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indicators@stats.govt.nz

Tēnā koe

Measuring our wellbeing Aotearoa New Zealand Indicators

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, the New Zealand Nurses Organisation (NZNO) welcome the opportunity to comment on Stats New Zealand Aotearoa New Zealand Wellbeing Indicators. We have consulted with members and staff, including members of Te Rūnanga o Aotearoa (Te Rūnanga), Women's Health College, Neonatal College and College of Primary Health Care Nurses, midwives and professional nursing and policy advisers.

In general, ensuring that wellbeing indicators support the mana of the tāngata o Aotearoa New Zealand is an extremely important mahi to uphold. We support the inclusive approach to identifying and measuring wellbeing indicators, in particular inclusiveness of our bicultural heritage, and incorporating cultural and Te Ao Māori perspectives. We are encouraged that you are meeting with Māori communities across the motu, and your commitment to ensuring that Te Ao Māori perspectives are embedded into the set of wellbeing indicators.

We wish to raise our concern with the following:

- current ethnic disparities in Aotearoa New Zealand;
- Māori nursing workforce capability and capacity issues;
- holistic models of wellbeing;
- United Nations Sustainable Development Goals; and
- Treasury's Living Standards Framework.

Current ethnic disparities in Aotearoa New Zealand

We are aware of the current and well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non Māori. It is unacceptable that these issues have not been addressed.

We look forward to wellbeing indicators that improve health outcomes and equity for Māori, for whom good health encompasses wellness in its fullest sense including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.

The wellbeing indicators are a way of ensuring the government is accountable for the Treaty obligations to health and wellbeing. We do have concerns with ensuring practical flexible

accountability measures to ensure individuals and collective wellbeing can be measured, captured and reported on in a meaningful way.

Māori nursing workforce capability and capacity issues

In Aotearoa, nursing remains predominantly (93%) an ageing 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.

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 and wellbeing outcomes for all who access the services.

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. Te Rūnanga continues to advocate for cultural competency training for all frontline Crown agencies staff across the health, coronial and social services.

Holistic model of wellbeing

As you are aware, nurses advocate on a daily basis for the health and wellbeing of their patients and their whānau and families that extends the lifespan from birth to death. We recommend that your wellbeing indicators are inclusive of a holistic model that sees birth just as important as death. We draw your attention to Māori holistic models of public health care such as the Meihana modelⁱⁱⁱ, Te Whare Tapa Whā^{iv} and Whānau ora^v which all openly discuss life and death issues as a way of life rather than way of dying.

United Nations Sustainable Development Goals

As a member of the International Council of Nurses (ICN) which represents 130 National Nursing Associations across the world, we are familiar with the United Nations Sustainable Development Goal's (SDG's) ambitious and aspirational 17 goals to be achieved, within the short timeframe of 2030. Measuring and achieving success on these goals both nationally and on a global level will require a well organised and dedicated 'whole of government' approach. Further, we agree and are supportive of Judge Andrew Becroft, the Children's Commissioner who recently advocated for the government to appoint a Minister of SDGs to ensure that someone is responsible to oversee and manage and report on these goals in Aotearoa New Zealand.

Treasury's Living Standards Framework

We recently submitted on (please see appendix 1) the Treasury's *Living Standards Framework*, which we cannot in good conscience, support in its current form, as we believe that this draft



document discriminates against Māori, their rights and perspectives and demonstrates a lack of commitment to te Tiriti o Waitangi articles and for the following reasons:

- the framework has been developed *without* Māori input or context at the outset, and indeed was explicitly predicated on a *separate* Māori paper (presumably with a view to either a separate framework or 'add-ons' to the 'main' one);
- it signals no change towards a better understanding of the barriers to the equity that underpin wellbeing (human, social, economic and environmental or whatever the capitals are), but more of the same (- *plus ça change, plus c'est la même chose*); and
- it does not advocate for partnership which requires a seat at the governance table where decisions – including the direction, design and resourcing of government policy - are made (*Nā te hiahia kia titiro, ā, ka kite ai tātou te mutunga, you must understand the beginning if you wish to see the end*).

In closing, we welcome the opportunity to be involved in the further development of the wellbeing indicators to ensure they support the mana of the tāngata o Aotearoa New Zealand and any opportunity that we can work together for better outcomes for our whānau, hapū and iwi.

