

15<sup>th</sup> August 2018

## **Whānau Ora Review**

FEEDBACK FROM

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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council. .

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.

15<sup>th</sup> August 2018

Whānau Ora Review Panel

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## **Whānau Ora Review**

Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Whānau Ora Review. The College affirms Māori as Tangata whenua and honours the principles of partnership, protection and participation as an affirmation of Tiriti o Waitangi.

The College understands that the panel is working on the terms of reference below, with an intention to ensure that Whānau Ora is strengthened:

1. To assess the ability of the Whānau Ora commissioning approach to effect sustainable change in the wellbeing and development of whānau.
2. To explore the extent to which the Whānau Ora service delivery model and commissioning approach is accountable and transparent in the achievement of outcomes for whānau.
3. To scope the applicability of a whānau centred approach as a model for improving outcomes for whānau across government with an emphasis on the social sector.

Feedback on the Whānau Ora Review is below;

- 1.0 The College supports services and programmes for Māori, developed and delivered with a Kaupapa Māori focus, and see this model as representing the most effective means of engagement.
- 2.0 The College sees Whānau Ora as providing the means for Māori to be involved in policy-making, programme design, and service delivery with the aim of improving whānau outcomes and reducing inequity.
- 3.0 The College supports Māori participation in health promotion, aspirations for whānau health, and work that contributes to improving Māori health outcomes.
- 4.0 Turanga Kaupapa, guidelines for cultural competence, were developed by Nga Maia, Māori Midwives, Aotearoa, in 2006 to enhance Nga Maia kaupapa and to provide cultural guidelines, and include the important principles of whakapapa, karakia, te reo Māori, hau ora, tikanga whenua, te whare tangata and mokopuna. Turanga Kaupapa represents the Māori world view within the midwifery partnership model, which is the foundation of midwifery practice, and supports the importance of a bi-cultural model of partnership. Turanga Kaupapa has been formally adopted by the College and the Midwifery Council of New Zealand.
- 5.0 The College considers that Turanga Kaupapa, which is aimed at improving health outcomes through education about the cultural guidelines, and using pathways to make significant contributions to health, represents an example of how Whānau Ora works, in terms of a commitment to self-determination, building capacity, empowering whānau, and growing positive outcomes for whānau.
- 6.0 Turanga Kaupapa provides a pathway towards meeting the cultural needs of Māori in situations where access to Māori midwives is not possible, due to location, and also the small number of Māori midwives that are available. Around 5.7% of the midwives in Aotearoa, New Zealand identify as Māori.
- 7.0 The College feels that the issue of capacity requires consideration when evaluation of Whānau Ora programmes takes place, with not only discussion about workloads and how to build workforce capacity, but also the recognition of the need for non-Māori to work alongside Māori to provide care and services for Māori whānau.
- 8.0 A discussion about capacity requires examination of stereotyping and implicit bias, and consideration of the means to address this. Houkamou describes how Māori may develop

automatic defences to guard against more negative experiences, and feel reluctant to engage with their healthcare providers, while providers may perceive Māori as less proactive, which they then mirror themselves.<sup>1</sup> Houkamau also explains how implicit biases precede cultural competency. This means a more sophisticated understanding of implicit biases is necessary.

9.0 Midwifery philosophy and practice in Aotearoa puts the woman at the centre of decision-making about their pregnancy, labour, birth and postnatal care. Evidence indicates that working with the mother during pregnancy and immediately post-partum is more effective than concentrating solely on the infant in the first year of life, and that continuity of support and home visiting appears to improve these outcomes. Partnership between the woman and midwife, continuity of carer, and home-based care are part of midwifery practice.

10. Regarding Whānau Ora Review question 3, – ‘What is your entity/group/organisation experience of Whānau Ora?’ the College is not sure if Whānau Ora services are, or have been, involved in the development of pregnancy or post-natal care programmes. We understand that the different commissioning agencies in the North and South Islands work with local partners, providers and navigators. The College has not been involved with any of these commissioning agencies but would welcome opportunities to engage at any point. We support the model of kaupapa Māori education services in pregnancy and are heartened to see the development of these programmes.

