

*DRAFT ONLY*

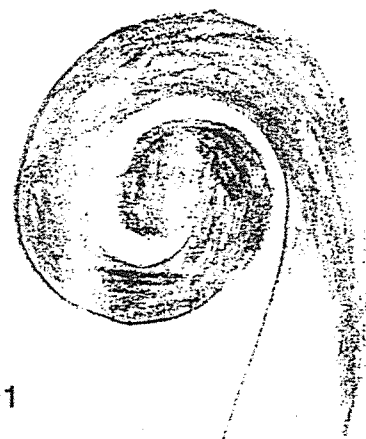
# CULTURAL SAFETY

## HUI

Whanau Kawawhakaruruhau

Apumoana Marae,  
Rotorua  
June 30 - July 4 1991

Edited by Pauline Hill



## *DRAFT ONLY*

### **KAWAWHAKARURUHAU PATTERN**

This design indicates the pathway that tangata whenua travel after entering an institution. The pathway is the same whatever the organisation, be it healthcare, education, justice, social welfare, housing or labour. The journey begins with the koru on the left whereby tangata whenua recognise a problem or a need for change - hence the shading of the koru. They approach the organisation intending to meet their needs, in a state of readiness, with their cultural identity intact. The point at the bottom of the design illustrates the merging of the pathways whereby tangata whenua enter the organisation. The koru on the right indicates the two potential outcomes following contact. The first pathway indicates that tangata whenua needs have only been partially met - hence the decrease in the height of the koru on entering and leaving the organisation. The structural processes, procedures and practices encountered in this situation have put tangata whenua in a culturally unsafe position - hence the closed appearance and troubled colour of the koru. The second potential pathway indicates that tangata whenua have had all of their needs met and that they have benefited from the experience - hence the increase in the growth and stature of the koru. The problem or change which necessitated their contact with the organisation has been addressed to an optimum level, and tangata whenua have emerged not only culturally intact, but empowered by the experience.

## DRAFT ONLY

### ACKNOWLEDGEMENTS

"Ma te huruhuru, ka rere te manu, ka tau"

Ko te manaakitanga o te Atua, ki a koutou ma e te whanau, korua ko Brent ko Sharon, mo koutou mahi tenei tena koutou katoa.

This report attempts to illustrate the ideas and represent the combined input of all the whanau who contributed to the cultural safety hui at Apumoana marae. It does not however indicate the laughter, caring and sharing which occurred within the group, nor does it adequately reflect the level of support, aroha and wairua experienced with the kaumatua and tangata whenua. Whanau support both at Apumoana and in the feedback and editing process which followed in the preparation of this document is fully acknowledged at this time. Each person came to Apumoana with a small kete and a number of taonga to share, and left replenished with new ideas about the very complex issues concerning cultural safety to practice.


"nau te rourou naku te rourou ka ora te tangata"

It is also essential to acknowledge the time, effort and support generously given by Brent and Sharon Challis. Without their input this report would not have been completed in the format and to the standard it has.

Pauline Hill  
Te Aitanga a Mahaki  
Ngati Kahungunu  
Ngai Tamanuhiri

Copyright 1991

This document cannot be copied in part or whole without the permission of the Whanau Kawawahakaruruhau through the Editor

 Published by *PSI Solutions*

38 Summerhill Drive, Palmerston North, New Zealand

ISBN

-4-

09/09/91

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	4
TABLE OF CONTENTS .....	5
1. INTRODUCTION .....	6
2. PROGRAM REVIEW .....	7
3. DEFINITIONS .....	8
4. KAWAWHAKARURUHAU PROGRAM .....	11
4.1. Te Harakeke Model .....	11
4.2. Te Niho Mango Model .....	13
4.3. THE ZOOMS AND ZACS MODEL .....	14
4.4. CURRICULUM CONTENT .....	16
4.5. RECOMMENDED RESOURCES .....	18
4.6. EVALUATION .....	19
5. TUTOR STAFF DEVELOPMENT HUI .....	20
6. PARALLEL COMPREHENSIVE PROGRAM .....	21
7. MAORI WOMENS WELFARE LEAGUE .....	21
8. RECOMMENDATIONS .....	22
Appendix 1 HUI PARTICIPANTS .....	24

### **Figures**

1. Te Tukinotia Model Part A .....	8
2. Te Tukinotia Model Part B .....	9
3. Te Harakeke Model .....	11
4. Te Niho Mango Model .....	13
Te Niho Mako Model	
Te Niho Taniwha Model	