Naku noa, nā



Leanne Manson
Policy Analyst Māori

leanne.manson@nzno.org.nz or DDI: 04 494 6389

About the New Zealand Nurses Organisation *Tōpūtanga Tapuhi Kaitiaki o Aotearoa* (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 52, 000 members, mainly nurses, midwives, students and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and
NZNO members - nurses, midwives and kaiāwhina - work in partnership with individuals, families, whānau and communities in all health settings throughout Aotearoa.



Appendix 1:

Treasury Living Standards Dashboard: Monitoring Intergenerational Wellbeing

Submission to the New Zealand Treasury

Date: 31 July 2018

Contact

LEANNE MANSON, RCPN, BN, BA (1ST HONS), PGDIP PH, POLICY ANALYST MĀORI

DDI 04 4946389 OR 0800 283 848 | E-MAIL LEANNEM@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140



About Te Rūnanga o Aotearoa, New Zealand Nurses Organisation

Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) is the bicultural arm through which the Moemoeā, aspirations of Māori health professionals are achieved.

Te Rūnanga comprises over 3,800 Māori health professionals, including nurses (registered, enrolled, and nurse practitioners), midwives, health care assistance, kaimahi hauora and tauira. We advocate change towards a genuinely bicultural health system to improve equity and the health and wellbeing of all New Zealanders.

We are united in our professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all people.

Te Rūnanga represents the needs, concerns and interests of Māori members at regional, national and international forums. Te Rūnanga leads the development of Māori processes within NZNO.

EXECUTIVE SUMMARY

1. Te Rūnanga o Aotearoa, NZNO (Te Rūnanga) and on behalf of the 52,000 members of Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcome the opportunity to comment on the draft *Treasury Living Standards Dashboard: Monitoring Intergenerational Wellbeing* document.
2. We have consulted widely with members and staff and have discussed the Framework with health sector colleagues, including the health unions affiliated to the New Zealand Council of Trade Unions (NZCTU) whose submission we support.
3. We warmly acknowledge the Minister of Finance's commitment to include a 'wellbeing budget' in the 2019 budget support, as NZNO has been a strong supporter of, and advocate of the living standards framework (see 2014 manifesto) from its inception.



4. The purpose of the living standards framework is to monitor and improve the wellbeing of *all* New Zealanders. We welcome the dashboard being framed as *Monitoring Intergenerational Wellbeing* as it is implicit that that must encompass indicators of the entrenched structural inequity that undermines wellbeing (World Health Organisations (2008. Closing the Gap in a Generation^{vi}), and that violates te Tiriti o Waitangi.
5. However, since this framework has been developed *without* Māori input or context at the outset, and indeed was explicitly predicated on a *separate* Māori paper (presumably with a view to either a separate framework or ‘add-ons’ to the ‘main’ one) it signals no change towards a better understanding of the barriers to the equity that underpin wellbeing (human, social, economic and environmental or whatever the capitals are), but more of the same (- *plus ça change, plus c'est la même chose.*) Partnership requires a seat at the governance table where decisions – including the direction, design and resourcing of government policy - are made (Nā te hiahia kia titiro, ā, ka kite ai tātou te mutunga, *you must understand the beginning if you wish to see the end*).

The Right to Good Health

6. 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 peoples (United Nations General Assembly, 2007)^{vii}. Further, Māori have rights under the articles 2 and 3 of te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense, that is the physical, spiritual and cultural wellbeing of Māori as individuals and collectively^{viii}.
7. It is widely acknowledged that there are long standing and significant disparities in health outcomes for Māori; for example, shorter lives, less access to primary health care, less access to treatment, poorer treatment. Such entrenched, intergenerational inequalities are unacceptable, unjust, unnecessary and unconscionable and unfair^{ix} in a developed country like Aotearoa New Zealand in 2018.



Lack of commitment to te Tiriti o Waitangi

8. We have raised our concerns with Treasury officials (email dated 19 July 2018) regarding Treasury processes that have allowed for a consultation document (draft living standards framework) to be released without the completion of the referenced document Te Ao Māori worldview.
9. We cannot in good conscience, support this draft document in its current form. We believe that this draft document discriminates against Māori, their rights and perspectives and demonstrates a lack of commitment to te Tiriti o Waitangi articles.
10. It is difficult to see how improved outcomes can be achieved when from the outset of the design, te Tiriti partnership is missing. How does Treasury propose that a Te Ao Māori worldview be incorporated and shape the living standards framework, rather than simply be “an add on”.
11. We recommend that the draft living standards framework does not proceed at this time until such time that the Te Ao Māori paper is completed and reviewed, and incorporated into the living standards framework to reflect the bicultural views of New Zealanders.

