KAWA WHAKARURUHAI

CULTURAL SAFETY
IN NURSING EDUCATION
IN AOTEAROA

THE HUI WAIMANAWA, OTAUTahi - 1988

HUI PIRI KI NGA TANGAROA,
MANAWATU - 1989

HUI RARANGA PATAI
TE WHANGANUI A TARA - 1990

THE EDUCATION OFFICER
MAORI HEALTH & NURSING
MINISTRY OF EDUCATION 1988 - 1990

Cover design Craig Lambert, Ngati Kahungunu
The participants of the Hui, Piri Ki Nga tangaroa have requested that their protest be registered at the extensive use of the English language on the taputapu marae atea at Te Kupenga o Mataranga whare at Palmerston North Teachers Training College in the rohe of the Rangitane people.
HUI KAWA WHAKARURUHAU

Ite timatanga te KUPU
No Iomatuakore te KUPU
Ko Iomatuakore te KUPU
Ite timatanga.

Kaore te PAHEKETANGA,
E kore e taea ete AROHA te FAKAMA
Kaore te MATE URUTA
E kore e taea ete AROHA te FAKAORA
Kaore te KUWAHA FAKAKEKE
E kore e taea ete AROHA te HUAKI
Kaore te WEHEWEHENGANGA
E kore e taea ete AROHA te HONO
Kaore te PAKITARA-PARAE
E kore e taea ete AROHA te FAKATANUKU
Kaore te HARA
E kore e taea ete AROHA te HOROI kia MA

AHAKOA pefea te noho HOHONU ote RARURURUTANGA
te NGOIKORE ki nga AHUATANGA
Te POFIGI ote POKAPOKAI
Te NUI ranei ote MAMAE
Ma te MAHARANUI ki te TIKANGA ote AROHA
E MEMEHA ai enei MEA KATOA
No reira, MEHEMEA, ki te MAU ia koe te AROHA-PONO
Otira, ko koe te TANGATA TINO HARINUI
TINO MAIA, KA'HARAWA, OTE AO KATOA

Taku MIHINUI kia IRIHAPETI RAMSDEN, me te KATOA o tana tira i piku ai inga MAMAE ote AO MAORI, kia whia ki nga RONGOA ote TIKI, ote PONO, mete FAKAITI, i roto ite AROHA.

Ka mihi hoki ki to matou RANGATIRA kia KARL PULOTU-ENDEMAN fanaunga onga MOUTERE-FENUA i MANAKI ai, ia MATOU KATOA.

Hai fakamutunga nga MIHI AROHANUI kia linda ERIHE i tuku ai ia i aia ki raro, i runaga onga MAHI NANAKIA ate KAUNHIHERE enga NEEHI O AOTEAROA.
Me enei fakaro kua taraia nei e o tuahine hai tauira mo nga uri fakatipu, a hai KOHA AROHA hoki kia koe.

HOHUA TUTENGAEHE
MATAWAKA
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KAWA WHAKARURUHAU

INTRODUCTION

As nursing enters the last decade of the 20th century in Aotearoa, the time has arrived to review the philosophy which underlines nursing service here. It is an appropriate time to move forward 100 years and discard the ideas (necessary in the time of Florence Nightingale, but dangerously irrelevant now) that nurses give service irrespective of nationality, culture, creed, colour, age, sex, political or religious belief, or social status.

Clearly in a population in which people are rapidly becoming more educated to take responsibility for their own health, the idea of the nurse ignoring the way in which people measure and define their humanity is unrealistic and inappropriate.

Within this century alone many human beings in many countries have engaged in war in order to maintain these fundamental parts of their lives. People are still prepared to die in order to maintain their cultural, religious and territorial integrity. It is not the place of the nursing service to attempt to deny the vital differences between people however altruistic the rationale may be.

In common with indigenous peoples the world over, the Tangata Whenua of Aotearoa are beginning to recover sufficiently from the horrors of the colonial experience to make our voice heard.

This report comes at the end of a long and complex historical process which has included the replacement of the holistic Polynesian model of health with the reductionist one which the Nightingale nurses brought from England.

The colonist numbers grew and those of the Tangata Whenua dropped due to the introduction of infectious diseases and the powerful legislative processes which reduced most Maori to landless poverty. Maori values, beliefs and understanding of the spiritual relationships between human beings and the world about us were seriously threatened. The history of nursing service and the development of nursing education in this country is part of both our stories. The production of a work such as this report demonstrates
that we are beginning to achieve the kind of national maturity which will allow nursing
to face up to that herstory and acknowledge its fatal impact on the Tangata Whenua, and
change it.

Maori people no longer accept that our world is a perspective on the reality of anyone
else. We have our own whole, viable, legitimate reality. It operates in different ways
for different Maori but it is one of the realities in this country. We insist that we are
not a perspective. Our Maoriness, Te Ao Maori, Maoritanga, is defined by us as a
taonga from our tipuna and is therefore guaranteed and confirmed to us under Article II
of the agreement signed at Waitangi between the Tangata Whenua and the British Crown.
The Treaty of Waitangi underpins the primary political relationship of this country. It
is the formal agreement which assures the place of the indigenous people and the
colonists in Aotearoa. All other cultures are acknowledged and greeted by the Tangata
Whenua.

This leads to the question of choices in service delivery. The data on Maori mortality
and morbidity and empirical experience has made it quite clear that many of our people
have voted with their feet when it comes to the health service. The health service is not
and has not ever been culturally safe for Maori people.

It has never been affordable for people whom history has forced into poverty.

It has only been accessible at the inception of the Public Health Nursing Service and
recently since the development of the community Health Worker programme, which was
designed by Maori. Many Maori identify transport as a major health problem.

It has rarely, if ever, been appropriate unless Maori have given the service.

These words are not written lightly, they are the truth. There have been notable
pakeha individual efforts but they have usually been despite the health service, not due
to it. The service has not been designed to fit the people, the people have been
required to fit the service.

Prior to 1939 (when Maori were dying at a rate thirty six times greater than pakeha) the
focus was on building the public health. Then from the 1940s to 1970 there was a time
of prosperity and a strong focus on biomedical science. Now, in the period 1985 to
1990 we have seen a radical reconstruction of the health services and an equally radical
redefinition of the role and practice of nurses and the relationship between nurses and those to whom we deliver nursing service. Nursing is challenged as never before in a wide variety of ways. The challenge is exciting, dynamic, creative and inevitable.

This report is welcomed as part of the beginning of a new process. A realisation of the reality of Maori people. An understanding of choice based on cultural difference, including the choice not to accept nursing service or to create an alternative service. There is no doubt that nursing is rising to this challenge, again in a variety of ways.

The vital importance of physical safety in the nursing of other human beings is equally acknowledged by Maori nurses. The same level of importance of ethical and of legal safety is also acknowledged. The Tangata Whenua have added a further criterion to safe service delivery, that of Kawa Whakaruruhau, Cultural Safety.

Cultural "sensitivity" is seen as a soft option and one that offers less of a challenge to change than the idea of safety. As long as Maori people perceive the health service as alien and not meeting our needs in service, treatment, or attitude, it is culturally unsafe. A dangerous place to be.

The idea of cultural safety came from the Hui Waimanawa held in Otautahi (Christchurch) early in 1988, sponsored by the Department of Education. At that hui Maori nursing students discussed two major issues. First, that of their own cultural safety as they moved through the nursing education process. The tremendous power of socialisation against their Maoriness is a very real and potentially dangerous assault on their identity. Secondly, students stated that they did not believe that their education was preparing them to give culturally safe service to the Tangata Whenua, to our own people, te iwi Maori.

The Hui Waimanawa was painful, at times, for all those taking part, but the pain functioned as pain is intended to, it focused attention on the cause. Maori students and tutors were able to speak and they were heard. Pakeha tutors took the message back into nursing education and initiatives in the recruitment and retention of Maori students were undertaken, re-examined, intensified and often restructured. Awareness was stimulated and has been maintained although at varying levels.
From that hui a suggested process for a Negotiated and Equal Partnership in nursing education was published. It provides a model for the education of tutors so that the large gap in the education of New Zealanders about the colonial history of this country could be filled, albeit much later in their lives. Many polytechnics have adopted this process and are finding it a useful step in the path toward cultural safety for Maori students and preparation for service delivery to people who are Maori, which is culturally safe.

The objectives of that model are not to create experts on te reo Maori, tikanga Maori, and Kawa Maori for that is an extension of the colonial process since the Tangata Whenua often do not have that information. The objectives have been set because they are achievable.

They are:

1. To educate registered nurses so that they become open minded and non-judgemental.

2. To educate registered nurses so that they do not blame the victims of historical and social processes, for their current plight.

Cultural safety is based in attitude change. If safe attitudes are held by nurse practitioners they will be able to work with the continuum of Maori people from traditional practitioners of the culture to those of who have been denied any information about our Maoritanga. Tikanga Maori will not help with caring for street kids, history and analysis of power relationships will. It can not be stressed strongly enough that it is a combination of the attitude of health professionals, and poverty which cause many Maori to avoid formal health service delivery. It is attitude and the combination of history for example which has caused Maori people to select the Public Health Nursing service instead of the Plunket Society nurses for infant welfare in the past. The only choice some of our people have is avoidance.

