that supports their aspirations and is free from all forms of violence including discrimination and stigmatisation based on ethnicity, culture, gender, age, heritage.

**5. What needs to happen in this focus area**

Wider acceptance and understanding of this knowledge in terms of the values and principles that can support everyone. Te ao Māori concepts while are unique to Māori culture can be applied to support everyone, the underlying value is that it is about ensuring the concepts offer a feeling of manaakitanga, kaitiakitanga, mauritanga, Wairuatanga, arohatanga. It also about ensuring tino rangatiratanga is activated.

**6. What is most important for you and your community in this focus area?**

NZNO advocates the value of inclusiveness and as Te Tiriti o Waitangi partners, work to ensure that we practice the values of partnership in terms of building good mutual relationships, participation, ensuring members, staff and health workforce including the whānau they support are best represented in decision-making, protection, uphold active protection of tino rangatiratanga and kaitiakitanga. We also support the care and protection of children. It is paramount that children have access to basic needs including feeling safe, protected, and loved.

**7. Where could we begin?**

Participating in engaging in our Aotearoa history, just as the next generation will be doing as this has been embedded in their education curriculum. Taking the lead of community-led initiatives that continue to support whānau to a better state of wellbeing. Ensuring there is a mandate for all health professions to incorporate te ao Māori concepts to a high standards of understanding, given the prevalence and historical trauma Māori, Pacific and Asian and now migrants have had to endure for hundreds of years if not more.

**Focus Area #2: Bring government responses together - Whakapiri ngā mahi ō te kāwanatanga**

**People and whānau are supported by integrated community services enabled by government agencies working closely together to reduce barriers and increase safety.**

**1. What would you add or change?**

It is beneficial to see the commissioning of funding to support violence free communities to be devolved to the NGOs and Kaupapa Māori programmes to ensure they are well resourced. It is expected that historic systems of monitoring and reporting will change. This will free up administrative costs and increase capacity for community funded programmes to concentrate on restoring whānau not spending time writing about whānau.

NZNO and the College of Emergency Nurses New Zealand (CENNZ) since 2018 formed the Aggression Violence Action Group which to date continues to prioritise work to address violence and aggression experienced by nurses in the workplace. NZNO has entered this work as a high percentage experience violence and aggression and abuse daily at work.

**2. Is this the right focus area?**

We would think further interpretation of how government will support community-led programmes, organisations and Kaupapa Māori programmes will need to be addressed and affirmed in terms of future outcomes. Therefore, we would expect a wider consult with the community and those working directly with whānau to be initiated in determining the implementation of the action plan. We understand this is in motion.

**3. What have you seen that has worked?**

There are good examples of government funding marae based whānau ora initiatives to support better outcomes for whānau. This is seen through the whānau ora commissioning model which has allowed for many services to operate under a whānau-centred model of delivery. However, the funding is contestable which creates anxiety and uncertainty for many kaupapa Māori marae-based programmes.

**4. What do you want for future generations?**

Te ao Māori authority that works in partnership on every aspect of outcomes of wellbeing.

**5. What needs to happen in this focus area**

More kōrero about how that should look and happen.

**6. What is most important for you and your community in this focus area?**

Enablers that support whānau aspirations, growth, aroha, and mana that leads to tino rangatiratanga to be the kaitiaki of our future.

**7. Where could we begin?**

Hikoi again around the motu including rural areas to see for your own eyes the actual realities.

**Focus Area #3: Recognise tangata whenua leadership and community-led approaches - Hāpaitia te mana ō tangata whenua me kaupapa hapori**

**Decision making that is shared between Māori, Government, and community; and uses Te Tiriti o Waitangi as the starting point.**

**High trust and enduring relationships support shared decision-making on resources and investments between Māori, NGOs, communities, and government. This will enable flexible services to meet diverse needs and reduce the administrative burden on service providers.**

**1. What would you add or change?**

Ensuring Te Tiriti o Waitangi is the overarching Pou/pillar to ensuring an equitable, mutual, and respectful.