## 1. INTRODUCTION

At the recent National Council of Maori Nurses student hui, held at the Apumoana Marae Rotorua, June 30th - July 4th 1991, concern was expressed by the group of nursing tutors, National Council of Maori Nurses members and kaiawhina present, about the current lack of conformity in preparing comprehensive nursing students for culturally safe practice. It very quickly became evident that schools were responding to the challenge of meeting this requirement in a variety of ways, and that the diversity of programs although promoting individual scope for interpretation and creativity, also presented dilemmas regarding student preparation for the final state registration examination. The need to address this situation and develop guidelines for a kawawhakaruruhau framework towards which schools could direct their curriculum and evaluation processes became the primary goal of the group. It was envisaged that the program would provide the minimum knowledge that students would require to provide culturally safe practice. This ensured the consistency of student preparation in all schools, while still allowing tutor autonomy to expand on the critical content, and apply specific tangata whenua knowledge following negotiation and approval by iwi. Clearly the expected outcome of this program was not only to meet student needs previously discussed. It was also perceived as one of the most critical elements to fully meet the primary health care requirements of tangata whenua in Aotearoa. In the past lack of nursing attention to cultural needs has resulted in the provision of health care which put both the turoro and the whanau at risk, be it innocently or intentionally. This program is designed to provide students with sufficient "tools" which will ensure the cultural safety of both their practice and tangata whenua in their care.

It would be useful at this point to discuss how the opportunity for this whanau to meet and discuss a 'take' outside that of the student hui came about. Students expressed the need to discuss workshop issues together in the presence of kaumatua, and facilitated the opportunity for tutors to also work together on issues of common concern. Nursing tutors and council members therefore set up a whanau group (Whanau Kawawhakaruruhau) to re examine the kawawhakaruruhau issue. Other supporting tutors, kuia, koroua, and kaiawhina moved freely in and out of all workshops. The whanau composition comprised ten of the original group from the Hui Piri ki nga Tangaroa, 1989 together with a number of new members. The whanau at Apumoana, revisited some of the themes presented at the 1989 hui, but not fully developed in the Kawawhakaruruhau Report, 1989<sup>1</sup>. Nine comprehensive nursing schools were

---

<sup>1</sup>Kawawhakaruruhau Report, Wellington, 1989

## DRAFT ONLY

represented in the group, as was the National Council of Maori Nurses executive committee and members, recent Maori comprehensive graduates, the Maori Womens Welfare League, and kuia who provided support and guidance.

One of the first issues discussed by the whanau concerned the need to ensure the cultural safety of tangata whenua at all levels in the health structures. This therefore includes not only turoro and nursing students but also tutors, administrators and individuals in any decision making positions in Aotearoa.

*"It is not culturally appropriate or safe that one Maori nurse be given full responsibility for the whole 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 tutor. It is strongly recommended that Maori nurses should not be left to fend for themselves or conversely impose their own beliefs on nursing departments without checks and balances from te iwi Maori".(Kawawhakaruruhau Report, 1989. p31)*

Whanau members restated their concern for Maori in isolated decision making positions and strategies were discussed to overcome this problem and those discussed earlier, by identifying the need to :

- ❑ provide support for tangata whenua currently fulfilling positions of responsibility in isolation, by increasing Maori membership on committees and in council positions.
- ❑ plan for the provision of an alternative, parallel comprehensive program for tangata whenua
- ❑ organise a hui for tutors to share ideas to teach and evaluate cultural safety to practice.

## 2. PROGRAM REVIEW

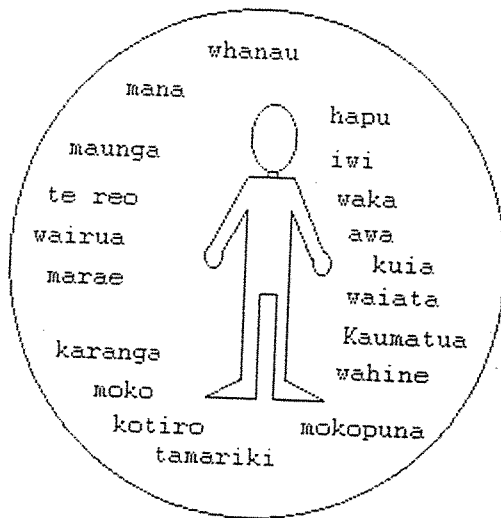
A review of the existing programs currently being presented to students determined the first focus of the process at the hui. As stated nine schools had nursing tutors represented in the group who were able to share both successes and concerns. Those present came from Carrington, A.T.I., Waikato, Waiariki, Taranaki, Hawkes Bay, Manawatu, Whitiorea and Wellington. There was considerable variation in the hours

*DRAFT ONLY*

allocated at various schools. These ranged from 60 - 274 across the three year period, which represented 2.0-9.1% of a 3000 hour course. There is a cause for concern given the 20% weighting in the 1992 state registration exam. Content was also discussed which demonstrated similar themes throughout the schools with some minor sequential variations to accommodate specific curriculum requirements. New models, programs or methods of presenting content were of particular interest to the group, and the first draft of the Kawahakaruruhau Program guidelines emerged from the resulting discussion and debate.