Currently a third of all children in the education system are Maori. The future bodes very differently for us all and most significantly for all the mokopuna who will inherit the work we do, pakeha and Maori. Let it be safe work for both.
Partnership is a word much used but it is a word to be considered with great care and thought. What the word ‘partnership’ actually represents should be a seriously negotiated matter.

There have been very real moves toward implementing cultural safety. All the hui in the process toward this report have been funded by the (then) Department of Education and later by individual polytechnics. Progress has been steady. Those people who have had the understanding and commitment to respond to the challenge and initiate change in their own institutional lives are to be congratulated and upheld. It is not easy to create change which is not always popular and it is difficult to sustain. Positive changes which benefit Tangata Whenua are frequently seen as low priority and expensive. Individual and collective courage is to be congratulated.

The people of the Hui Piri Ki Nga Tangaroa gave a mandate to a smaller group of Maori nurses to carry its work forward. The small group met at the end of January 1990 to complete the work of the first hui. The report has been set out in such a way as to make it clear and easy to read and to keep it as concise as possible. It is the collective work of Maori nurses of differing ages and experience.

In this report, we have selected to use the word turoro to refer to the people whom we, as nurses serve. The words patient and client do not fit our cultural framework. Turoro may be directly translated as sick person or more liberally, those with whom nurses work.

We have been guided by our people, those physically no longer with us and those who were able to give us their wisdom and experience directly, for this we are deeply and profoundly grateful.

Through the teaching and training of our old people, all those who have contributed to this report have brought special things. Tribes from Taitokerau, Te Tairawhiti, Te Tai Hauauru, Te Waipounamu and Rekohu Wharekauri have brought their own history and tikanga to this work.
On a personal note, I wish to acknowledge my family, Ngai Tuahuriri, Ngati Irakehu the hapu of our Taua and Poua of Kai Tahu. In Rangitane, Ngati Mairehe and Ngati Aranaki the people of our Korō and Kuia. Without the love and guidance of those people, the hope for change, the nourishment during times of grief and anger (but never despair) such work as this could not be done.

There are times when I have not observed the convention of using the objective third person in writing this report. Conventions are just that.

Lastly, our thanks to all those people in polytechnics the nursing education world and the New Zealand Nursing Council who have contributed energy, money and aroha to the Kaupapa which has made this move toward an equal and negotiated partnership, possible.

Toku arohanui rawa atu ki a koutou katoa
naku noa
na

IRIHAPETI MERENIA RAMSDEN
STANDARDS OF KAWA WHAKARURUHAU
CULTURAL SAFETY TO PRACTICE

STATEMENT FROM THE CORE GROUP
OF THE HUI PIRI KI NGA TANGAROA. JANUARY 1990.

"As long as Maori people feel unable to avail ourselves of health service delivery because we define it as, unaffordable, inaccessible and inappropriate, the service will remain culturally unsafe for Maori people."

% OF DEATHS BY AGE AND RACE
1980 - 1984

It is a question of attitudes
and the power to back up those attitudes.

In order to give safe service to Maori, nurses need to understand the impact of their own culture upon the reality of the Tangata Whenua. It is necessary that the power culture is enabled to stop blaming victims and learns to approach the reality of others in an open and non-judgemental way.
RECOMMENDATIONS ON: KAWA WHAKARURUHAU

DEFINITION OF CULTURAL SAFETY

After much consideration, work and thought among Maori nurses and a Maori legal consultant, we have arrived at the conclusion that there is no rigid definition of cultural safety.

Because cultural safety is based in the less measurable dimension of attitude, it cannot be defined against physical or legal safety.

Like ethical safety, cultural safety must be interpreted according to each event. The degree of cultural risk or danger must be assessed by those who are able to perceive it. It follows that those people are to be found within the culture at risk. In Aotearoa the people most culturally at risk are the Tangata Whenua, te iwi Maori.

KAWA WHAKARURUHAU
TESTING CULTURAL SAFETY & RESOLUTION OF DISPUTES

1. That cultural safety issues be discussed with Maori people within and outside Polytechnics who can constitute a Komiti Kawa Whakaruruhau (Committee on Cultural Safety) to adjudge situations reported to be culturally at risk.

2. That the committee should consist of one non-Maori Committee member adjudged culturally safe by Maori people. One local Tangata Whenua representative from the appropriate area, two Maori nurses and one Maori polytechnic staff member.

3. This Komiti will make decisions about culturally safe practice of pakeha or other non-Maori and also about that of Maori as well. It is emphasised that the "at risk" group is most competent to recognise, define and act upon culturally unsafe issues.
4. That the Polytechnic administrations accept the premise that the Komiti Kawa Whakaruruhau is able to make informed judgments on culturally safe practice and will make judgments taking into account, professional and legal requirements and advice from all relevant bodies.

5. That the final decision on cultural safety made by the Maori Committee is respected by the Polytechnic nursing department staff, and general administration as well as Polytechnic Councils.
STANDARDS OF KAWA WHAKARURUHAU
CULTURAL SAFETY TO PRACTICE

PREAMBLE

Statement from the participants of the Hui Piri ki nga Tangaroa, November 1989

Maoritanga is a Taonga.

Institutional and individual racism persistently violates this taonga and and contravenes Te Tiriti O Waitangi.

Tino rangatiratanga is guaranteed in Te Tiriti o Waitangi and is the birthright of every Maori person.

Tino rangatiratanga is guaranteed in Article II of Te Tiriti o Waitangi. The full chieftainship of everything that is held precious to Maori people. The right of Maori people to have control over our destiny is a taonga handed on to us from our ancestors.

It must be maintained by ensuring that this birthright is recognised, developed and strengthened.

Cultural safety ensures non-violation of all of those attitudes, values and actions which implement the obligations of Te Tiriti o Waitangi and the practice of tino rangatiratanga.
It is extremely difficult to give a list of definitive standards of cultural safety in the area of attitude change. This report stresses that the key to cultural safety lies in attitude change. Concrete descriptions and measurements in the area of attitude, stereotyping and that unspoken informal learning which so powerfully contributes to attitudes, negative and positive, have always ended in the too hard basket. It has also been extremely difficult for us to demonstrate our response and have it accepted by the power culture. This is part of the beginning of what promises to be a complex process. There is much positive energy for change.

It is well documented that the status of Maori health is very poor by comparison with that of people who are not Maori. Much of the cause lies in attitude.

Major difficulties for Maori are affordability, and accessibility to an appropriate health service, one which validates the cultural context within which Maori people operate in relation to our health.

Such awareness should lead to adjustments of health service delivery in order to provide a safe environment in which Maori people can approach, negotiate and receive service from health professionals (if Maori so choose).

The beginnings lie in the general education system in Aotearoa. The true history of interaction between Tangata Whenua and colonists has been denied in the education system in this country. The system has been socially engineered to assist in the setting up of the settler society. This process has necessitated the transmission of the English based culture and the displacement of Maori society including models of health. Until that can be significantly adjusted, nursing education has a responsibility to replace information to which student nurses have not been given access.

It has become apparent that standards of cultural safety can only be defined by Maori people. Such standards can be upheld alongside other standards of safety in the practice of health professionals. For Maori these involve safety in the area of wairua as well as tinana and the whole Maori understanding of health.
CULTURAL SAFETY TO PRACTICE

CULTURE IS

The way groups of people do things as a result of the example of their tipuna, their ideology, their philosophy and geography.

SAFETY IS

Freedom from dangers or risks likely to bring danger.

CULTURAL SAFETY IN NURSING EDUCATION IS

The right to have my culture validated through teaching for health practice that does not put my culture and the values and beliefs of our people, at risk.

CRITICAL ELEMENTS - THEORETICAL BASE

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.

2. Racism awareness training

   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.

3. Cultural content

   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.

PRACTICAL APPLICATION

GENERAL OUTLINES TOWARD CULTURALLY SAFE PRACTICE

1. Be aware that each turoro does not stand alone but is part of a whanau, all of whom have rights in relation to their whanaunga. Consultation, negotiation and choice extends to whanau. Situations will, of course, vary but it is safe practice to include whanau rights until demonstrated otherwise.

2. Avoid imposition of other cultural values by facilitating choices and by negotiation with each turoro being prepared to accept the decision of turoro unless it endangers life or the public good. Further negotiation is then required.

3. Make access to Maori community resources possible from first contact. If any turoro wishes for contact with the Maori community, do not obstruct it, but work with it.

4. Be aware of the constant dimension of wairua, this can often directly affect the recovery of turoro Maori.

5. Be aware that members of minority group peoples observe all the non verbal behaviour of members of the power groups. Decisions about how to respond are frequently made on the initial "readings" rather than on what a nurse may eventually say. For example, bustling behaviour may be interpreted as impatience and a wish to move on. Turoro may choose to remain silent or give assent rather than discuss issues of concern. This kind of observation is a survival technique.

6. Consider the dignity and humanity of the turoro Maori as with all turoro. (Approach, attitude and negotiated advocacy). Do not consider that the nurse is necessarily the appropriate advocate for Maori people.