**2. Is this the right focus area?**

Yes – anything that starts with introducing Te Tiriti is paramount for future workforce capabilities and capacity. Particularly when considering cultural safety and health models of care that relates to populations such as Māori, Pacific, Asian and migrants.

**3. What have you seen that has worked?**

Bicultural partnerships across local government, iwi and hapū. There are many good examples of where this has worked and not. Other examples include during the modernisation of Child, Youth and Family – now Oranga Tamariki approach to devolving children's protection and care services team to hapū. For example the children's team in the far north - Kaitaia is under the authority of hapū and there has been significant positive outcomes and decrease in neglect and abuse or any further uplifts in that particular region (this is anecdotal evidence reported).

**4. What do you want for future generations?**

To be healthy and well as individuals, but to also be accepted and understood in their environment ecologically (connected to their culture) and socially (to be free from harm and abuse).

**5. What needs to happen in this focus area**

Further understanding of the history of Te Tiriti and the meaning behind partnership. What does that truly mean across sectors of health and education. But also, what does that bring and mean for whānau. What are tangible outcomes and who will have access to contributing to the decision-making.

**Focus Area #4: Strengthen workforces to prevent and respond to family violence and sexual violence - Whakakaha i te hunga mahi ki te autaki me te whakautu ki te tūkinu whānau**

**People and communities are supported by workforces that are diverse, skilled, resourced and have clearly defined roles in responding to and preventing family violence and sexual violence. Services are shaped to meet specific needs including the history, culture, and situation of people and whānau. A common understanding of family violence and sexual violence, trauma, and cultural competency.**

Acute care health workers are a point of contact when people are injured through family and sexual violence. They need resources to respond supportively - through education, and community resources who are available to continue to work with people when they no longer need to be in the hospital. Adequate funding is needed to ensure community resources can be developed and sustained.

Where history of family and sexual violence is disclosed during opportunistic screening, there needs to be adequate staffing so that an appropriate response can be initiated. The lack of privacy and short staffing in many practice areas is not conducive to providing timely responses. Particularly since the Covid-19 pandemic, all services are stretched and while there have been enormous efforts to minimise the impact of Covid-19, the underlining issues have now escalated across the workforce and within communities.

Additionally, what is also evidence is apart from exposure to abuse, neglect, and family violence or other trauma, other factors such as environmental issues such as poverty, homelessness, income inequalities, social isolation and discrimination all increase the risk of mental disorders. The relationship between these risk factors is complex and multi-directional. As health professionals we deal daily with patients and their whānau who suffer the impact of mental health, social and family trauma and environmental issues of poverty and homelessness. NZNO has reported and agrees with the Ministry of Health findings, that found many mental health services face additional pressures and escalation in workforce shortages and extreme demands due to number of multiple risks factors. What is also evident is the lack of funding. With many services still under resourced. Mental health and addictions services, together with related social, housing and justice sector services, are under growing pressure.

The prerequisites for change, we believe, include more investment in education and training while increasing workforce capability across the sectors and communities. Pay equity needs to be at the forefront of government priorities to support these initiatives for primary health care nurses and hauora kaimahi. Subsequent practices need to ensure that actions are people- and whānau-centred, holistic and culturally appropriate. Using co-design for new services and approaches that incorporate te Ao Māori models of health into the overarching structure will improve Māori health outcomes, while working alongside other communities and individuals with lived experience of poor mental health.

Other conditions to consider for workforce support include addressing bullying, harassment in particular sexual harassment as they are recognised and accepted as health and safety issues, the workplace health and safety framework and prevention measures- must be strengthened and an aligned harm prevention campaign established.

#### **Focus Area#5: Increase the focus on prevention - Whakanui i te arotahinga ki te aukati**

**Greater investment in preventing family violence and sexual violence. Ensuring all responses heal, strengthen, and protect from violence.**

NZNO always seek to raise awareness and increase understanding and action of family violence. NZNO as health professionals have standards of duty of care that are paramount.