**3. DEFINITIONS**

A number of very important definitions were presented and discussed at this hui. The first focuses on the issue of culturally unsafe practice, examples of which were readily recounted at the Hui Piri ki nga Tangaroa. The following diagram is an adaptation of the model presented by Regina Peretini in 1989, and graphically illustrates the impact this process has on the cultural identity and well being of tangata whenua.

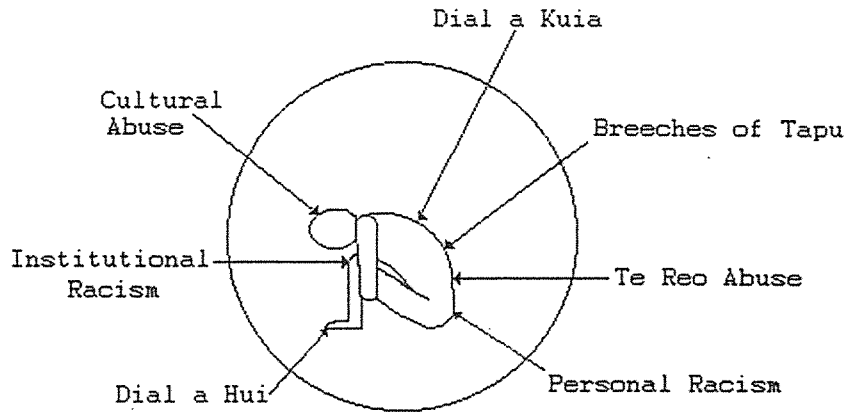


**FIGURE 1 TE TUKINOTIA MODEL PART A**

In the above diagram the figure in the circle represents the cultural identity and well being of tangata whenua, with a small sample of the 'taonga' which surrounds, supports and provides sustenance for the individual on entering a health structure. Figure 2, below illustrates the impact of culturally unsafe practices imposed by the demands and cultural abuse experienced by Maori in the system. Examples of these

*DRAFT ONLY*

practices in the diagram were provided by the participants at the Hui Piri ki nga Tangaroa 1989.



**FIGURE 2 TE TUKINOTIA MODEL PART B**

This diagram graphically demonstrates the detrimental effects of practice in the past when nurses lacked sufficient knowledge in this area, and were unable to safely meet the cultural requirements of tangata whenua. It also highlights the situation for Maori students in comprehensive programs. These students state their need to "...leave their korowai at the door on entering tech, and pick it up as they leave.." (Hui Piri ki nga Tangaroa, 1989) This situation has resulted in current initiatives to establish a parallel program for Maori.

The definition which emerges for culturally unsafe practice is therefore :

*"...any actions which diminish, demean, or disempower the cultural identity and well being of an individual." (Hill:1990:p5)<sup>2</sup>*

The second definition to receive scrutiny at the hui concerned the concept of "culture" as presented in the Kawawahakaruruhau Report. Whanau members expressed their difficulty in identifying with the definition given and their desire to expand the explanation more fully to reflect the culture of tangata whenua. Kuia discussed and described the meaning of culture from their perspective. It quickly became apparent that any definition which did not acknowledge the relationship between Maori cultural identity, the land and tipuna would be incomplete. Before examining the

---

<sup>2</sup>Te Harakeke, A Model for Cultural Safety to Practice, 1990.Unpublished Paper, P.N. Hill.



*DRAFT ONLY*

question of cultural safety for tangata whenua therefore it is necessary to define Maori culture from a Maori, not a Pakeha perspective. Maori culture is therefore defined as:

*"...those links with tipuna which establish and maintain the identity of Maori; the beliefs and values which have been handed down keep Maori safe and must not be violated."* (Whanau Kawawahakaruruhau, 1991)

Clearly this definition extends into the realm of Maori cultural safety, and sets the scene for further exploration of the cultural safety to practice issue. After considerable debate the following statement was produced.

