BEFORE THE WAITANGI TRIBUNAL **WAI 2700**
WAI 2713

IN THE MATTER OF the Treaty of Waitangi Act 1975

AND

IN THE MATTER OF the Mana Wāhine Kaupapa Inquiry

AND
IN THE MATTER OF a claim by **Hineraumoa Te Apatu** on behalf of Te Rūnanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa (Wai 2713)

BRIEF OF EVIDENCE OF KERRI DONNA NUKU

Dated this 10th day of February 2021

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MAY IT PLEASE THE TRIBUNAL

INTRODUCTION

1. My name is Kerri Donna Nuku. I am of Ngāti Kahungunu, Ngai Tai descent. I am a mother of 6 children and three mokopuna. I am the Kaiwhakahaere for Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation.

2. I have been authorised to give this evidence in support of the Tuapapa hearings that have been developed as a precursor to the Mana Wāhine Hearings which will be scheduled over the next two years.

3. While the principal content of this brief of evidence focuses to the history of nursing in Aotearoa and some of the challenges we face in our daily lives I wish to commence my presentation before the tribunal with reference to some of the teachings which inform Maori nursing practice now and in traditional times.

4. These matters were a struggle to inculcate into the nursing studies degrees but through the efforts of pioneers like the late Irihapeti Ramsden Mere Balzer drawing on the efforts of Akenehi Hei and so many others these matters are now a significant part of the cultural safety ethic which assists in the transmission of understandings to ensure Maori Nurses and Nurses generally understand those values that have informed a Maori approach in this area.

5. They are important matters as they set the values for how medical practitioners; nurses and doctors should engage with Maori in a health system that is complex and quite often operates at a distance from the Maori communities that are served by them.

` **Concepts of 'Atua'.**

6. Some important literature has emerged which forms the basis of = the kinds of studies students of midwifery; nursing practitioners both community and general nurses and those that assist nurses can develop an understanding of Matauranga Maori and Tikanga Maori in practice.

7. Ngahuia Murphy in her thesis[1] "Te Awa Atua, Te Awa Tapu, Te Awa Wahine" speaks about the need for all working with Maori women to commence processes that actively

[1] https://researchcommons.waikato.ac.nz/handle/10289/5532. Murphy, N. (2011). 1.Retrieved from https://hdl.handle.net/10289/5532 Accessed 10 February 2021

reclaim atua wāhine through a mana wāhine lens. She relates the divine river to Te Awa Atua (meaning the divinity of Māui from his mother Hinenuitepōteao) from our earliest understandings to present day developments that give Maori women greater control over the sanctity of their bodies. Her thesis covers important matters in a way that give life to the importance of the connection of Mana Wāhine to the menstruation cycle. This cycle is such a significant part of many of the health matters that form the basis of Maori Womens interaction with the health system it is only natural that nurses and indeed all practitioners be aware of this world view when dealing with Maori women.

8. Professor Leonie Pihama is one of the theorists and philosophers that informs many of the present teachings on Mana Wāhine. Her affirmation of wāhine Māori voices and the assertion of mana wāhine as Kaupapa Māori and as critical actors of change is captured in her writings which we recommend as base course material for those wishing to understand the need to honour Maori voices and their philosophies in their work ethic and practice.

9. I understand her thesis "Tīhei Mauri Ora: Honouring our voices: Mana Wahine as a kaupapa Māori : theoretical framework." was placed before this Tribunal at the last hearings so I do not wish to say much further other than to recommend it as an important document to read in the context of understanding Mana Wahine.

10. Mana tangata is a fundamental understanding in the way we work. It is important because it underscores the importance of our fundamental humanity, our humanness and in this context our ta ngata whenua state.