7. Do not make decisions on cultural safety alone. If in doubt, ask. People are grateful to see genuine effort. Everything is to be gained by consultation and mutual agreement.
8. If a culturally unsafe situation is suspected or observed, inform turoro or the whanau that a Komiti Whakaruruhau can make an informed decision resulting of modification of behaviour or discipline. A process of complaint and adjudication is available to turoro with the rights of nurse, turoro and whanau held equally.

9. There is a fundamental difference in attitude between western trained nurses and nurses from the Tangata Whenua. The idea of "mokai" in the Maori reality indicates that a skilled person from the people has an obligation to serve the community by the use of those specialised skills. The obligation of service is deeply embedded in many Maori who recognise that survival of Western education systems implies an obligation to those who have not been so fortunate. The price can often be very high for the survivor in terms of individualisation and isolation.

The difference lies in the individual and collective concepts of the two cultures.
CULTURAL SAFETY TO TEACH

PREAMBLE

Currently there is a varied approach to giving information to health workers in training about the Maori reality. This is having a variety of results ranging from success, to serious resistance against any attempt to introduce students to ideas of social change in order to improve the status of Maori health.

Maori people are confronted with such issues as:

- Who should teach in the delicate area of nga mea Maori and attitude change?

- How can skills be defined?

- When is a person considered fit to teach?

- Where and when should such material be taught?

- Why should these matters be taught and who benefits?

- How can people teaching in these areas be monitored and to whom are they accountable?
CULTURAL SAFETY IN NURSING EDUCATION

TO TEACH

To facilitate learning.

CULTURAL SAFETY IN NURSING EDUCATION IS

The right to have my culture validated through teaching that does not put my culture and the values and beliefs of our people, at risk.

STATEMENT MADE BY MAORI NURSES 1990

Where a culture has been seriously disadvantaged, extra efforts need to be made to restore people to the level of advantage enjoyed by most other people. As well as six week language courses, immersion courses in Maori are available. It is important that Maori have access to Maori knowledge before pakeha in order that the colonisation of Maori language and ideas is halted and its integrity returned to Maori. That is part of tino rangatiratanga as guaranteed in Te Tiriti o Waitangi.

CRITICAL ELEMENTS/THEORETICAL BASE

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.

2. Racism awareness training

   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.
3. Cultural content
   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.

GENERAL OUTLINES TOWARD CULTURAL SAFETY TO TEACH

PRACTICAL APPLICATION

Statement from core group, Hui Piri Ki Nga Tangaroa

People who are not Maori, should not attempt to teach any aspect of Maoritanga

MAORI TEACHERS

1. A basic understanding of te reo Maori.

2. Availability of Tangata Whenua room for teaching if required. Maori students usually benefit by being taught in places of comfort to them.

3. Maori tutors require opportunities to acquire and to reinforce specialised knowledge. Time to attend hui which we define as important, is essential.

4. Maori tutors state that we would benefit greatly from the opportunity to gather twice yearly at hui. The purpose of such a hui, is to update and compare work in each institution. To give each other support in what can often be a culturally, emotionally and spiritually isolating work environment.

The second reason is to provide peer review for Maori tutors of our own safety to teach in the area of Maoritanga. This process should be carried out with aroha by Kaumatua and the peer group of the Maori teacher. It should be a safe and caring process kept within Te Ao Maori. The process should be defined by Maori people. It should be designed to support and help Maori tutors with
content and to define the range of content considered necessary to assist people who are not Maori to prepare students to give culturally safe service. Maori definition of these parameters retains tino rangatiratanga over taonga Maori.

Since the inception of nursing education in the polytechnic system, Maori nurse teachers have been able to get together as a group only once. That was in 1989 specifically for this report. As with any specialist group, it is essential that some regular opportunity to meet is structured into the professional year. It is crucial that opportunities to compare successful teaching methods and discard unsuccessful ones are available to Maori. Some teachers are isolated and teaching alone without peer group support and sanction. Maori are the best people to guide and correct Maori.

Teachers who are not Maori have daily and weekly opportunities to compare and discuss their work as well as partake in committee work. Such opportunities are not available to Maori teachers to do the same things within our own culture.

The Hui Piri Nga Tangaroa was the first hui for Maori teachers since the inception of the Polytechnic nurse education system. This is a serious indictment on the system until now. A beginning can readily be created here.

It is necessary for tutor education to provide special courses for Maori tutors. Consultation with Maori tutors will identify issues of concern.

5. Staff development for Maori tutors must necessarily be different in light of the dual set of skills required by Maori and for the quality of our teaching. Maori teachers must be able to attend courses in Maori language. The confidence which Maori teachers possess as the result of having language skills, more than repays the structural change required to enable us to go on such courses.

6. Maori nurses see the necessity to create a pool of skilled people able to run courses in decolonisation for Maori students. This has the effect of strengthening students in their Maoritanga, enabling them to move safely through nursing education as well as stabilising questions of identity.
PAKEHA TUTORS

In order to be culturally safe to teach:

1. Pakeha people should teach Pakehatanga to students. It should be clearly identified using a teaching style which is enabling rather than threatening. It should be noted that Maori nurses are bicultural people who can also teach in the area of attitude change, while those who are not bicultural, cannot. This is a point of negotiation because as a general rule pakeha students are more comfortable being taught in this delicate area by their own people. This section refers specifically to interaction between the treaty parties, Tangata Whenua, (although employed by the Crown, Tangata Whenua remain the people of the land) and those people employed by the Crown. It does not attempt to include the reality of other cultures at this point.

2. Should have a sound understanding of the philosophical basis of western culture, so that its impact on indigenous peoples can be understood, eg the reductionist model of health and the western search for wholism. There is insufficient education of tutors in this area and it directly affects turoro Maori.

3. Tutor education courses, eg in the special areas of Te Tiriti o Waitangi, attitude change, western philosophy, the experience of indigenous peoples globally, some basic anthropology and difference in Maori learning styles should be provided. Staff development in these areas is strongly recommended. Knowledge of Maoritanga is tapu and should be negotiated with Tangata Whenua.

4. Training for trainers in racism awareness should be included in staff development (indeed it is in at least one polytechnic). Experienced and acknowledged trainers are required to begin this work. This is an area where negotiation with Maori will be necessary. The development of a core of nurse trainers in racism awareness for pakeha should parallel the development of a core of Maori nurses able to train students in the process of decolonisation. Specialist training is required in both areas.

5. The hui specified that people who are not Maori should not attempt to teach any aspect of Maoritanga.
COMMONALTIES

The well-being of all students, in their difference. The well-being and improved service to all turoto in their difference.

BUDGET ISSUES

These recommendations will require structural change. Many changes will require redistribution of resources and some will require extra. It is this type of change rather than rhetorical, cosmetic, decorative or easy options which Tangata Whenua see as being of real benefit.

Funding will be required for:

- Twice yearly hui for Maori tutors
- Kaumatua to attend such hui to guide teachers
- Training for pakeha tutors in racism awareness
- Training for Maori tutors in decolonisation techniques
- Preparation of Maori nurses as assessors of cultural safety in state final examinations (Nursing Council).

These issues are discussed in more depth later in the report.
ROLE DESCRIPTIONS FOR MAORI
WHO ARE EDUCATING HEALTH PROFESSIONALS

PREAMBLE

Questions of the appropriate employment of dually skilled people constantly arise. Maori people who are able to teach in the preparation of health professionals are a rare resource indeed. Many are restrained by the system from using their range of skills in a way that is fully beneficial to Maori students as well as useful to pakeha students. Maori teachers should be able to discuss and define what their work should be and how best to perform it.

STATEMENT FROM MAORI NURSES 1990

It is necessary that Maori nursing tutors have registration as nurses because they are preparing students for the art and profession of nursing. When Maori who are not trained as nurses are needed to give extra skills and mana to courses, it is the role of the Maori nurse to facilitate their input, to see that they are treated according to their status, and that suitable koha is made available to them.

Maori nurses have a further role in the setting and assessing of culturally safe questions for nursing courses and for state finals. It is the primary function of the Maori registered nurse to undertake the co-ordination of the course designed for student nurses with the polytechnic Maori team and with Tangata Whenua. A system of ongoing peer review and support must be available. The Maori nurse must take final responsibility for course facilitation and management.

CRITICAL ELEMENTS

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.
2. Racism awareness training
   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.

3. Cultural content
   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.


MAORI TEACHERS IN THE EDUCATION OF NURSES

PRACTICAL APPLICATION

1. Must be Maori, by descent and choice.

2. Must be a nurse.

3. Job descriptions must be negotiated with Maori.

4. Must have a basic understanding and knowledge of te reo Maori and be continuously working toward improving that knowledge.

5. Must have the support of local Tangata Whenua, or if unknown to them, must undertake to liaise with them. Preference should be given to nurses who are known and supported by Tangata Whenua.

6. Will also undertake responsibility for staff development in matters relating to Te Tiriti o Waitangi and Maoritanga with Maori support group from within polytechnic, and Tangata Whenua.

7. Must have a close working relationship with Maori departments and regular meetings with other Maori staff.

8. Must be able to take part in twice yearly peer review hui.
9. Must be freed and resourced to be available to assess cultural safety in state final examination. As a rare resource, all Maori teachers should be taught assessment skills at this level. Negotiations with Nursing Council are under way. Polytechnic nursing departments need to build this part of every Maori teachers role into job descriptions.

