

26 January 2022

Committee Secretariat  
Social Services and Community Committee  
Parliament Buildings Wellington



Tēnā koe

**“Me haere tahi tātou mo 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”  
(Rev Leo Te Kira 15/12/05).

On behalf of Te Rūnanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa (Te Rūnanga), the bicultural Te Tiriti o Waitangi (te Tiriti) partner to New Zealand Nurses Organisation (NZNO), I submit this letter in response to the new proposed legislation, Oversight of Oranga Tamariki and the Children's and Young People's Commission Bill (the Bill) of which we oppose in its current legislative form as it fails to:

- guarantee full mandated autonomy to Māori as te Tiriti partner to the Crown to lead decision-making on structural commissioning, strategy, co-design, and operational performance for our tamariki and mokopuna
- include recommendations from Waitangi Tribunal's Urgent Inquiry into Claims on Oranga Tamariki - He Pāharakeke, He Rito Whakakīkinga Whāruarua report (Wai2915) and prior associated report.<sup>1</sup>

As tāngata whenua of Aotearoa, New Zealand, we have the sovereign authority to exercise our mana motuhake and tino rangatiratanga. Given the Bills limited timeframe to allow full engagement with our Māori communities. We assert our tino rangatiratanga by drawing your attention to the Wai 2915 where many claimants, including our nehi Māori (Māori nurses) and myself as one of the lead claimants, participated in giving evidence to support the Wai 2915 inquiry that reviewed the consistent disparity between tamariki Māori and non-Māori children under state care of Oranga Tamariki and its predecessors, including recommendations that addressed legislative policy and practices implemented and introduced, with emphasis on the Crown's obligation to secure outcomes consistent with te Tiriti /the Treaty and the principles of active protection.<sup>2</sup>

The evidence provided by Te Rūnanga centred around the need for a culturally appropriate health workforce when working with whānau and tamariki Māori in care or at critical stages of interaction where there is District Health Boards oversight of whānau and family situations. The evidence drew on the professional experience of our members and stressed that by recognising the role of mothers as te whare tangata and treating them and their pēpi with humanity, and a culturally safe environment could be engendered. The evidence explored a range of options for change, including developing strategies

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<sup>1</sup> Pūao-te-Ata-tu - <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/archive/1988-puaoteatatu.pdf> & [http://www.maramatanga.ac.nz/sites/default/files/teArotahi\\_20-1106.pdf](http://www.maramatanga.ac.nz/sites/default/files/teArotahi_20-1106.pdf)

<sup>2</sup> Wai 2915, #A6 and #A6(a), Wai 2915, #A36 and #A36(a).

to enable supporting and working in partnership with whānau, hapū and iwi so they can exercise tino rangatiratanga in any process of child removal or intervention.

A key point of emphasis related to the seminal report of Tā John Rangihau Pūao-te-Ata-tu, which was noted in the Wai 2915 inquiry findings recommendations, continues to be overlooked. During the hearings process, the Crown accepted responsibility for historical injustices of colonisation with the resultant disparity in entries into care and protection historically and in contemporary terms. However, what is not explicitly defined for those working closely with whānau, is the imbalance of power and decision making.<sup>3</sup>

The Bill appears complicated and remains out of reach for Māori in terms of incorporating an early intervention prevention point that is Māori led and an overarching te ao Māori whānau centred approach that is mandated to Māori, similar to the stewardship arrangement in the Pae Ora (Healthy Futures) Bill, whereby the introduction of a Māori Health Authority will take responsibility of monitoring and improving health outcomes for Māori.<sup>4</sup> We also question the strength and validity of the new terms set for the Children's Commissioner position, which seems to undermine the key responsibility, function, role, and tenure to continue to have oversight of Oranga Tamariki and ensure that the voices of all children and young people are being considered to determine their best interests. There is no mention or intention to establish a Māori Children's Commissioner. Therefore, further devolving the role and function of tikanga Māori to a non-Māori structural mandate.

As Māori health professionals, we are cognisant of our obligations to ensure that Māori is appropriately represented and given equal opportunity to lead and influence all decision-making processes, which in accordance to te Tiriti, the Crown is obligated to protect procedures involving the social institutions of Māori like whānau and hapū authority over their tamariki and mokopuna.

Te Rūnanga participated in the first stage of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry to focus on the inequities resulting from the Crown's legislative and policy framework, both to each of them personally and to Māori Nurses generally. Their evidence and the overall evidence also highlighted the increasing disparities in the health services promoted and delivered by the Crown for Māori. Therefore, it breached te Tiriti to guarantee equal treatment and equal access to quality health services.