11. Annette Sykes also indicates the importance of the matrix of Mana Atua, Mana Tangata, Mana Whenua, in her writings noting:

> *The hierarchy of this matrix must also be respected so that it is the intrinsic values and principles (Mana Atua) which will drive the political organisational frameworks of out peoples (Mana Tangata) and which will then seek appropriate economic models to sustain us (Mana Whenua). see link.* [2]

12. At a Historical Trauma and Whānau Violence webinar in October 2019 – Atua was also emphasized as being important to understand the context of historical trauma and whanau violence and how there is a need for rebalancing when there is disruptions

[2] https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.470.7833&rep=rep1&type=pdf (ref: Sykes, Annette (n/d) Agents For Change, Unpublished Paper, Rotorua)

through trauma. [3] While Professor Pihama ran the seminar it is important to recognize this work particularly because as nurses in the front line quite often it is cases of women presenting as survivors of sexual or family violence that nurses are called in to assist,

13. 'Te Ara Manaaki Tāngata ', the pathway to nurturing relationships as envisaged by Akenehi Hei one of Māori nursing and midwifery pioneers is important in all of the context we face daily.

14. Her strength has empowered Māori nurses to take a stand for change and address the health inequity of our people. Breaches to Te Tiriti o Waitangi against wahine Māori is prolific and historic especially within the health care system, so much so that the normalization of the demeaning behaviours and attitudes that confront Maori women and their whanau when they present to the health system is difficult to change and any attempts to transformation often see you labelled and activist and disadvantaged in career opportunities for nurses who quite simply are just advocating respect and honouring of Maori values around the status and dignity of women and their whanau.

HISTORY

15. Florence Nightingale is synonymous with nursing internationally, her work, writings and contributions to the soldiers and healthcare during the Crimean war is extensively captured and documented. Her voice, her stories and influences are still present in some form in our health system today. The first international association of healthcare workers and a federation of over 130 national nursing association, the International Council of Nurses is devoted to the legacy of Florence Nightingale and sponsor of the "International Nurses Day", a celebration on 12 May each year in recognition of her birthday anniversary.

16. The history of nursing in Aotearoa is well recorded. Grace Neill a major advocate for the profession of nursing as a career was able after two years of campaigning, to ensure the Nurses' Registration Act 1901 was enacted. Neill drafted the necessary regulations, defined the curriculum, and appointed examiners. Ellen Dougherty was one of the world's first state-registered nurses. Hester Maclean was a powerful and influential nurse and in her role as the assistant Inspector of Hospitals oversaw nursing services.

[3] 1."I ngā rā o mua Mana Atua Mana Whenua Mana Tangata Mana Wahine Mauri Ora" (Huirangi Waikerepuru 2009) https://nzfvc.org.nz/sites/default/files/Leonie-Pihama-NZFVC-webinar.pdf

17. Unfortunately, Maclean's views on Māori women as nurses were not always correct nor acknowledged Māori nurses authority and mana within Māori communities. She had incorrect assumptions about gender relations within Māori society, believing that women were unable to wield sufficient authority to inculcate new health techniques. Further, she believed that Māori women may have been less inclined to challenge the tapu in place in the communities and be more likely to give Māori agency over how the health care was delivered.

18. What was absent from the history of nursing was the voice of Māori nursing pioneers whom without them working tirelessly in our community might have seen many more of our whanau die from the epidemics that ravaged the Māori life in the 1900s.

19. The early registration of nurses was problematic with some of our pioneers either needing to change their name or being merely recorded as a number. There were many instances in Aotearoa New Zealand nursing history where Māori nurses' voices were silenced and not captured as part of our history at all. Significantly this meant nor were contributions to whānau, hapū, and Iwi in this endeavour acknowledged Not unsurprisingly simple ideas like Māori Nurses for Māori whanau hapu and iwi and with support services from Māori agencies were ideas that where neglected and over time have been undermined and marginalised.

20. The systematic racism and attitudes to Māori nursing programme is prolific with many employers questioning the validation of Māori Nursing programmes and legitimacy of the graduate nurses. While nurse graduates are recruited in the first post graduate year through an ACE process into a Nurse Entry to Practice programme, nurses are given an extra point in the scoring process for being Māori. However little support is provided to reflect an understanding of their cultural realities and needs during employment. The common comment from Māori nurses and my own experience it that you leave your culture at the door and pick it up on the way out".

21. For nursing studying Māori specific papers such as "Maui ora " it is not uncommon for these to be marked by non-Māori tutors who lack understanding and cultural knowledge and would go so far to correct spelling of te reo into English text and consequently mark the paper down.

