

30 May 2018

Hon Kelvin Davis
Minister for Crown Māori Relations
PO Box 180
WELLINGTON
Email: CMRfeedback@justice.govt.nz

Tēnā koe Te Rangatira

Re: Crown Māori Relations Portfolio

On behalf of Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga), I am writing to congratulate you on your recent position as Minister for Crown Māori Relations and support you to improve outcomes for Māori by ensuring the Crown enacts all 4 articles of te Tiriti o Waitangi.

Te Rūnanga is the leading representative of the largest professional Māori nursing and nursing support workforce. Our 3,784 members comprise nurse practitioners, registered, enrolled and student nurses, midwives, kaimahi hauora, and health care assistants. We look forward to working with you to improve health outcomes and equity for Māori, for whom good health encompasses wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively¹. Note NZNO supports Te Whare Tapa Whā and other inclusive public health models of care.

We bring the following to your attention:

We agree that the quality and regularity of Crown Māori engagement and relationships require urgent attention to ensure a nationally consistent approach spanning all Crown agencies who work with whānau, hapū iwi and those with the greatest need.

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We are hopeful, that the recently announced review of New Zealand Health and Disability Sector (May, 2018) will ensure that equitable access to health care for all New Zealanders; in particular address the current systemic and institutional barriers to health care and improve access to affordably health care services for Māori and those who are vulnerable.

We do however, need your support to help to address our concerns with Māori health workforce capability and capacity issues, in particular:

- to address pay parity issues for Māori and Iwi health provider workers, who are paid substantially below the district health board (DHB) Multi Employer Collective Agreement (MECA) rates; and
- the lack of any investment in a Māori nursing workforce to match the population it serves.

Māori Nursing Workforce Capability and Capacity issues

1. In Aotearoa, nursing is a predominantly (93%) an aging female workforce. Retention and recruitment of Māori nurses has been stagnant since the 1990s. Despite the Māori population making up 15% of the New Zealand population, Māori nursing workforce remains, static at 7%, and unable to meet the needs of its communities.
2. Evidence, clearlyⁱⁱ indicates that matching the demographics of the workforce to the population improves health outcomes and access to services. It is essential that access to culturally appropriate health services for all health consumers promotes better health outcomes for all who access the services.
3. Health Workforce New Zealand, the agency assigned with the nursing workforce planning and strategy on behalf of the New Zealand predicted that the percentage of the Māori nursing workforce needed to match the population by 2028 will require an additional 10,209 Māori nurses.
4. Latest government statistics, indicate of a total of 1,404 nurse graduates applying to November 2016 ACE recruitment only 853 received jobs, of which 71 per cent (156) of the 223 Māori nursing graduates were employed.

5. We, have, however been ignored and excluded from any discussions specifically about pay parity for those that work in Māori and Iwi provider services. This and the under representation of Māori in the health workforce is structural discriminationⁱⁱⁱ. An important aspect if we are to advance the pledge of the Sustainable Development Goals “that leaves no one behind” In fact it is discrimination by gender and ethnicity of indigenous women.
6. It is clear that urgent reprioritisation of this workforce needs to be higher on the New Zealand government’s agenda. Given Māori have one of the worst health inequalities, out of the six mandated areas of the United Nations permanent forum that government should report on (health, education, human rights, economic and social development, cultural and environment), health was not on the agenda.
7. It is unacceptable that these issues have not been addressed. We need your help to hold the Crown accountable for the Treaty obligations to health and wellbeing.
8. Action is required, Investing in a nursing workforce strategy is vital to address the future health and wellbeing of our whānau, hapū and iwi.

Cultural competency training

9. Regulatory bodies such as the Nursing Council of New Zealand have included cultural safety into nursing 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 te Tiriti o Waitangi to nursing practice.
10. While most nursing students are educated on inclusive models of health and wellbeing like Mason Durie’s Te Whare Tapa Whā (Ministry of Health, 2009) that places holistic approaches to one’s health and wellbeing based on four corner stones of a whare, it is essential that all New Zealand and overseas registered health professionals are required to complete any bicultural training before working with Māori.
11. Te Rūnanga have continually advocated for cultural competency training for all frontline Crown agencies staff across the health, coronial and social services. Recently we submitted to the Māori Affairs Committees on the Coroners Access to Body of Dead Person Amendment Bill, making recommendations that legislation should reference the need to ensure staff have the resources to help whānau and families to navigate the health and coronial services and to

ensure that Tikanga Māori cultural customs, are implemented as normal day-to-day practice in Aotearoa New Zealand.

12. Additionally we have advocated that all frontline staff who work with Māori across the coronial and health sector are provided and resources to access cultural competency training, and nationally consistent practice across the coronial and health services in caring for Tūpāpaku and their whānau.

Mana Wahine leadership

Me ao ki te ha o Hineahuone, pay heed to the dignity and essence of women
Māori women are the heart and soul of their whānau.

13. We strongly advocate for recognition of the extremely significant and traditional role of Māori women as protectors of te whare tangata (the house of humanity), protectors of the whenua (the land), as wahine toa (the warriors), as nurturers, as carers and organisers of whānau, hapū and iwi and future generations which is often undermined, devalued or marginalised in legislation.
14. We strongly support any opportunities or initiatives that will allow Māna wahine leadership to flourish and grow our future mokopuna, strong Mana wahine leaders in Aotearoa New Zealand.
15. We are concerned that the 'identified list of national relevant Māori groups' did not contain or support any Māori wahine professional workforce sector groups, or industry (health sector) representatives who have large number of Mana wahine workers, or Mana wahine health related organisations.
16. We believe that national Māori wahine group representation is vital to improve the health and wellbeing of our future mokopuna and we strongly advocate for better Mana wahine representation at all national, governance and leadership positions.

In closing, we look forward to meeting with you and discussing our kaupapa whakahirahira issues and ways that we can work together for better outcomes for our whānau, hapū and iwi.

Nāku noa, nā



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ⁱ Aparangi Tautoko Auahi Kore (ATAK). 2003. *National Māori Tobacco Control Strategy*. Wellington: Aparangi Tautoko Auahi Kore.

ⁱⁱ Russell, L., Smiler, K., Stace, H. (2013). *Improving Māori Health and Reducing inequalities between Māori and non Māori: has the primary health care strategy worked for Māori? An evaluation of the period 2003-2010*. Wellington: Health Research Council of New Zealand and Ministry of Health.

ⁱⁱⁱ Human Rights Commission. (2012) *A fair go for all? Rite tahi tātou katoa? Addressing Structural Discrimination in Public Services*. Wellington: Human Rights Commission.