At the heart of our advocacy is our ongoing commitment for structural change and transformation of a systemically broken system that on many levels continues to entertain a deficit kōrero, while underhandedly challenging at crucial times the fabrication of te Ao Māori existence. For instance, reports shared by many of our nēhi Māori on feeling culturally unsafe and bullied by constant racial prejudices and ongoing pressures, which seem to have escalated. More importantly, while we

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<sup>3</sup> Wai2915 pp52-55.

<sup>4</sup> Refer to stewardship constructs stipulated in the health reform Pae Ora – Health Futures Bill New Zealand Legislation Pae Ora (Healthy Futures) Bill - <https://legislation.govt.nz/bill/government/2021/0085/latest/LMS575405.html>. Also see Te Rūnanga submission on the Government Pae Ora – Health Futures Bill - <https://www.nzno.org.nz/resources/submissions> (note recommendations to strengthen the application of te Tiriti in terms of autonomy and stewardship, is also require for this Bill)

understand the urgency of transforming a widely contested system, we are aware of the systemic issues of institutional racism and the vulnerabilities that Māori whānau face daily. What is missing in this Bill is the need to address the systemic racism and historical intergenerational trauma that is endemic to Aotearoa, New Zealand, and still affects many Māori and other indigenous cultures such as Pacific peoples today. Addressing health needs in isolation of cultural, social, economic, health, education, environmental and judiciary injustices will only force ongoing review and escalate harm for our tamariki Māori.

The organisation is aware that Māori is at a crisis point when various contexts make comparisons between the general and Māori populations. The Mate Korona scenario where Covid-19 vaccination numbers continue to lapse behind non-Māori exemplifies the situation that confronts any reform process. The pandemic has gone from Delta to the Omicron variant, with tamariki Māori and communities identified as the most vulnerable in all settings. The pressures for whānau to maintain a sustainable lifestyle that meets living standards of health and wellbeing was already in crisis before the pandemic. The challenge of Mate Korona has only aggravated these concerns. This Bill and processes of review need to reflect the damage imposed by Mate Korona/Covid-19 pandemic and develop appropriate responses that are engaged with and co-designed by whānau and hapū with appropriate Crown officials. How will this Bill make meaningful impacts on our Māori communities if parts of the system resemble the old structurally racist practise. We require action and not simple acknowledgement.

The expectation from this letter is to seek those developing the framework to replace existing structures and or equally provide Māori with the mandate to create structures to create a fair and just system for all tamariki and ensure appropriate decision-making participation in partnership with Māori communities happens at all levels of care and protection. The newly developed authority requires Māori to be provided with veto powers and absolute autonomy. Just as our tipuna envisioned when signing te Tiriti document.

Te Runanga is committed to honouring the duty of care and protection to lead and support our workforce to seek ways to support Māori and all members of our society to improve the health and wellbeing of tamariki, whānau, and communities. Cultural values of this kind are embedded in the philosophies and best practice models that have been developed by Sir Mason Durie and Dr Rangimārie Te Turuki Arikirangi Rose Pere, Te Whare Tapa Whā, Te Pae Māhutonga, He Korowai, and Te Wheke model, along with many others have laid the foundation from which many health advocates can ensure quality and culturally standards of care consistent with mātauranga Māori are developed. We are reminded of the integral role these and other models have played in all our professional and personal lives and the impacts on whānau health and wellbeing.

The impact of colonialism has been profound in the causes of the present situation where there is a disproportionate number of tamariki and mokopuna Māori in state care. This phenomenon has been directly responsible for the nursing professions breakdowns in using tikanga, Māori uses of

manaakitanga and whanaungatanga within the health system and appropriate consideration of culturally appropriate approaches to Māori patients.

We invite the Select Committee to take heed of decades of evidence and inequities that continue to raise concerns for our tamariki, whānau, hapū, iwi and all children and families. We also ask that you consider how this Bill meets the obligations of active protection that te Tiriti was guaranteed to provide for our communities. Furthermore, Te Rūnanga and NNZO together signed the Joint Children's Sector submission led by the Children's Rights Alliance, Aotearoa New Zealand. We continue to support their mahi that increases advocacy for tamariki.

As required, we look forward to discussing our recommendations as part of the oral submission process and equally signal our interests to be represented on any future reference groups.

Nō reira, e mihi kau ana ki a koutou katoa.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'Kerri Nuku', with a large, sweeping flourish at the end.

**Kerri Nuku**  
Kaiwhakahaere  
New Zealand Nurses Organisation  
Tōpūtanga Kaitiaki o Aotearoa

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