22. It is not uncommon to have non-Māori teaching Māori papers or for schools of nursing to resort to online learning to meet financial imperatives and opposed to Māori ways of learning with the support of other tauira. Likewise, Māori nursing have had to fight for the retention of "whānau "spaces to support Māori learners within the Institutes of learning.

23. I and other colleagues have supported numerous tauira during their learning process with many exiting processes often in their last 6 months before sitting state which ids heart breaking where we have tried so hard to keep our tauira engaged to graduation. The reasons are many fold, but the fact of the cost of education is a big influence in the decline of Maori students finishing these courses.

24. After spending up to $30,000 the school of nursing is now suggesting an alternative, lower-level nursing programme might be more appropriate for them if they wanted to continue to pursue further a nursing career. However, this suggested programme comes with attentional programme costs and because of the limited programmes would mean travel away from home and periods of separation from whanau which often acts as a disincentive to continuing tertiary learning. Tauira that are failing are referred to a facility assessment panel, often absent of Māori as part of the panel or a minority too. While incremental changes are being made if we look at the trends it is still not enough to address the disparities that afflict the health work force generally which I wish to turn to discuss now.

REGULATION

25. The Nursing Council of NZ is responsible for the regulation of nurses and to ensure public safety, the late Irihapeti Ramsden "Kawawhakaruruhau "is the model through which is intended to ensure cultural safety of nurses.

26. Ramsden promoted the concept of cultural safety in nursing to recognise the power dynamics at play in the relationships between health professionals and those in their care. Ramsden used the analogy employed by Māori at the time of the signing of the Treaty:[4]

We are in this boat together. It is now a shared boat. We have little choice about that. We will each have to bail at times and hang onto the sides. We do not have

[4] Ramsden, I, *A Challenge to Education, A revised version of an address to the New Zealand Post Primary Teachers Association Annual Conference,* 25 August 1994.

to share cabins. We do need to negotiate directions. ***There is no reason why we cannot have two captains and a process of agreeing on navigation and direction.***

27. Cultural safety /kawawhakaruruhau is part of the nursing curriculum, the direction, and monitoring is overseen by Nursing Council with the implementation of the programme adopted by different Institutions. However, over the years the intent, commitment, and resourcing has been eroded and the mana, protection, monitoring and management of the integrity of the programme has been marginalised. Institutional implementation of the programme has slowly been eroded and diluted over the years; it has been replaced and the concept of *cultural safety* has been usurped by the term *cultural competence*.

28. The commitment to implement cultural safety is varied and undervalued. We knoe from the evidence presented to the Waitangi Tribunal in the Health and Services Inquiry, The Director-General, Dr Ashley Bloomfield, does not see clinical competence and cultural competence as being mutually exclusive.[5] He does not believe that someone can be clinically competent unless they are culturally competent. This is demonstrated in the resourcing, professional development that recognises that clinical investment over cultural development and awareness. Yet it is clear from anecdotal evidence we receive from our members that often that disconnect affects health delivery.

29. How can public safety to Māori be protected when the framework, responsive, and accountability not be consistent and monitored. Complaints to Nursing Council of racist behaviour from non-Māori are often considered a private matter, even if the issue is assault against a Kaumātua in a public forum which had been reported to Police, or attacks of social media towards Māori health professionals. However, if it is a drink driving conviction that might have occurred before the commencement of their training, nursing council will impose restrictions on their practising certificate. Māori or cultural complaints are not investigated to the standard Māori would expect because of the lack of knowledge and skill within the regulatory body.

30. The systemic racism continues with the disproportionate representation of a Māori in the nursing workforce, with almost 26 % of our workforce made up of internationally qualified nurses (IQN). Many of these IQN would have had to complete a Competency Assessment Programmes (CAP), this Competency Assessment Programme (CAP)

[5] Transcript of Hearing Week Two, Wai 2575, #4.1.5 at 387.

enables registered nurses to meet competence requirements of the Nursing Council of New Zealand. Graduates can apply to the Nursing Council of New Zealand for a New Zealand Registered Nurse Practising Certificate and can work in all healthcare settings. This programme is up to 12 weeks and consists of modules against the Nursing Council standards, however within a short period of time these nurses can be deemed culturally competent and have equal qualification compared to those who have had 3 years of nursing and cultural training.