We have been initiating the following measures to bring about understanding and providing appropriate responses to prevent family and sexual violence. We also along with our roles as nurses and health professionals to ensure we offer a place of healing and protection. The following points

further highlight some of the mahi we have progressed to support our staff, members, Te Rūnanga and workforce when working with local and national initiatives but equally when working to support whānau. These include – but not limited to:

- Organise family violence awareness training for union members
- Use meetings to talk about how people can help if they know or suspect that a workmate is experiencing family violence
- Support people to become family violence prevention champions so they can lead change in their area
- Connect with your local family violence network or services to get involved in their local family violence prevention activities and access training
- Supporting inclusion of leave for employees specifically for those experiencing family or interpersonal violence
- We also seek to develop health policies that work towards early intervention and prevention these include:
  - Ensure clauses relating to support for victims of violence are included in employment agreements
  - Ensure workplaces have a policy around what to do if someone knows or suspects abuse is happening (linked to Health and Safety and Staff Well-being policies)
  - Ensure workplaces have contact people who have training in responding to family violence and harassment.
  - Be ready when someone asks for help
  - Look at the how to help information on the It's Not OK website [www.areyouok.org.nz/friends\\_and\\_whanau.php](http://www.areyouok.org.nz/friends_and_whanau.php)
  - Make sure we have a list of local services that can provide help, so you know where to refer people (you can also call them to find out what you can do as a helper).

The NZNO advocates for health services those working to support whānau experiencing family and sexual violence need to ensure whānau and individuals are:

- safe and protected
- have a secure residence that is affordable
- living in a nurturing home, and environment, and
- have strong whānau, community and cultural ties.

**Focus Area #6: Develop ways for government to create changes - Whakawhanake ngā mahi ō te kawatanga ā tōna wā**

**Government's rules, through legislation and policy support tangata whenua and community needs. Government actions, through strategies and initiatives, support real change.**

NZNO has continued to provide advice regarding how to best support tāngata whenua and community needs when concerning impacts on health and wellbeing. We would recommend changing the operationalisation of implementing of the national strategy by ensuring the options to how this is implemented will be different regionally. Therefore, drawing on the strengths and weakness that each region will have been engaging with communities and whānau. Some may know how to do this better than others and some may more resources and workforce to fully adopt such strategies. Therefore, considerations at a social, cultural, environmental, and economic level needs to be made a priority, with intentions to expand the coverage of consultation. Including funding that coverage, not relying on services and providers to cover that financial requirement.

Providing accessible and better ways to communicate how legislation and te ao Māori kaupapa translate at a service and provider level. There needs to be ongoing training or support in translating legislation for those advocates working at a whānau level and particularly in the health and social sector where regulatory systems have lapsed. The direction of the strategy needs to be inclusive of everyone's voice and tailored to a variety of audiences. NZNO recommends that the national action plan incorporates recommendations that allow for practical considerations to better align to the Bill of Rights Act 1990, Human Rights legal instruments, international treaties and Te Tiriti o Waitangi (te Tiriti) under collective duty of Mental Health and Wellbeing Commission Act 2020.

By introducing core international legal Human Rights instruments to compliment Te Tiriti o Waitangi, would strengthen the monitoring bodies of human rights in New Zealand. Key instruments include:

- United Nations on the Declaration of the rights of Indigenous people.
- Convention on the Rights of a Child.
- Convention on the Elimination of forms of Discrimination against women
- Convention on the Rights of Persons with Disabilities
- International Covenant on Economic, Social and Cultural Rights, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

NZNO agrees that human rights are central to implementing an effective, equitable and balanced future. Furthermore, NZNO continues to monitor the current review of the Public Health and Disability Act which refers to the universal convention of Human Rights and the conventions.

**Focus Area #7: Enable continuous learning and improvement - Whakamanatia te mātauranga me te whakapai tonu**

**To learn what works and what needs to change. To gather, share, use and understand data and insights from across Government, Māori, and communities in a transparent and consistent way.**

To learn what works and what needs to change.

- To gather, share, use and understand data and insights from across Government, Māori, and communities in a transparent and consistent way.
- To invest in research from diverse perspectives.
- Peoples individual and family voices and stories need to be sought and heard, as well as quantitative research. Asking questions from the many communities is important to assess how the vision is being achieved.