Cultural safety to practice is :

*Kaua e tukinotia te Taha Wairua*

*te Taha Reo*

*te Taha Whanau*

*te Taha Whenua*

*te Taha Hinengaro*

*te Taha Tinana*

(Whanau Kawawahakaruruhau, 1991)

This definition therefore states that cultural safety to practice involves the non violation of Maori cultural beliefs and values which are represented by the spiritual, family, land, psychological and physical realms. (Whanau Kawawahakaruruhau, 1991)

The non violation requirement would be met by :

*"...actions which recognise, respect and nurture the unique cultural identity of tangata whenua, and safely meets their needs, expectations and rights."*(Hill:1990:p5)

This definition by supporting a "recognition" element necessitates a specific cultural assessment requirement of students which demands an appropriate cultural assessment framework. Traditional nursing assessment tools are clearly too limited for this purpose, although Rose Pere's Te Wheke model, and the condensed version of her work outlining the four pillars of health would be very appropriate. The "respect and nurture" components incorporate many concepts which include the legitimacy of cultural practices which impact on health, and turoro advocacy requirements if

*DRAFT ONLY*

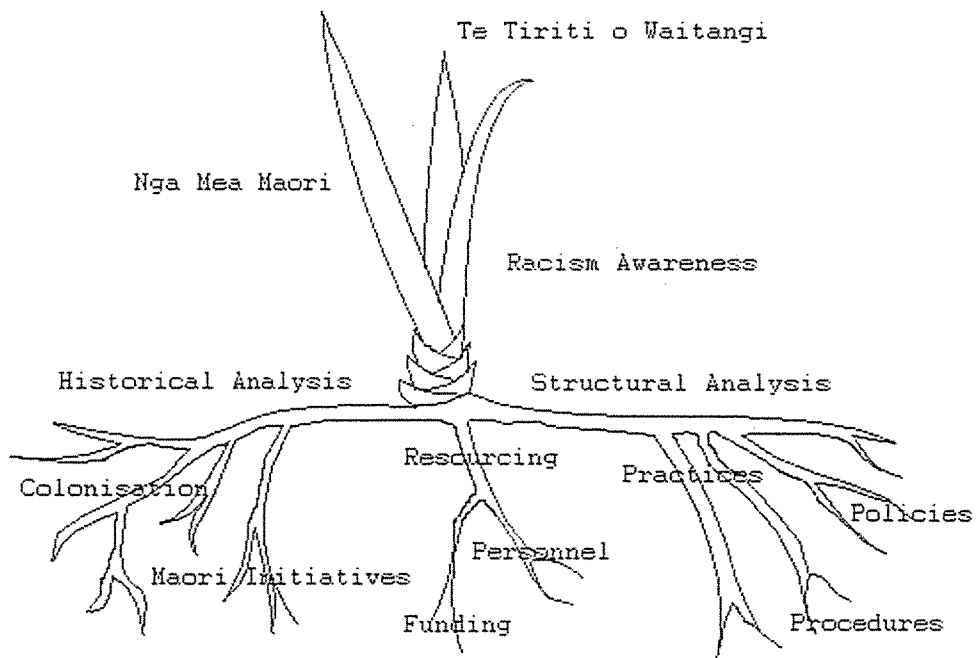
requested. Essentially it involves the process of empowering tangata whenua by working "with" them rather than on their behalf.

**4. KAWAWHAKARURUHAU PROGRAM**

The questions which quickly become evident are:

- ❑ how do nurses safely meet the needs, expectations and rights of tangata whenua?
- ❑ how can culturally safe practice be achieved?

The following examples were presented and accepted as models by the whanau at Apumoana. The first one was presented by the originator in a very early developmental phase at the Hui Piri ki nga Tangaroa, and was later published in the Kawawhakaruruhau report. Since then further analysis and development has resulted in Te Harakeke Model (Hill:1990:p6).



**FIGURE 3 TE HARAKEKE MODEL**

**4.1. Te Harakeke Model**

This model is based on the flax bush whereby the death of the plant will result if any of the three central shoots are cut. The life and continuance of the flax is therefore determined by the interdependence of these three elements, plus the environmental influences which surround it. This model bases its philosophy on the belief that

a/

*DRAFT ONLY*

b/ culturally safe practice can only be achieved by the combination of many elements which are mutually interdependent and cannot be viewed in isolation. Schools which choose to focus exclusively on any one element at the expense of the others, will continue to produce students and graduates who have insufficient tools to demonstrate culturally safe practice. (Hill:1990:p6)

c Prior to presenting the program it is important to acknowledge that the whanau restated and reinforced the essential requirements of any Kawawhakaruruhau program, which were originally identified at the hui in 1989. The issues discussed were :

d/ (1) Groups planning and developing programs must include a selection of participants eg nurses, non nurses, tutors, iwi representatives

e/ (2) Maori will identify the role for Pakeha input into programs eg racism awareness content Pakeha teach Pakeha, Maori teach Maori, which would ensure the cultural safety of Maori students, and thereby maximise the learning experience for all students.