31. Māori that require care are often victims of power imbalance and Māori nurses on shift being allocated to care for the Māori, usually because they could have a family that is "disruptive" or too many visitors or "more suited". Maori nurses do not advance professionally at the same rate as non-Māori and often left waiting for their turn, often the response is you are "better at the bedside".

32. Māori nurses are the often the innocent victims that observe the injustice but are not in a position to change the systems and processes. While we agree with this sentiment, we do not agree with his baseline understanding of cultural competence.

WORKFORCE

33. Māori currently make up 15 percent of the New Zealand's population. Māori have a much younger age structure than non-Māori population. Expected predictions indicate that half of the Māori population will be younger than 28 years by 2038[i]. There are well documented ethnic disparities in life expectancy, the enjoyment of good health and differential health outcomes between Māori and non-Māori.[ii]

34. Māori, as other indigenous people 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[iii]. We also acknowledge the rights of Māori under te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and including the physical, spiritual, and cultural wellbeing of Māori as individuals and collectively[iv].

MĀORI HEALTH WORKFORCE DATA

35. Current workforce planning for nurses has been limited, with an estimated 15,000 nurses' shortage by 2035. Little work has been undertaken or planned to address this alarming shortage.

36. Current New Zealand nursing workforce does not reflect the communities it services. There are 50,356 practising nurses (March 2015) in New Zealand, with only 7% (3,510) identified as New Zealand Māori[v].

PAY PARITY

37. Those structural barriers were workforce diversity (and the under-representation of Māori in the health workforce) and pay equity. In 2012, the structural discrimination report noted a pay gap of up to 25 per cent between Māori and Iwi health workers and their counterparts in hospital settings.

38. Te Rūnanga NZNO pay parity campaign Te Rau Kōkiri that continues for Māori and Iwi providers working in Primary Health Care (NZNO, 2009). This deficit came to NZNO's attention as part of the NZNO Te Rau Kōkiri campaign to achieve pay parity for Māori and iwi providers. Access to accurate, comprehensive, and meaningful data on the Māori health workforce both regulated and non-regulated, is essential to improving professional development of this workforce as well as employment and pay conditions.

39. The Commission's Tracking Equality at Work tool released in July this year highlights continuing gender and ethnic pay gaps across the public service. The results showed again that Māori and Pacific women continue to be disproportionally affected when it comes to employment and are still paid a lower rate than European women doing the same work. Furthermore, the Commission found that these pay gaps have shown little improvement over the last five years.

40. Recruitment and retention of the Māori nursing workforce to align with the Māori population.

INTERVENTIONS

41. Data is essential for the development of evidence-based strategies to address the Māori health workforce deficits which contribute to endemic and increasing systemic health disparities, these include:

    a. Framing recruitment initiatives within an indigenous worldview that considers indigenous rights, realities, values, priorities, and processes.

    b. Government commitment to achieving indigenous health workforce equity via the development (and proactive support of) a mission statement/vision and appropriate policies and processes.

    c. Identify the barriers to indigenous health workforce development and use these to frame recruitment initiatives within your local context.

    d. Incorporate high quality data collection, analysis, and evaluation of recruitment activities within programmes with the publication of results where possible.

42. I sincerely hope that this kind of data can be gathered to assist this Inquiry to coming to grips with the inequities and inequality we confront daily as Maori Nurses.

DATED this 10th day of February 2021

Kerri Nuku

[i] Statistics New Zealand. (2016) Māori population. Website accessed 2/3/16. http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/maori-population-article-2015

[ii] Human Rights Commission. (2011). *Tūi Tūi Tuituiā Race Relations in Aotearoa (2011)*. Human Rights Commission: Wellington.

[iii] United Nations General Assembly. United Nations Declaration on the Rights of Indigenous People: Retrieved on 1/3/16 from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

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

[v] Nursing Council of New Zealand. (2015). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2014¬2015*. Author: Wellington.