10. Must be able to identify areas where specialist Maori skills are required and to co-ordinate, protect, facilitate those Maori people who can contribute such skills to the nursing department.

JOB DESCRIPTION ISSUES FACING MAORI TEACHERS

Issue

Salaries in polytechnic system should be restructured to acknowledge the dual and specialised skills of Maori tutors. Currently the system is getting two skills for the price of one, this is inherently unfair and unacceptable. Many government departments now pay extra incentives for language fluency in Maori employees for example.

Maori tutors are often required to work very differently from their tauiwi counterparts. Because most nursing courses are culturally unsafe, there is an extensive counselling component with Maori students, which is not built into the tutors role. Maori student counsellors are rarely available to Maori students and the tutor often assumes this role informally.

This role extends to time spent with the whanau of the student, in a mediating role. It may include leaving the campus and visiting the homes of students.

1. Flexible class hours are required for Maori tutors because of the differing demands on their roles. It may well be necessary to release Maori teachers from teaching straight nursing subjects and employ rare skills at all levels in the course rather than confine them to one area of the curriculum.

2. The place of tuition will often change according to the needs of the class and the discretion of the tutor. The Tangata Whenua room is an ideal compromise.
3. Maori students need extra time in the area of their Maoritanga, where and how this is facilitated, is up to the discretion and professionalism of their tutor in negotiation with the student.

4. Co-operation with other tutors of Maoritanga in the institution is essential for support and collaboration.

5. Where there is more than one Maori tutor in the department, a collaborative style between them is appropriate.

6. Maori tutors to assess cultural safety in the clinical setting where possible. Pakeha tutors who are adjudged able to assess cultural safety, in consultation with Maori, shall do so until there are sufficient Maori to undertake the responsibility.

7. Teaching content must relate to local area in history and kawa and any other special areas nominated by Tangata Whenua.

8. Budgets need to be provided for special areas of education of Maori teachers, eg reo courses, hui, staff development and for travel to Maori schools and homes.

9. Maori nurse teachers should also act as models and examples for Maori students in schools, particularly in Maori independent schools. They should be sent to recruit potential student nurses. The hui has stipulated that Maori nurse teachers should be able to feel free to warn potential students of the degree of cultural risk in some institutions and discuss ways to support them with students and whanau.

10. There needs to be a monitoring role for Maori tutors in the development of racism awareness courses for pakeha tutors. This is a normal part of the process of most outside trainers. It is essential that a two way exchange occurs. Because this training is mainly preparing pakeha for attitude change and ultimately some service delivery to Maori, there must be accountability to Maori along the way.

11. All Maori tutors should have automatic membership of curriculum committees. One Maori tutor alone is in a condition of cultural risk. At least two Maori on any committee is ideal.
12. Maori tutors should have management of the budget for students to attend the annual National Council of Maori Nurses Student Hui.

13. A koha system should be available in all polytechnics for distributing to Maori who contribute special skills to the course.

14. Maori tutors must be given appropriate promotional opportunities in recognition of their professional and cultural strengths.

15. Be aware that if Maori teachers are required to fulfill pakeha role expectations as well as the expectations of Maori people, a recipe for disaster is in place. The high rate of Maori tutors leaving nursing teaching underlines this. Most Maori enter teaching to try to create change in service delivery for Maori. If we are continuously frustrated in those objectives, like most people, we will leave and try elsewhere to fulfill our aims. Stress levels for people who become pulled between two realities are health threatening. A different role is required for people from different cultures. It is very possible to negotiate for safe cultural change. The first premise is to accept that Maori nurses are indeed different in profound ways and that this difference is historically and currently valid.
MAORI STUDENTS

PREAMBLE

STATEMENT FROM MAORI NURSES 1990

It is generally agreed by Maori students that their experience in preparation for nursing in Aotearoa has placed them seriously culturally at risk. This is confirmed by the students' family and tutors.

Year after year this has emerged at students' hui.

Recommendations from Maori students regarding their experience in the nursing education system, are included as an appendix to this report.

Statement from Moana Jackson. - see Appendices I.

At this point, it is appropriate to let Maori students speak for themselves, further recommendations have been included.

SUMMARY OF MAIN POINTS FROM STUDENT HUI

1. Culturally appropriate evaluation major assignment related to Maori reality:
   i) Oral examinations
   ii) Internal assessment
   iv) Peer plus tutors evaluation

2. Increase recruitment Maori students and tutors.

3. Need for Tangata Whenua room and group support.

4. All staff to attend approved antiracism training.
5. Need to establish working relationship with the National Council of Maori nurses.

**FURTHER RECOMMENDATIONS**

1. It is strongly recommended that Maori students are able to have a hui each year for Maori students only so that discussion among Maori people can be maintained.

2. A hui on cross cultural and treaty issues is certainly required and should be built into funding systems. All students should have an opportunity to discuss issues relating to bicultural relationships but not at the expense of Maori students. Past experience has clearly demonstrated the level of general student interest. Such a hui would be a creative and useful opportunity for tutors and students of all cultures.

3. People from the Pacific nations will need a forum in which to discuss their issues as well. Thought and discussion on this issue needs to be included in curriculum development.

4. A series of small specialised hui followed by a national student gathering would be a useful model.

5. See section on Maori tutors for further discussion on interaction between Maori students, tutors and whanau.

6. The idea of the Tangata Whenua room is to provide a space in an otherwise completely Westernised environment where the tangata Whenua can have a Maori place. How it is interpreted and used in each polytechnic, will necessarily differ. It is essential that other people enter only at the invitation of Tangata Whenua. Otherwise this extremely vital space will eventually become just another student room.

7. Maori counsellors should be available to Maori students.
8. Facilities for Maori students to study collectively and across the curriculum, should be available. Third year students should be able to support first year students. The Tangata Whenua room should be available for this.

9. The Tangata Whenua room should be fully resourced with Maori material for research.

10. Whanau of students should be able to use Tangata Whenua room as a base from which to observe their family member in class or to take part in classroom sessions. The involvement of family in education, enhances and supports Maori students and reinforces collective study.

11. Opportunities should be given to students to identify as Maori or not on documentation. By including tribe and hapu spaces on documentation for people entering nursing, staff can be aware of tribal relationships and identify variations.

12. Maori students should not be asked to provide Maori input to classes or courses unless they indicate a desire to do so.

13. Time for Maori student attendance at the National Council of Maori Nurses Student hui should be standardised as part of the curriculum.
PREAMBLE

Questions asked of hui:

- What do we want people to know about us?

- What education is necessary in order to induce the attitude change required to positively alter the delivery of health service to Maori people, or to allow the development of Maori service delivery to Maori?

- How should such information be structured and where should it occur?

- Where should visits to marae be included, if at all?

- Who should be able to visit marae and when?

- What do pakeha need to know about themselves and their history in order to be able to hear what Maori are saying?

- How can anybody make informed judgments and decisions about the future if they do not understand the past? For example, the relevance of the Treaty of Waitangi to 1990.
A CURRICULUM IS

A course of study.

CRITICAL ELEMENTS, THEORETICAL BASE

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.

2. Racism awareness training
   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.

3. Cultural content
   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.


PRACTICAL APPLICATION

1. All curricula which are designed to implement cultural safety must be negotiated with Tangata Whenua of the region or their nominees and with Maori nurse teachers and Maori polytechnic staff.

2. It is not culturally appropriate or safe that one Maori nurse be given lone responsibility for the design of the curriculum and nga mea Maori. No one Maori can be responsible for the full spectrum of knowledge and skill needed to manage such a delicate and demanding task. It is essential that a group of Maori from within the polytechnic, (particularly if that polytechnic has a Maori Department) be available to guide, consult and support the Maori teacher. It is strongly underlined that Maori nurses should not be left to fend for themselves or conversely to impose their own beliefs on nursing departments without checks and balances from te iwi Maori. Input from the National Council of Maori nurses is seen as valuable.
Design should be done in collaboration and the management of the curriculum remain the responsibility of the Maori nurse teacher with a system of regular peer review for support and update as well.

The support group should be permanently constituted and have a direct relationship to the nursing department.

3. At least 300 of the 3,000 hours of the course should involve nga mea Maori, pakehātanga, our mutual history and current issues. In view of the changing demography of this country and the fact that one in three children in the education system are currently Maori, 10% of the curriculum content is a reasonable amount to include. By the year 2111, 20% of the population of Aotearoa will be Maori.

The Tangata Pasifika will also constitute approximately 6% of the population by that time and issues of cultural safety for them will become steadily predominant.

4. Curriculum content should be negotiated as previously described in A MODEL FOR EQUAL AND NEGOTIATED PARTNERSHIP. A copy of the process is included as an appendix.

5. Maori teachers should be able to stipulate the place of teaching and the style, eg classroom, Tangata Whenua room, wharehui.

6. Refer to A MODEL FOR EQUAL AND NEGOTIATED PARTNERSHIP for discussion on marae visits. It is now believed by many Maori educators that the marae should be the "pot of gold at the end of the rainbow" rather than a compulsory beginning and often unpleasant experience for many students. It is much more in keeping with the tapu of the place and the mana of the people that preparation for marae visits be thorough and careful and that marae visits become a rewarding time for everybody involved.