Disconnect from He Tirohanga Mokopuna: 2016 statement on the Long-Term Fiscal Position

12. We note a separation or disconnect from the Treasury *He Tirohanga Mokopuna: 2016 statement on the Long-Term Fiscal Position*^x that showed a commitment to te Tiriti o Waitangi relationships; in particular:
 - ‘willingness to underscores the unique relationship between the Crown and Māori under Te Tiriti o Waitangi as an imperative in lifting living standards for New Zealanders’, (p 3, 2016).

A willingness to support:

- ‘the Māori economic development to offer new opportunities for the New Zealand economy to reach its full potential and to lift the living standards of New Zealanders’, for example; social cohesion (e.g. our identity as a nation and our institutional arrangements as underpinned by Te Tiriti o Waitangi) and equity (e.g. promoting opportunities for Māori to fully participate in the economy)’, p26, 2016).



A willingness to acknowledge Māori intrinsic value:

- *Economic models do not tend to reflect well intrinsic values (that something has value “of itself”), cultural perspectives, or the needs of future generations. For example, in te ao Māori (the Māori worldview) the relationship between people and the environment is based on co-dependency, which gives rise to a kaitiakitanga obligation (guardianship or stewardship responsibility) to nurture and care for the environment. Another example is the intrinsic value placed on the presence of reserve and conservation land, and the biodiversity contained within that land, (p54, 2016).*

Māori wellbeing

13. We recommend to your attention:

- Ta Mason Durie’s (2006) paper on measuring Māori wellbeing^{xi} and examines recent initiatives to measure objective and subjective Māori wellbeing, including whānau ora.
- Further, Fiona Cram (2014) research on measuring Māori wellbeing argued that if assessment of Māori wellbeing is to be culturally responsive:

If the assessment of Māori wellbeing is to be culturally responsive, then Padilla and Borsato’s (2008) advice is that the development, administration and interpretation of wellbeing assessment tools be actively and continually preoccupied with Māori culture. It is this essentially Kaupapa Māori lens that is used here to examine the measurement of Māori objective and subjective wellbeing (Pihama, Cram, & Walker, 2002; Smith, 2012).

Health indicator

14. As health professionals, we strongly recommend that the health indicators needs to encompass a Te Whare Tapa Whā approach, rather than target or isolate health into physical and mental health categories. We believe the recommended indicators of ‘proportion of the population with poor mental health’ would be extremely hard to measure and is negative response to measuring wellbeing.
15. In addition we recommend specific indicators for health and wellbeing at aged 0-3 years and in adolescence as they are key stages affecting long term wellbeing.



Cultural identity or Ūkaipōtanga indicator

16. We have concerns with the narrow focus of Cultural identity or Ūkaipōtanga indicator, which only focuses on Māori language speakers. We recommend that this be extended to include cultural identity with a Te Ao Māori worldview or identity with whānau, hapū, iwi, marae or local iwi trust.
17. As a bicultural country, we recommend you use both names for Aotearoa New Zealand particularly when asking questions about cultural identity.
18. We suggest that acknowledging the bicultural identity in the collection and analysis of data would enhance the development global and national health and social policies that include the voice of indigenous people in policy and reduce the structural and systemic barriers that have generally failed indigenous people to date.

Clarification sought

19. NZNO seeks further detail of the rationale for following comment p15, paragraph 3 which we question: *‘however, there is also a risk that if cultural capital is included it simply becomes a way to ghettoise minority cultural issues within the Living Standards Framework’*. For this reason it is recommended that cultural capital not be added to the Living Standards Framework’. Although complex cultural identity is crucial part of, societal, social, and community identity and we suggest it is worth investigating more carefully how to incorporate minority cultural values and beliefs into this document.

CONCLUSION

In conclusion, we refer you the CTU submission which health unions have contributed to collectively. Please note:

- **we do not support** for this draft document in its current form as it discriminates against Māori, their rights and perspectives and demonstrates a lack of commitment to te Tiriti o Waitangi articles;



- **that** the draft living standards framework does not proceed at this time until such time that the Te Ao Māori paper is completed and reviewed, and incorporated into the living standards framework to reflect the bicultural views of New Zealanders;
- **that** the health indicators needs to encompass a Te Whare Tapa Whā approach, rather than target or isolate health into physical and mental health categories; and
- **that** you use both names for Aotearoa New Zealand particularly when asking questions about cultural identity; and
- **note**, Te Rūnanga wish to be involved in the further development of this document.

Nāku noa, nā



Leanne Manson

Policy Analyst Māori

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