11. Regarding Whānau Ora Review question 4, – ‘Is Whānau Ora effective in creating sustainable change in the well-being and development for whānau/families? What works well?’ The College is unable to comment on the sustainability of positive change in terms of Whānau Ora, but in regards to point 7, we feel that increasing capacity, staff retention, and workforce development are essential for the development of sustainable change.

12. Regarding Whānau Ora Review question 5, – ‘What more can Whānau Ora do to support long-term, sustainable change for whānau, families and communities?’ The College considers that pregnancy and parenting present an exceptional opportunity to provide parents / caregivers with appropriate holistic support which contributes to children’s lifetime health and parent / whānau wellbeing.

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<sup>1</sup> Houkamau, C. A. (2016). What you can’t see can hurt you. *Mai Journal*, 5,(2):124-136.

13. Regarding question 5, it has been recommended that evaluation of programmes for Māori need to be carried out with a Māori worldview, meet Māori needs and be owned by Māori.<sup>2</sup> The College supports culturally appropriate evaluation, whānau empowerment models, and a strengths-based approach.

14. The College understands that the Whānau Ora Review is interested in how a whānau-centred approach could be applied across government. We consider that a whānau-centred approach is necessary across all ministries to achieve health equity. Chin et al. examined how health equity could be achieved by comparing Aotearoa / New Zealand and the United States.<sup>3</sup> Designing quality care, addressing the determinants of health for individuals and communities across all sectors, and promoting indigenous peoples' self-determination were amongst the highlighted lessons for achieving health equity.

15. Considering maternity care in the context of Whānau Ora, as noted in point 6, the College recognises that the maternity needs of Māori women are often greater than for non-Māori, and that this is in part related to socioeconomic factors, limited service provision often due to residing rurally, and therefore restricted access to services. Ratima and Crengle (2013) reported that Māori women living in isolated communities faced particular difficulties and that continued inequity in care access produces poorer outcomes.<sup>4</sup>

16. Many Māori women are birthing at secondary maternity units because they reside in rural locations. The College has heard from midwives who report the difficulties some rural women have in accessing care due to transport issues and lack of accessible services, and with the lack of support and funding for midwifery over the past years this has been concerning. The College is very aware of areas where DHB's rapid transport options requested by midwives are not well organised. If these women and babies are to receive the recommended care options then getting them to appropriate care facilities must be a priority. We continue to hope that funding shortfalls in the health system will be comprehensively addressed to meet the needs of all women and their whānau, and to reduce inequalities. In this sense we also hope that Whānau Ora will consider these broader issues.

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<sup>2</sup> Barnes, H. M. (2009). *The evaluation hikoi: A Maori overview of programme evaluation*. Te Ropu Whariki, Massey University.

<sup>3</sup> Chin, M. H., King, P. T., Jones, R. G., Jones, B., Ameratunga, S. N., Muramatsu, N., & Derrett, S. (2018). Lessons for achieving health equity comparing Aotearoa/New Zealand and the United States. *Health Policy*, DOI: <https://doi.org/10.1016/j.healthpol.2018.05.001>

<sup>4</sup> Ratima, M., & Crengle, S. (2013) Antenatal, labour, and delivery care for Maori: Experiences, location within a lifecourse approach and knowledge gaps. *Pimatiswiri, A Journal of Aboriginal and Indigenous Community Health*. 10(3):353-366.

17. The College considers that all avenues to alleviate inequity and to address issues of poverty and low income are significant, particularly where parents, infants and children are concerned. We are in favour of long term effective solutions, and a broad policy approach that considers health, housing, social services, welfare, economic policy, education, gender equity, employment policies and the effects of poverty and deprivation. With this in mind we consider that supporting mothering and parenting is an investment for any country and all efforts to support maternal, child and whānau health and well-being are significantly positive.