f/ (3) All Kawawhakaruruhau programmes must be co-ordinated by a Maori Registered Nurse to ensure that the nursing elements and implications are addressed throughout. The primary aim of this program is to educate nursing students about the critical influences which impact on Maori health and must therefore be incorporated into professional nursing practice. Without nursing input in this area, the content will remain general in it's focus, and students may not be adequately prepared for either the state registration exam or subsequent nursing practice which is culturally safe.

g  
h. (4) Comprehensive Nursing schools which do not have Maori Registered Nurses on staff will need to tap the resources available nationally until the situation can be rectified. It is essential that Maori Registered nurses are involved in the setting and marking of appropriate cultural safety evaluation tools.

i  
j (5) Kawawhakaruruhau programs must be monitored and audited by tangata whenua.

*DRAFT ONLY*

- (6) Staff development for those teaching in the program to ensure the cultural safety of tutors must be adequately resourced.

It is also necessary to restate the whanau support for using specific Maori models in Kawahakaruruhau programs. Rose Pere's Te Wheke and the four pillars of health have already been discussed, however the next model which provides a framework to guide the communication with tangata whenua, and was presented by Mere Balzer at Apumoana, will be examined for the first time in this report.

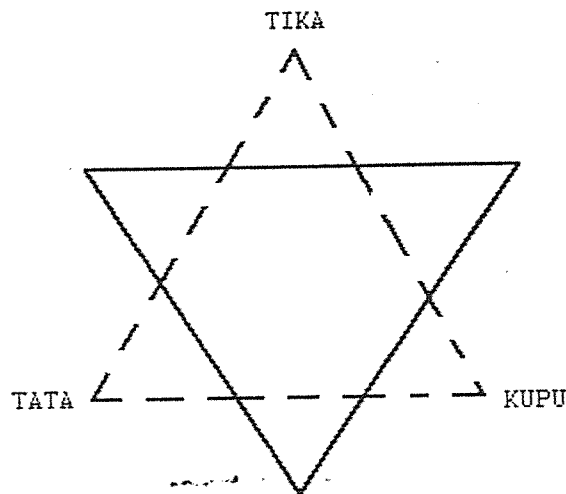


FIGURE 4 TE NIHO MANGO MODEL  
TE NIHO MAKO  
TE NIHO TANIWHA

**4.2. Te Niho Mango Model**  
**Te Niho Mako**  
**Te Niho Taniwha**

This model begins with the first stage TATA which involves the need to establish an affinity bond between the care giver and tangata whenua. Questions such as "Where do you come from?" "Do you know...?" "Do you remember...?" will be introduced at this point. This process provides the basic foundation for establishing identity, and facilitates the assessment and acknowledgement of common links. It is however possible that there may be a break in the communication process eg responses such as "I don't know".

## *DRAFT ONLY*

The second step KUPU requires a holistic approach to communication by stressing the need to determine the message behind the message. It necessitates the employment of all senses when interacting with tangata whenua, and supports the use of intuition (puku power). Again this model accepts that it is possible for there to be a break in the communication process at this point. The final step TIKA involves the process of assessing the reality for turoro from their point of view. As in the previous steps it is possible for there to be a break in the communication process at this point.

This model recognises the interrelationship between all of the three elements represented. Any action which either raises or lowers any one of the three corners will result in an identical sympathy response from each of the remaining triangle corners.

The final outcome for this model would be the establishment of a therapeutic relationship between the caregiver and turoro demonstrated by the broken lines. If the communication process is unsuccessful, which is demonstrated by the continuous lines, then the care giver would need to return to the first step and begin again.







### **4.3. THE ZOOMS AND ZACS MODEL**

This model was presented by Takawai Murphy from Taranaki Polytechnic, and illustrates the way in which ideologies develop via the use of words and signs which are designed to maintain the status quo in terms of power in society. Essentially this model claims that there is a secret war in progress in this country in which two groups are competing for scarce resources. These two groups are called the Zooms and the Zacs. While one group is constantly portrayed in positive terms, the other is continually presented negatively. Any concept can be examined using this framework but only two examples will be discussed here. The group holding the power (Zooms) build up their defences via the use of sandbags, and send over missiles to attack the Zacs.