7. Students may be permitted to attend marae when they have completed all the critical elements to the satisfaction of their Maori tutors.

8. The hui stipulated that nga mea Maori must be taught by tutors who are Maori.
9. The fundamental critical elements set up in this report are designed to create attitude change. A process must be devised which can evaluate that change. The subjectivity of this task is acknowledged and the challenge is thrown out to educators to devise ways to evaluate attitude and its change and to criticise and redirect people who do not reach standards required.

10. Maori people can work toward this process and in areas directly related to Maoritanga will be responsible for implementation.

11. Anthropological theory should be included in all basic nursing courses. Nurses need to understand basic morphological difference in human beings. It is difficult to stereotype and practise notions of cultural superiority when reasons for difference is supplied, eg it is much more difficult to add negative values to black skin when the reason for dark pigmentation is understood. Knowledge of social structures such as tribes and urbanisation require inclusion.

12. Information replacement should be the objective for this part of the curriculum so that student nurses have a sound understanding of issues facing all New Zealanders.

13. The validity of the spiritual beliefs of other cultures must be upheld. Therefore the basic tenets of western philosophy should be identified and described. Too many Maori are admitted to the pakeha psychiatric system because of the high value placed on "scientific" and positive values. The place of wairua and relationships with the spiritual world are denied by the pakeha health service.

14. It is not necessarily culturally safe to "integrate" Maoritanga through nursing education. The principle of integration is close to that of assimilation which is an established colonial process.

Some Maori nurses are considering a Maoritanga module structured and controlled by Maori which would become a core module in the basic nursing course.
Such questions as the development of forms to make written assessments of cultural safety should be made jointly with Maori and pakeha having equal input and the Komiti Whakaruruahau having final comment and acceptance of forms.

The difficulty of this task is acknowledged. It must be restated that Maori people still die because we detect attitudes which block us from access to health service. We must not be blamed for this response as it is based on 150 years of real life experience. The time has arrived to work together in the difficult area of attitude analysis, research and change.
CULTURAL AUDIT

TO AUDIT

Searching Examination

STATEMENT FROM MAORI NURSES 1990

We require searching examinations of the educational institutions in which our people are participating as students and staff members. We wish to establish that such institutions are culturally safe for our people. We are receiving consistent reports that this is not the case.

PREAMBLE

Many Tauiri institutions are now incorporating taonga Maori into their philosophies or are decorating buildings, documents etc, with the art of the Tangata Whenua. These are examples of Maori sharing resources cross culturally. There is a strong expectation that this arrangement should be reciprocal, that Maori people could expect such institutions to have an obligation to the culture from which they are drawing resources. Maori people need to discuss criteria by which to judge whether institutions are meeting the obligations implicit in their use of things Maori and are accountable to Maori. If institutions are adjudged culturally dangerous, Maori people must have the right to withdraw taonga Maori from such institutions. Control over our art and language as taonga, is guaranteed in Article II of Te Tiriti o Waitangi.

The issue of the Crown accountability to Maori is as cogent as the issue of Maori constantly having to be accountable to the institutions of the Crown.

This accountability goes both ways in the relationship agreed to in Te Tiriti o Waitangi. As Maori people reclaim and activate tino rangatiratanga over our taonga katoa, we are requiring clear accountability from the other party to the treaty.

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CRITICAL ELEMENTS THEORETICAL BASE

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.

2. Racism awareness training
   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.

3. Cultural content
   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.


PRACTICAL APPLICATION

1. Cultural review and audit bodies to be appointed by Iwi Maori in response to request from Maori staff and students, or pakeha staff and students.

2. Review and audit requests may also come from Iwi Maori outside such institutions.

3. The audit team must liaise with Tangata Whenua from the local rohe and have Tangata Whenua representation on the audit team.

4. A position of national coordinator in Maori Health Education (such as the one that grew to fill that need in the Department of Education recently held by Irihapeti Ramsden, should be re-established in the Ministry of Education. The function of that role should be to support, co-ordinate, monitor and oversee cultural safety in all areas of preparation to give health related service in Aotearoa.
5. The review and audit team should have the power to withdraw taonga Maori from institutions where it is adjudged that Maori are culturally at risk.

6. The team should be accountable to the Tangata Whenua o Aotearoa and report to the institution concerned and the Ministry of Education.

7. As with other teams of this nature, the Maori review and audit teams should be funded by the Ministry of Education.

8. A regular 2 yearly audit system should be set up.

9. Review and audit teams should be all Maori and number three to five people including Kaumatua.
BUDGET AND CORPORATE PLANS

PREAMBLE

STATEMENT FROM MAORI NURSES 1990

In order to retain Maori control over Maori things, ie tino rangatira, it is essential that budgets and corporate plans are negotiated with Maori. For too long Maori efforts have been under resourced or unresourced and therefore doomed to fail. Thankfully the winds of change have begun to blow and the Maori voice is being heard. Now is the time for structural change.

CRITICAL ELEMENTS

1. Training in understanding Te Tiriti o Waitangi, preparation for mutually defined partnership.

2. Racism awareness training
   - pakehatanga, power analysis, structural analysis, history
   - decolonisation training for Maori and power analysis, history of colonisation.

3. Cultural content
   - To be negotiated with Tangata Whenua, facilitated by Maori tutors.


PRACTICAL APPLICATION

1. Release and funding for a hui twice yearly for comparison, support and peer review.
2. T.E.C. special courses available for Maori tutors, funding to be found. In the event of the disbandment of T.E.C. such special courses should remain available to Maori tutors funded by polytechnics. Maori to identify issues requiring courses.

3. Maori tutors funded to go to reo courses, immersion courses and hui as part of normal staff development. Tangata Whenua to have priority over Tauriwi in this reclamation process.

4. Build in funding for peer group review, ie presence of Kaumatua (Koha or salary) at twice yearly hui.

5. Funding for decolonisation training for Maori and formation of teaching group to teach in decolonisation work.

6. Travel for liaison with Maori students whanau.

7. Management of budget to attend N.C.M.N. hui, students and tutors.

8. Koha system for visiting Maori who have input into courses.

9. Racism awareness training for pakeha tutors and formation of core group.


11. Budget for specially skilled Maori to help set up curriculum eg Mason Durie in psychiatric health.

12. Funding for keeping statistics and doing research.

13. Funding and koha for marae visits.

14. A national hui for all students to address cross cultural issues in nursing education.
A SUGGESTED PROCESS FOR THE ASSESSMENT
OF CULTURAL SAFETY IN TUTORS AND STUDENTS

The new Maori nurse teacher should be assessed as culturally safe (through a supportive process of aroha) by a Maori peer group consisting of Kaumatua and professional Maori nurses, at twice yearly hui.

The support group for the Maori tutor in the polytechnic, with the Maori nurse teacher, shall have responsibility for deciding who is able to assess cultural safety. Clearly this responsibility will have to be shared with pakeha tutors since there are insufficient Maori tutors in the system to monitor cultural safety adequately. Maori must be able to assess and approve pakeha tutors for cultural safety before sharing this responsibility.

Since cultural safety is a part of the Maori reality and the standards are set by Maori, it follows that the appointment of people who are culturally safe, should be made by Maori. This is tino rangatiratanga.

Because this is the area of attitude change, there should be constant discussion, review and exchange of experience in cultural safety. This should be built into the committee structures of the department. This committee must be Maori with pakeha representation by decision of the committee. The committee must not be seen as advisory. It must have the power to prevent a student moving on if culturally dangerous and to remove the student from the course if necessary (see section at beginning of report on Komiti Whakaruruhau).

Pakeha students should be assessed by Maori tutors, but realistically at this point, this is impossible. Therefore time must built into Maori teaching roles for Maori to increase assessment time. This should include membership of the Komiti Whakaruruhau.

Disputes must be taken to the cultural safety committee which will have the power of final decision.
The importance of a polytechnic wide Maori group with Tangata Whenua representation with whom the tutor works and to whom the tutor can refer, cannot be stressed strongly enough.

It remains only to seek the strength of our tipuna for all those people who live together in Aotearoa to contribute to the future of the mokopuna. Let us create a model of nursing that comes out of the reality of our own country and be affirmed in the promises that both our ancestors made to each other.
GENERAL RECOMMENDATIONS AND RECOMMENDATIONS

TO THE NEW ZEALAND NURSING COUNCIL

1. That the Maori people are guaranteed and confirmed by Nursing Council, that no questions be accepted by Council testing matters relating to Maori people which have not been approved by Kaumatua and set by Maori nurses.

2. That all questions set and approved by Maori for cultural safety be assessed by Maori nurses in the state final examination.

3. In the event of the move away from the state final examination for nursing registration, the requirement of demonstration of cultural safety must continue to be tested as part of nursing registration.

4. That schools of nursing and qualifications authorities integrate the cultural safety requirement and the demonstration of cultural safety into registration requirements.

5. Further negotiation should occur between Nursing Council and Maori nursing on the testing and demonstration of cultural safety of overseas nurses seeking registration in New Zealand.