18. The College is particularly concerned about the contribution of poverty to the removal of infants from their mothers, and would like discussion of these issues to be considered within the Whānau Ora context. A publication from the UK, 'Suffer the little children and their mothers' reports that children are increasingly being removed from their birth families in the UK for reasons of 'neglect', and that this 'neglect' is, in reality, often a "combination of poverty and overwork."<sup>5</sup> Bilson et al. (2015) discusses a range of studies aimed at identifying the causes of over-representation of minorities in child protection in Western Australia. This work suggests that child protection overlaps with issues of social exclusion and poverty.<sup>6</sup> Rouland et al. recently reported that from a sample of 55, 443 children in New Zealand almost 1 in 4 had been subject to at least one report to child protection services by the age of seventeen.<sup>7</sup> Material and social inequities are causal in outcomes for children, and strategies to alleviate poverty such as sustained income support, affordable, safe and secure housing are necessary. The College urgently recommends a New Zealand based analysis of these issues be carried out to ascertain the links between poverty and child protection.

19. Improving outcomes for Māori requires issues of structural racism and inequity to be addressed within society, and also within care and protection services. Paora Moyle identified issues with cultural responsiveness within family group conference (FGC) practice.<sup>8</sup> A significant finding in Moyle's work about Māori families' views on FGC was that, "by and large, mainstream non- Māori social workers did not know how to engage with them." Moyle notes "little bicultural capability (cultural competence)" within the "youth justice and child protection

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<sup>5</sup> Neale, A., & Lopez, N. (2017). *Suffer the little children and their mothers: A dossier on the unjust separation of children from their mothers*. Legal Action for Women, London, Crossroads Books. <http://legalactionforwomen.net/wp-content/uploads/2017/01/LAW-Dossier-18Jan17-final.pdf>

<sup>6</sup> Bilson, A., Cant, R. L., Harries, M., & Thorpe, D. H. (2015). A longitudinal study of children reported to the child protection department in Western Australia. *British Journal of Social Work*, 45(3):771-791.

<sup>7</sup> Rouland, B., & Vaithianathan, R. (2018). Cumulative prevalence of maltreatment among New Zealand children, 1998-2015. *Am J Public Health*, 108(4):511-513.

<sup>8</sup> Moyle, P. (Undated). *New Zealand family group conferencing and the Māori-Lived-Experience*. Academia.

[https://www.academia.edu/10578356/M%C4%81ori-Lived-Experiences\\_of\\_the\\_Family\\_Group\\_Conference\\_A\\_selection\\_of\\_findings](https://www.academia.edu/10578356/M%C4%81ori-Lived-Experiences_of_the_Family_Group_Conference_A_selection_of_findings)  
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sectors” and an overall lack of valuing of “fundamental elements of a Māori worldview (i.e. whakapapa – genealogy/family connections).”<sup>9</sup>

## **Conclusion**

Midwives are the primary workforce working with pregnant women and their whānau in a continuity of care model; they can identify health challenges early, including perinatal health issues, and support women and whānau during these times. Midwives can refer to specialist support when needed, but the development of sustainable, accessible, culturally appropriate services is required to meet the needs of a diverse group of women, including Māori, Pasifika, young women, refugee and migrant women, alongside a significant investment in midwives and midwifery services, and Tamariki Ora Services.

The College considers the principles of whanaungatanga (meaningful, reciprocal whānau / midwifery relationships through cultural respect, connectedness, engagement and inclusion), manaakitanga (valuing the woman / whānau voice, with the goal of a well and healthy pregnancy and birth), kia tupato (culturally safe and reflective practice, while being open to guidance), and titiro, whakarongo and kōrero (listening to women, developing understanding of women’s and whānau priorities, and engagement in discussion) as essential components of both midwifery care and Whānau Ora.

Thank you for the opportunity to provide this feedback.

Nāku iti noa, nā

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New Zealand College of Midwives

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<sup>9</sup> Moyle, P. (Undated). *New Zealand family group conferencing and the Māori-Lived-Experience*. *Academia*.  
[https://www.academia.edu/10578356/M%C4%81ori-Lived-Experiences\\_of\\_the\\_Family\\_Group\\_Conference\\_A\\_selection\\_of\\_findings](https://www.academia.edu/10578356/M%C4%81ori-Lived-Experiences_of_the_Family_Group_Conference_A_selection_of_findings)  
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