In this example the Zooms claim that their leadership is superior to the Zacs because of the examples given below, and attack the opposition with missiles, claiming inferiority in their ranks.

*DRAFT ONLY*

Example 1 : Leadership

<b>Zooms</b>			<b>Zacs</b>
logical			radicals/activists
forward thinking			illogical
fair/equality			aggressive

Example 2 : Language

<b>Zooms</b>			<b>Zacs</b>
modern			outdated
universal			limited
versatile			flowery/confusing

In the above example the claims by the Zooms are as predictably positive, as the missiles fired at the Zacs are negative.

The Zacs who challenge this process are labelled "radicals" and are publicly discredited by the Zooms. After continual attack the Zacs become very threatened and many cross the sandbags and fire missiles at those who stayed behind. Eventually the Zacs who have crossed over recognise the process taking place, resume their place in the Zac world, and begin to build their own sandbags. As more and more Zacs return, they challenge the Zooms about the inequitable allocation of resources. The Zooms become very threatened and publicly label the Zacs initiatives with emotive language such as "separatist movements". Clearly the required outcome supported by this model is the situation whereby the Zacs do not experience the need to cross the line as a means of avoiding attack. Power and resources are shared equally, and both groups are viewed positively.

Ideology is a critical element in any analysis as it determines people's perceptions, and guides their actions and interactions. This model was very enthusiastically received by the whanau because of its huge capacity for application and analysis.

#### 4.4. CURRICULUM CONTENT

Considerable debate occurred within the whanau about the flow of the intended program. This was eventually resolved by acknowledging that schools must determine their own sequence, given the specific organisation of their curriculum model. It is also clear that while this program provides the cultural requirements of a nursing curriculum, racism awareness must also be included as either a pre or co requisite component. Simply to address the issues of racism at both a personal and institutional level is however incomplete. Students must also examine change strategies to assist them to intervene effectively as turoro advocates if required.

Please note that the following information has been categorised according to common themes rather than in a recommended order and feedback is invited from all interested parties.

#### THEME 1 : HISTORICAL PERSPECTIVE

- ❑ Migration
- ❑ History prior to Te Tiriti o Waitangi
- ❑ Te Tiriti o Waitangi - Tinorangatiratanga
- ❑ Maori initiatives : Mana Motuhake, Kingitanga, Kotahitanga, Young Maori Party
- ❑ Positive Role Models :

NB This and the following lists represent a very small sample of the many role models available. Although it was not envisaged that each school would cover all, it was expected that selection would include those most appropriate given the location of the school and the iwi students would care for.

- ❑ Peter Buck, Maui Pomare, Apirana Ngata, Turi Carroll, Te Puca Herangi, Ngoi Pewhairangi, Amiria and Eruera Stirling
- ❑ Self cultural identity and awareness : mana wahine, mana Maori, whanau, hapu, iwi, waka, maunga
- ❑ Biculturalism, monoculturism, colonisation

## *DRAFT ONLY*

### THEME 5 : TE TIRITI O WAITANGI

#### SUGGESTION REQUIRING FEEDBACK FOR POSSIBLE INCLUSION

NB Although the Treaty is implicit throughout this content it is not clearly identifiable in any section other than the first. Surely students require a deep understanding of this document and its implications for nursing, given its inclusion in all health structure policy statements Suggested topics to be covered could include:

- ❑ Te Tiriti and its implications for nursing
- ❑ Te Tiriti and the debate regarding principles
- ❑ Te Tiriti as a health document
- ❑ Te Tiriti legal implications
- ❑ Positive Role models : Mason Durie, Maanu Paul, Manuka Henare, Moana Jackson

#### 4.5. RECOMMENDED RESOURCES

##### TEXTS :

Te Ao Hurihuri  
Ka Whawhai Tonu Matou  
Maori Sovereignty  
Makareti  
Te Whakaoranga  
Mihipeka  
The Parihaka Story  
Ask That Mountain  
The Story of a treaty  
Nga Tohetohe  
Tangi  
Pounamupounamu  
The Bone People

NB Reports presented in Theme 4 have not been repeated in this section.



**VIDEOS :**

Te Ukaipo  
July's Story  
Cross Cultural Communication  
A Little Bug Called Cancer  
Te Tiriti o Waitangi(Moana Jackson)  
Race Against Time  
New Dawn  
Tale of O  
Waiora series  
Whakama (Taurahere o Poneke)  
Kotahi  
Kiss of Life  
Hine Ahunone

**4.6. EVALUATION**

Evaluation was not fully discussed at this hui due to the lack of time however, in the initial discussion questions were raised concerning :

- ❑ who sets the cultural safety questions for the state exam?
- ❑ what strategies will be set in place to audit this process once internal assessment becomes a reality?