6. Senior Maori nurses be included on all panels to select Heads of Departments of Nursing and Professors of Nursing in Universities.

7. That Maori nurses have significant input into the appointment of all people who will hold power in the administration of nursing in Aotearoa. In the Department of Health, in N.Z.N.A in the Plunket Society, in Midwifery and Nursing Council of New Zealand. In short where service delivery will affect Maori people, the Tangata Whenua wish to partake in the appointment of culturally safe people.
8. In line with other courses provided for post graduate nurses, the Tangata Whenua envisage a course provided for us, especially designed to enhance and uphold our tino rangatiratanga and finally prepare us as culturally safe specialists for nursing in the Maori community. It is necessary that we have basic comprehensive registration and that all basic and post basic courses are altered to become culturally safe for students.

We acknowledge however, that such basic courses are not expected to equip Maori students with fluency in te reo Maori, tikanga, korero mo te ao tawhito or kawa ia rohe, ia rohe. Those are highly specialised cultural elements required by Maori nurses to work effectively in traditional Maori communities. It will also enable Maori nurses to work in communities which are not traditional since it is Maori who can most easily enter and participate in both communities. Relevant historical and social issues should be taught. Specific dialects and tribal histories will also be taught.

In order to equalise opportunities, such courses should be available to Maori graduates who will have the choice of electives spent in their own tribal communities giving service to their own people while reinforcing or re-establishing kinship and tribal ties. Thus can a two way relationship be established with gains for each participant. The elective must be negotiated with the community and could be spent in Kohanga reo, nursing kaumatua, working with rangatahi or wherever mutually decided. Electives in urban Maori society may equally be chosen.

This course should be validated by Maori and funded in the same way that other post graduate courses are funded.

It should be of at least 6 months duration.

It must be a national course due to the numbers likely to attend, based on small numbers of graduating students who are Maori. It is possible that reasonable numbers of existing graduates may wish to attend.
9. It is extremely important that information is collected about students and tutors who identify as Maori and who consent to give information. In the light of the possible disbandment of Enrolled Nurse Training in Aotearoa, it is clear that a major avenue of Maori entry into nursing will be blocked. We have empirical data only on this and badly need figures on how many Maori have entered comprehensive courses from Enrolled Nursing and how many continue to do so. We need a great deal of data on tribe, hapu, self identification and variability of identification. Success rates, numbers leaving courses, exit interviews, opinions about courses, content, evaluation and cultural safety. Whanau opinion and many many other issues require exploration.

There should be a central area of collation of this data, eg the National Maori Health Education Co-ordinator previously mentioned, who can analyse, consult, negotiate and make negotiated policy.

MOBILE TEAM

10. It has been identified that there is a particular need for South Island Polytechnics to be serviced by Maori teachers to fulfill Nursing Council standard requirements in the area of cultural safety. This is a very delicate area with relation to Tangata Whenua.

It is suggested that negotiations be undertaken with Tangata Whenua about the feasibility of employing the skills of Maori nursing tutors to co-ordinate and facilitate cultural safety input for the Polytechnics of Te Waipounamu on a rotational or mobile basis. The most desirable nurse to undertake this work, is one who belongs to the tribes of Te Waipounamu who can work with Tangata Whenua to identify and supply educational needs. Such a nurse could be employed to move around the Polytechnics, and be maintained while working for the institution and provided with funding to return home at weekends. Role could include course design, management and facilitation in partnership with Maori Polytechnic group and Tangata Whenua. Assessment of written work and cultural safety issues. Some clinical work in areas where students encounter tūoro Maori.
CULTURAL SAFETY ASSESSMENT PROCESS WHICH UPHOLDS TINO RANGATIRATANGA

TWICE YEARLY HUI
Kaumatua and peer preparation and
review of Maori Tutors

Resourced and supported as all other Committees

Assessment of pakeha tutors

KOMITI MAORI AS PART OF EACH NURSING DEPARTMENT
Nurse tutor to have significant professional input and committee membership

All disputes on cultural safety

Maori right of final decision

KOMITI WHAKARURUHAU
Smaller Membership
### PARTICIPANTS IN THE HUI PIRI KI NGA TANGAROA

**NOVEMBER 1989**

A HUI FOR MAORI NURSING TEACHERS CURRENTLY EMPLOYED IN THE NURSING EDUCATION SYSTEM AND OTHER PARTICIPANTS

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<tr>
<td>Markareta Tawaroa</td>
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<td>Fernando Yusingo</td>
<td>PHILIPPINES</td>
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<td>*Regina Peretini</td>
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<td>Tony Ormsby</td>
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<td>Margaret Schwass</td>
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<td>Mahue Grace</td>
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<td>Rewi Panapa</td>
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<td>Pauline Awarau</td>
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<td>Rawinia Pahau</td>
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<td>Ellen Puawai Tito</td>
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<td>Christine Rimene</td>
<td>NGAI TAHU</td>
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Te Aitanga a Mahaki
Ngati Porou / Tuhoe

Ngati Tuwharetoa / Ngati Kahungunu

Ngai Tahu

Te Aitanga a Mahaki
Ngai Tamannahuri

Ngati Mutunga Ngati Tama Te Atiaua
Ngati Toa

Rangitane
Ngai Tahu Potiki
Ngai Tara Ngati Ira

Ngati Porou
Te-Whanau a Apanui

Ngati Kahungunu

Malae Malu Falealili

Te Ati Haunui a Paparangi
Tuwharetoa

Ngati Raukawa

Tainui / Ngati Te Wehi / Ngati Mahanga

Ngati Whatua - Ngapuhi

Te Arawa - Ngati Pikiao

- Ngati Whakaue

* The core group - January 1990.
CULTURAL SAFETY, NURSING, AND TE TIRITI O WAITANGI.

A brief discussion prepared by
Nga Kaiwhakamarama I nga Ture, Wellington.
THE CONCEPT OF CULTURAL SAFETY.

The Concept In Theory:

A concept of cultural safety necessarily involves a consideration of two interrelated issues -
1. The safety of Maori people training and practising as nurses.
2. The safety of Maori receiving care and treatment as turoro.

The first requires a recognition of the nurses' sense of worth as Maori, both as individuals, and as members of whanau, hapu and iwi. It also requires that the validity of their cultural values be acknowledged, and that they be guaranteed as integral parts of any process of education and training.

The second requires a similar recognition of the turoro's sense of worth as Maori. It too requires that the validity of their cultural values be recognised, especially as they relate to their perceptions of health, their tapu, and the holistic nature of their being.

Both require an acknowledgement of the status of Maori as tangata whenua, and of the reaffirmation of that status in Te Tiriti O Waitangi.

The constitutional ramifications of tangata whenua status mean that questions of Maori cultural safety cannot be addressed merely through policies of cultural "sensitivity" or institutionally-defined "biculturalism".

Rather they impose obligations on all health institutions to guarantee the implementation of appropriate strategies for cultural safety as defined by Maori.

Within the context of the Treaty then, the concept of cultural safety implies a reciprocal obligation of accountability and responsibility.

For Maori, the responsibility is to develop the theory and the practice of cultural safety in a way which is consistent with Maori cultural mores. The accountability for this process is to Maori, within the iwi and the professional organisations.

For Pakeha, the responsibility is to accept the right of Maori to control this process. The accountability rests in providing Pakeha with the means of understanding and implementing the programmes designed by Maori in this area.

The policies of health institutions and the concept of cultural safety are thus interlinked duties implicit in the Treaty itself.

Strategies which render Maori culturally safe within health institutions or programmes therefore fulfill the obligations in the Tiriti.

Those which, by implication or imposition promote practises and
attitudes which demean or denigrate Maori values, and so put Maori culturally at risk, are in breach of te Tiriti.

The Concept In Practice:

Cultural safety is achieved through the development of strategies and programmes which acknowledge the worth of Maori culture and which validate the perceptions and beliefs that flow from it. It is a two way process of attitudinal and structural change.

For Maori, it is a reaffirmation of their importance first as Maori. It involves a continuing process of education in the tikanga, values and history of our people. It requires a continuing exposure to te reo Maori which underpins those values.

For Maori it is also a reaffirmation of the validity and relevance of Maori concepts of health and care-giving. It is a means of ensuring that Maori again have the confidence and knowledge to use appropriate Maori processes for their own safety and for the welfare of tuoro in their care.

For Pakeha, it is an acknowledgement of who they are as nga tangata whai muri - those who came after the Treaty. It involves a continuing process of education in the values of Pakeha society, and in particular in the understanding of the structures and history of colonialism which imposed those values on another people. It requires a continuing structural analysis of their profession and their culture, and an understanding of the dynamics of social discrimination and institutional racism.

For Pakeha it is also a reaffirmation of their Treaty obligations in terms of the decision-making processes and structures within the health area. It is a means of ensuring that the Treaty relationship of sovereign equality operates in terms of attitude, structure, and methodology.

The base for any practical implementation of the notion of cultural safety is therefore cultural, social and constitutional.

TRAINING-

For Maori, liaison must be established with tangata whenua.

Provision must be made for ongoing tuition in te reo for both tutors and nurses.

Regular hui for Maori health workers should be held to further knowledge in tikanga, and to provide support and reaffirmation.

Processes of accountability must be established to review programmes of education in Maori. Such processes must be defined by Maori and implemented through reviews that are consistent with tikanga.

Training should also be provided for Maori in the analysis of colonisation and its effects on our people, as well as the contemporary operations of the colonising society.
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The Concept In Practice:

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Training should also be provided for Maori in the analysis of colonisation and its effects on our people, as well as the contemporary operations of the colonising society.
Training must include analyses of all aspects of Maori health and health-care.

Workshops on Te Tiriti, conducted by Maori, should be an integral part of training.

In a cultural sense, training must be supportive, consistent with tikanga, controlled by Maori, and conducted in co-operation with kaumatua and tangata whenua.

In a constitutional sense, training should be both an assertion and a reaffirmation of te tino rangatiratanga as recognised in Te Tiriti.

The sharing of these aspects of training with Pakeha should only be contemplated if the Maori feel it is appropriate. The aim of Maori training is to make Maori culturally safe in their Maoriness: it is not to make Pakeha culturally comfortable.

Training should be an empowering, confidence-building process for Maori.

For Pakeha, training should enable tutors and students to be aware of their Pakehatanga.

It should include analyses of Western colonial history, especially in Aotearoa. It should include study of the Treaty of Waitangi, as defined by the Crown and as understood by Maori.

Specifically, it must include analyses of Western nursing and health care practices, especially the development and effects of the reductionist model of medical care.

Involvement in “taha Maori” programmes must only be at the behest of Maori. It certainly must not be taught by Pakeha.

STRUCTURES-

Training for both Maori and Pakeha must lead to a questioning of present structures and decision-making processes within nursing.

Because Te Tiriti is ultimately a document about political power, and because power is exercised through structures, Te Tiriti cannot be honoured unless those structures eventually change.

The specifics of cultural safety within nursing cannot be separated from the generalities of institutional and political power.

BUDGET-

Questions of budgeting and resources require structural change and most clearly move issues of cultural safety beyond rhetoric into the reality of Tiriti obligations.

Funding will clearly be required for hui and training in general. Accountability for funding received through negotiation for Maori initiatives must be controlled by Maori.
CONCLUSION:

The concept of cultural safety within nursing should be an integral part of health-care.

It should be developed as a concept capable of validation by Maori and able to be scrutinised within a Maori framework.

It must be capable of practical application in terms of Te Tiriti o Waitangi and give effect in political and structural ways to te tino rangatiratanga reaffirmed in te Tiriti.

In this sense, cultural safety cannot be separated from constitutional safety. They are the interwoven threads of the same taniko.
APPENDIX II

STUDENT RECOMMENDATIONS FROM THE WORKSHOP ON TREATY OF WAITANGI

From Akonga - Student Hui Toa Rangatira Marae
Takapuwahia Marae - Porirua 17 - 21 July 1989

VERBATIM FROM 10 WORKSHOP GROUPS

Option of having an oral exam or somebody to write for those who cannot express themselves well in written form.

Committees in each polytechnic, set up to liaise with elders in the Maori communities, to encourage younger Maori to continue their education with a view to commencing nursing training.

Students could spend time on Marae talking to young Maori about being students, how they came nursing and what opportunities are open to Maori people to go nursing.

We need a student group - whanau - for support and lobbying.

We want our tutors to back us up.

Students need to let tutors and H.O.D.s know what they want, without victimisation.

We need financial backing for appropriate speakers and hui - manuka Henare, Irihapeti Ramsden.

Encourage recruitment of Maori students/tutors.

On application - should stress cultural safety and demonstrate it.
Want time on history and deromanticising it (rather than science). Science gives a greater understanding of body function, but cultural safety addresses the whole person.

We want more Maori tutors and life experienced tutors.

We want sensitive and appropriate tutors. (Relate content to Treaty of Waitangi).

Address biculturalism continuously.

Students be able to Tautoko one another.

Student input to decisions concerning students.

Support groups and Whanau rooms.

Polytechnics approach Education Department to extend an invitation to Irhapeti Ramsden to share a model for negotiation and equal partnership.

Polytechnics re-evaluate their curriculum re Taha Maori Te Reo content concerning number of hours being offered - eg, little time for Taha Maori.

Polytechnics to make a commitment to support Maori tutors.

Polytechnics have a way for Maori students to approach tutors. Few Maori tutors in New Zealand.

Polytechnics need to look at the way in which the information about students' ethnic origin is collected and recorded. At present a student can only acknowledge one of their origins - which ignores/rules out the other, eg if a student identifies as both European and Maori, they are recorded as "other" instead.

Polytechnics pay kaumatua.

Communication between Polytechnics - link up between polytechnics and student body and share resources. Includes tutors.
Hui continues - important for students. Polytechnics to encourage students to use this important learning experience. There was some poor advertising.

Staff education - anti-racism training and preparation for bicultural partnership. Tutors are facilitators in our education.

Treaty education. The way the treaty is presented is important and it is important to acknowledge feelings about issues raised by both Maori and non Maori.

Curriculum needs to acknowledge Maori knowledge and ways of doing thing.s

Model for Partnership - should be implemented in all polytechnic nursing courses.

Liaison with Tangata Whenua in order to provide effective care.

Maori tutors should be employed on a basis of their mana rather than their academic qualifications and have equal rights.

Support of Maori students. Departmental responsibility to provide help for the Maori students, eg Kai Awhina which would be important in a tech with an absence of Maori tutors.

Pacific Island students need to be acknowledged and supported.

The National Council for Maori Nurses should have links with the polytechnic as strong as those the polytechnic has with N.Z.N.A.

Pakeha students and tutors have:

- Anti Racism Workshops
- Treaty of Waitangi Workshops

Students and tutors have internalised:

- Anti Racism Workshop
- Tikanga Workshop
- Treaty of Waitangi Workshop
Preparation and continual input in years 1, 2 and 3 of training in relation to above.

Any non-Maori/Pakeha tutor involved in teaching anti-racism, Treaty of Waitangi, be approved, as appropriate, by Tangata Whenua.

The option to choose who teaches these workshops - may need an outsider if there is insufficient knowledge in present tutors (recommendations may come from eg Maori Student body, Maori Community body).

The need for tribal affiliations to be included on application forms.

That a definition of biculturalism be introduced on application forms, prospectus, information sheets, interviews (where applicable).

Maori persons be employed by Education Department to monitor, assess and implement Tikanga Maori of biculturalism in polytechnic nursing. Persons must be accountable to:

National Council of Maori Nurses
Tangata Whenua

Representatives be elected from each tribe to audit their polytechnic and they are also accountable to:

National Council of Maori Nurses
Tangata Whenua

Abolition of State Finals and introduction of internal assessment.

Finance and support to be made available for Maori and Pakeha students to attend health/nursing related hui.

Tutors and Registered Nurses in teaching positions, eg C.N., P.H.N., to make a commitment to attend workshops to enhance cultural awareness.

Interview process of staff and prospective tutors and students - assess cultural sensitivity and willingness to be culturally aware.
Support groups and Whanau rooms established throughout polytechnics.
Improve the quality of the marae visit - total immersion.

Build interest of students by perhaps practical visit to a marae.

More cultural commitment and input in course eg MUST be integrated in course, not
token gestures. Sensitive to people of all creeds/cultures.

Taha Maori Integrate in whole course.

Communication between all tutors and students to work as a whole and support each other.

Tutors need specific training, eg compulsory anti-racism course.

Need an integrated course where there's effective communication between all students
and tutors and support networks are set up.

Invitation be extended to the general body of students. Better publicity through both
departments and cultural groups needed to reach these students.

Nursing departments polytechnics to credit this time in future. (Waiariki & Wellington).

H.O.D.'s and tutors of nursing departments and student units make this information
available to those intending students, eg Social Welfare, Internal Affairs).

Nursing departments make a programme of affirmative action to employ Maori staff.

Support systems for Kāiako and Taurā be implemented.

Training assessment should extend to cultural awareness.

Oral presentation be available to all exams.

H.O.D.'s be strongly urged to attend future huis.
Urge government to ensure a system of student funding for N.C.M.N. Hui be set in place by next year.

Assessment system should be reviewed - not necessarily written. Students should be given a choice, eg oral examinations.

More Maori tutors and retraining of other tutors.

Each polytechnic should have a multi cultural room for cultural learning.

More Maori theorists.

Peer evaluation and tutor evaluation.

Have a look at the curriculum and adjust according to existing needs.

At least major assignment during the three years has to be related to the Maori reality.
STUDENT RECOMMENDATIONS FROM THE WORKSHOP ON TREATY OF WAITANGI

From Akonga - Student Hui, Toa Rangatira Marae
Takapuwahia Marae - Porirua
17 - 21 July 1989

SUMMARY FROM 10 WORKSHOP GROUPS

Recommended that:

A link between 1st/2nd/3rd year students be established at each technical institute.

Student Hui should continue to provide a link between polytechnics.

More communication between Polytechnics - share resources.

Essential that staff be trained in Anti-racism and Biculturalism.

Approved facilitators of Anti-racism and Treaty of Waitangi workshops.

Maori values and knowledge and ways of doing things Maori be included in the Nursing Curriculum.