The whanau did restate and support the view expressed at the Hui Piri ki nga Tangaroa, 1989 that Maori must write, set criteria and mark cultural safety questions. In meeting the evaluation requirements clearly the most appropriate method will be determined by the concept under examination. Factual knowledge testing recall would be adequately measured by any of the usual testing tools such as multi choice, extended answers, or assignment work. Any of the elements which contribute to kawawhakaruruhau can be reliably tested in this way.

Although the measurement of attitude is acknowledged as being more difficult, it is possible to determine actions which diminish, demean and disempower the cultural identity and well being of tangata whenua. These can be the subject of full student analysis and discussion. Assignments, case studies and extended answer questions are readily identifiable as appropriate tools for this purpose. Knowledge and attitudes can

## *DRAFT ONLY*

### THEME 2 : STRUCTURAL ANALYSIS & MAORI INITIATIVES

- ❑ Ideology analysis using Zooms and Zacs model
- ❑ Structural analysis to examine the effects of organisations on the health of tangata whenua eg Education, Housing, Economy, Health, Social Welfare, Justice
- ❑ Maori initiatives eg Kohanga Reo, Kura Kaupapa Maori, Matua Whangai, marae based clinics, Maori Womens Welfare League, National Council of Maori Nurses.
- ❑ Positive Role models : Atareta Poananga, Donna Awatere, Putiputi O'Brien, Frosty Allen, Irihapeti Murchie, John Rangihau, Peter Sharples

### THEME 3 : KAWAWHAKARURUHAU O TANGATA WHENUA

- ❑ Cross cultural communication
- ❑ Circular & linear logic
- ❑ Maori models, Rose pere's Te Weke, four pillars of Health
- ❑ Cultural health issues eg birthing practices, mate Maori, tohunga
- ❑ Kawawahakaruruhau application in theory & practice
- ❑ Marae protocol, koha tangi, kuia, koroua, tapu, noa
- ❑ Positive Role Models : Hoani Waititi, Ranganui Walker, Pat Hohepa, Titiwhai Harawera, Witi Ihimaera, Keri Hulme, Dame Kiri Te kanawa, Sir Paul Reeves

### THEME 4 : RESEARCH & REPORTS

- ❑ Maori research ethics
- ❑ Epidemiology & demography
- ❑ Reports : Rapuora
  - Hauora
  - Whakarongomai
  - Ka Awatea
  - Te Taonga mai Tawhiti
- ❑ Positive Role Models : Paparangi Reid, Eru Pomare Matiu Rata, Mason Durie, Rua Barlow

## *DRAFT ONLY*

also be evaluated by participation and demonstration of safe practice during marae experiences.

In clinical practice the use of appropriate cultural assessment frameworks would be a requirement for all patient care, but is of particular importance if working with tangata whenua. Cultural safety would need to be assessed as one of the critical elements in the clinical evaluation process. Students would therefore be evaluated on their ability to demonstrate actions which recognise, respect and nurture the cultural identity and well being of people in their care. Clearly this process would require input from all involved which includes the turoro, their whanau, the student (self evaluation) and the tutor.

### **5. TUTOR STAFF DEVELOPMENT HUI**

Following the identification of the Kawawahakaruruhau program and the evaluation requirements, it became apparent that tutors given this responsibility, required staff development to increase their knowledge and skills. A hui was therefore suggested and planned for the second week in September, 1991 to be held in Taranaki. All tutors involved in teaching this content in comprehensive programs would be invited. The stated aim would be to share teaching strategies for the implementation of cultural safety programs thereby enabling nurses to safely meet:

- (i) the primary health requirements of tangata whenua
- (ii) the New Zealand Nursing Council's registration requirements

It is envisaged that the hui will involve some shared sessions followed by Maori/Tauwiwi caucus. It was hoped that all polytechs and the National Council of Maori Nurses would support this initiative, although numbers may need to be restricted depending on the facilities available.

It was expected that participants would come with ideas to share, as an opportunity for mutual exchange was offered, not a didactic information process. It was also hoped that copies of this report would be circulated to participants prior to the hui to provide a framework for discussion. This may only be achieved if prompt feedback is received from Te Kawawahakaruruhau Whanau members concerning change requirements for this report. It is of critical importance that a set of cultural safety guidelines be developed, approved and submitted to the Nursing Council of New Zealand, from which the State registration exam would be drawn. While this report

## *DRAFT ONLY*

has presented some ideas for discussion and feedback, input is required from everyone teaching in this area. It is also essential that tutors have the required background knowledge and skill to facilitate student learning and development in this area.

### **6. PARALLEL COMPREHENSIVE PROGRAM**

Becky Fox informed whanau members about the current planning at Waikato Polytechnic concerning a parallel comprehensive program for Maori students. This course promotes the need to establish tinorangatiranga in that :

- ❑ tangata whenua will determine the program
- ❑ the teaching process used will be determined by tangata whenua
- ❑ the learning environment will be supportive by planning equal time in marae and polytech settings
- ❑ the potential for distance learning with Maori preceptors is to be investigated

Clearly the outcomes for this program must remain the same as for all comprehensive courses, in that students will achieve the same standards and will sit the same state registration examination. Essentially this course will run parallel to the three year program at Waikato, and the outcomes and standards for the two would be identical. However the pathways students use to achieve their final goal would be different. Close liaison and consultation throughout the planning and implementation of this program will occur with iwi. Whanau members expressed support for Becky's proposal and offered their full assistance as required.

### **7. MAORI WOMENS WELFARE LEAGUE**

Areta Koopu the vice president of the Maori Womens Welfare League shared information about the programs the League were initiating and supporting. She explained the history of the League's exclusive support for nursing in terms of bursaries, and their primary focus on Maori women who achieve merit in their courses. She also discussed the extra funding from the Maori Education Foundation for nursing students experiencing financial difficulty, which was available to supplement the usual scholarship. The programs she discussed were :

## *DRAFT ONLY*

- (1) A parenting program for mothers to share knowledge about feeding a family in limited economic times.
- (2) A Hepatitis B pilot screening program in Auckland amongst school children.
- (3) The anti smoking campaign for Maori and the recent publication *Te Taonga mai Tawhiti*.

Areta's contribution to the whanau's '*take*' was welcomed by members, and her input is acknowledged at this time.

### **8. RECOMMENDATIONS**

We the Whanau Kawawahakaruruhau recommend that :

- (1) Guidelines for a cultural safety curriculum be developed by tangata whenua and presented to the National Council of Maori Nurses and the Nursing Council of New Zealand for approval and implementation.
- (2) Questions related to cultural safety for the state registration examination are developed and drawn from those guidelines.
- (3) All evaluation tools and criteria related to cultural safety are set and marked by Maori Registered Nurses.
- (4) The Nursing Council of New Zealand notify all Comprehensive nursing schools of the cultural safety guidelines to allow the consistent preparation of students for state registration and subsequent practice.
- (5) Maori Registered Nurses co ordinate the cultural safety component in all comprehensive nursing schools.
- (6) A group of tangata whenua be established to audit and monitor the development and implementation of cultural safety programmes in comprehensive schools.
- (7) A staff development hui for tutors' be organised to allow staff to prepare for the specific requirements of the cultural safety programme.

*DRAFT ONLY*

- (8) The cultural safety of tangata whenua in isolated decision making positions is ensured by increasing Maori membership on committees and councils.
- (9) The cultural safety of Maori in nursing schools is promoted by supporting the current planning for an alternative parallel comprehensive programme for tangata whenua.
- (10) The cultural safety of clinical placements in Maori initiatives such as Kohanga Reo is protected by restricting such placements to Maori students.

A proposed recommendation which received considerable whanau attention, discussion and debate, related to the potential composition of the auditing group to monitor kawawahakaruruhau programmes. Due to the lack of whanau consensus and resolution about the precise wording of the recommendation it has not been presented in this report.

*DRAFT ONLY*

Jamcsina Kett	National Council Maori Nurses	Ngati Koata Ngati Toa Ngati Kahungunu
Kararaina McKinney	ATI Polytechnic	Te Rarawa Ngati Kahu
Kararaina Marshall	Wellington Polytechnic	Ngati Moerewa Nga Puhi
Liz Mitchelson	Carrington Polytechnic	Ngati Whatra Ngati Hine
Takawai Murphy	Taranaki Polytechnic	
Rawinia Pahau	Gisborne Public Health	Ngati Porou Te Whanau-A-Apanui
Angeline Perry	Taupo Public Health	
Rosemary Pohio	Carrington Polytechnic	Ngati Kahungunu Ngai Tahu Ngati Pikiaio
Nora Tahapehi	Taupo Public Health	Tainui
Desley Turia	Whitireia Polytechnic	
Pecti Wainui-Hape	Wellington Polytechnic	Te Aitanga a Mahaki Ngati Porou Tuhoe