Implement Irihapeti’s model into all polytechnics.

Recognition of Maori people as Tangata Whenua.

More contact with the National Council of Maori Nurses.

Treaty of Waitangi and anti-racism workshops be introduced into the polytechnics.

Consideration be given to the cultural needs of Pacific Island students.
Technical Institutes make a commitment to finance and support future student hui.

Tutors and registered nurses make a commitment to attend anti-racism workshops and Treaty of Waitangi workshops.

Establish Whanau support groups at polytechnics.

Consideration for Maori and Pacific Island students to undertake oral examinations.

Maori tutors for Maori students.

Pacific Island tutors for Pacific Island students.

Establish a polytechnic committee - to liaison between communities and technical institutes for the benefit and advancement of continuing education.

That the present nursing educational system be reviewed.

More Maori tutors be appointed.

More Maori Theories be incorporated into nursing programme.

More peer evaluations.

Curriculum be adjusted to encompass changing needs.

Consideration of the Maori reality in regards to The Treaty of Waitangi.

More exposure to cultural influences.

Tutors and students be more aware of own culture.

Cultural input into the nursing programme be implemented and not token gestures.

Compulsory anti racism workshops for non Maori students.
Invitation to be extended to all students.

Hours credited for attending student hui.

Funding available from organisations should be made available to students.

Affirmative action must be shown by nursing departments to retain Maori tutors.

Preview of fabric for 1990:

- Model of Sensitisation
- Model of Organisation
- Model of Prioritisation

Students have support and input into future Hui discussions.
RECOMMENDATIONS

Important improvements in Maori standards of health have occurred in the past decade, notably improved life expectancy from birth and reduced overall mortality. However, there still remain areas of major concern. Maori people are grossly disadvantaged socially, economically and culturally, as evidenced by their high levels of unemployment, low earning capacity, poorer educational attainment, low home ownership, over-representation in penal institutions and high rates of physical and mental ill-health and accidents. The high level of stress experienced by many Maori people is reflected in their prevalence of lifestyle risk-taking (cigarettes, alcohol and food), mental disorders and violent behaviour. Access to health care is less than adequate for many and relates to both cost and cultural factors.

If Maori standards of health are to be improved in any substantial way in the short term, then jobs are required and access to health care improved. In the longer term however, the most substantial benefits to well-being will come about by reducing the level of lifestyle risk-taking and accidents and by improving the status of Maori people socially, economically and culturally.

It is recommended that:

1. The principles of the Treaty of Waitangi be incorporated into the constitutions and terms of reference of all groups and organisations involved in health care.

This would allow major inequities in health that currently exist between Maori and non-Maori to be addressed by more effective involvement of Maori people in health planning and delivery, by more realistic allocation of resources to Maori health, by more emphasis on health promotion and disease prevention and by recognising culture as a basis for health. The Treaty of Waitangi is not seen as
the panacea for all Maori ills but rather the basis for forward planning in health, with the aim that all New Zealanders should enjoy equal opportunities for well-being.

2. **Urgent efforts be made to develop Rangatahi (youth) work schemes nationwide.**

Unemployment causes severe stress and poor self-esteem strikes right at the heart of many Maori health problems. Employment opportunities need to be improved urgently if levels of mental illness, lifestyle risk-taking and violence in the community are to be minimised.

3. **Maori health initiatives, particularly at a Marae, Hapu or Iwi level, be adequately resourced with respect to people, information, skills and finance.**

Such initiatives will play an increasingly important role in promoting health and well-being, screening for early disease, and providing information about health services.

4. **Culturally sensitive and relevant programmes be developed to target major health risk areas (smoking, alcohol, overweight, stress, accidents, asthma, heart disease and cancer) and to screen for early disease (high blood pressure, diabetes, cervical cancer).**

Each of these risk factors exacts a high toll within the Maori community in terms of death, sickness and anti-social behaviour. Whilst national efforts aimed at all New Zealanders will help, specific efforts targeted within the Maori community are important and urgently required. Health education is the key and will involve many groups, both Maori and non-Maori, if attitudes are to be changed. It will be particularly important to promote culturally appropriate messages - for instance, smoking and alcohol should be discouraged as they have never been part of traditional Maori cultural activities. By contrast, traditional Maori foods should be strongly promoted as excellent sources of sustenance and Hauora (health).
5. **Special efforts be made to improve Maori women's health.**

High levels of illness due to cancer, heart disease and lung disease are unacceptable and likely to become even worse in the next decade. Specific action is required to curb the high levels of smoking in young Maori women; to screen for high blood pressure, cervical cancer, diabetes and overweight; and to provide parenting skills and support for the many young and often solo Maori mothers. Initiatives may well be developed through Iwi, Hapu and Whanau action or through networks such as the Kohanga Reo, Maori Nurses' Association or the Maori Women's Welfare League.

6. **A Maori health resource unit be established with advisory monitoring, and research functions.** The unit should have a Maori director and a research officer and be supported by the Medical Research Council of New Zealand and/or the Department of Health.

The unit would assist in the development and promotion of relevant research projects ensuring that Maori Kawa (protocol) was a prime consideration. The unit would be responsible for ongoing monitoring of Maori standards of health and publishing periodic reports. Emphasis would be given to areas of current concern such as Maori women's health, unemployment and health, culture and health.

7. **Research be directed into areas highlighted in this report.**

These areas include the following: access and acceptability of current health care delivery; unemployment and health; antisocial behaviour and violence; lifestyle risk-taking (cigarettes, alcohol, food); accidents in the home and on the road; genetic factors in disease, especially of the lungs, kidneys and metabolism; infections such as rheumatic fever and sexually transmitted diseases; cot deaths; diseases such as diabetes and asthma.

8. **The Department of Health's National Health Statistics Centre provide Iwi and Hapu health statistics as a basis for the development of health programmes with an Iwi or Hapu focus.**
9. A further major report on Maori standards of health be prepared in due course to cover Maori health issues and health trends up until 1990.

Kia ora Eru, mo to awhina.

With kind permission of the author.
APPENDIX IV

WITH ACKNOWLEDGEMENT OF ANNIE COLLINS
AND THE DOUBLE TAKE PROCESS

QUESTIONS FOR ANALYSIS:

This exercise provides a base from which groups can look at goalsetting for change.

1. What do you hear Maori people saying about your institution or group?

2. What is the vision of your institution/group?

3. Who are you trying to reach, cater for?

4. What resources do you have? (Include status, knowledge, finance, contacts, buildings, land, cars etc.)

5. Who makes the decisions, who gets to hear about the decisions? Who is consulted about decisions?

6. How do people find out about your services?

7. Are there certain criteria that people have to meet to be involved in your group/institution? Who sets criteria?

8. Who holds power?

9. Who benefits?

STRATEGIZING:

Apply the above questions again as a check list on your strategies.

Have you strategized for effective change?

Has there been a transfer of power from Pakeha to Maori?
QUESTIONS FOR SPECIAL SEGMENTS:

The History & The Legacy:

GATE: Opening in wall of city or enclosure made for entrance and exit and capable of being closed with barrier, contrivance regulating passage.
GATEKEEPER: Attendant at gates.

1. Where do you see gatekeeping operating in your institution?
2. Are you, or have you been, a gatekeeper in your institution?
3. How does the gatekeeping work?

Intentions & Outcomes:

There seems to be a difference between what people say and what they actually do.

1. Do you see this happening in your institution?
2. How does it happen?
3. What did you do about it?
4. Using an example from your own experience - was the position of Maori people changed by your actions? How?

Power & Processes:

1. How do we control decisions?
2. How do we control resources?
3. If we're looking for change in the position of Maori people, where should we look?
4. What questions do we need to ask to make sure the changes will be effective and not just window dressing?

Accountability:

1. Why is accountability important?
2. How is your institution accountable?
3. Who is your institution accountable to?
4. How are you accountable?
5. Who are you accountable to?
A MODEL FOR NEGOTIATED AND EQUAL PARTNERSHIP

INFORMATION SOURCES:
- Expelled needs of Maori Community
- Maori Health research
- Maori Health Organisation
- Maori Health Stats
- Maori Health Status, Inc.
- Education, housing, social status, employment

TRENDY OF WAITANGI

STAGE 1
INSTITUTION
TO DEPARTMENT
TO INDIVIDUAL

STAGE 2
ACKNOWLEDGE
detail in meeting
demographic group
in need in
Waitangi

STAGE 3
PHILOSOPHY
Principles of
Treaty

STAGE 4
PROCEDURES
Staff Education
Negotiation

STAGE 5
TRAINING
Negotiation

NEGOTIATION
Process
determine
Partnership

NEGOTIATE
Resting

NEGOTIATE
Evaluation

NEGOTIATE
Support

NEGOTIATE
Accountability

NEGOTIATE

OUTCOMES
- Waitangi and Treaty history
- History in America
- Social attitudes
- Raising the profile
- Nursing education
- Raising the profile

OBJECTIVES FOR TUTORS FOLLOWING MODEL

1. To educate registered nurses so that they become open minded and non-judgemental.
2. To educate registered nurses so that they do not blame the victims of historical and social processes, for their current plight.
3. To educate registered nurses to be culturally safe.