

## Guest editorial

# Yesterday, today and tomorrow: colonisation, the Treaty of Waitangi and cultural safety

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Being so far away from the rest of the world it would seem logical to write this editorial about the differences in health and social care between New Zealand Aotearoa and the rest of the world. There are some rather special and uncommon characteristics, compared with other countries, which are the source of activities that are in accord with the needs of the whole population. The value of looking at these features raises some useful concepts to employ in looking at the relationships between groups of people who differ in terms of ethnicity, age, abilities or other characteristics.

New Zealanders, the people of Aotearoa, have the *Te Tiriti o Waitangi* (the Treaty of Waitangi) that lays down how relationships should be between two specific groups of people: Māori, the indigenous people with their own special association with their ancestors and the land; and Pākehā, the white descendants of European, particularly English, settlers whose world view developed from the lands from whence they came and from their own histories. *Te Tiriti o Waitangi* has two versions, Māori and English, and is written in both languages. Contained in the Māori version are the Māori concepts of relationships to the land, customs of the people and *kawatangatanga* (autonomy) with *rangatiratanga* (sovereignty). International law supports the Māori version of the treaty, but it is the English version, as might be expected, that is used officially. New Zealand Aotearoa is unique in having a treaty with the indigenous peoples, and in spite of some discouraging statistics in physical and mental health for Māori, progress is being made in the development of accessible facilities for health and social care.

One example of the ways in which Māori concepts can contribute to accessibility is a service called *Korowai Aroha* in the Rotorua area; Rotorua is a city on the shore of Lake Rotorua in the North Island. *Korowai Aroha* literally means *a cloak of love*, in this case for young families. Tribal elders, who are also nurses, use their

*tikanga* (customs) to provide holistic support for inexperienced parents and their children. Hence the *cloak of love* is to embrace the family in love and keep them from harm. This concept of a cloak arises from a particular attitude to children. While amongst all peoples of this region of the world 'there are ... great cultural diversities in the Island nations of the Pacific, there is one common characteristic ... A Pacific child belongs not only to his family and the land of his forefathers but will always have a special place in the totality of his society' (Kamikamica, 1993, p. 5.) For Māori, children and young people are the link between yesterday and tomorrow, and are held as *taonga* (precious treasures). When we understand such cultural concepts and see them enacted we begin to appreciate their power as a force for social good that can be combined with professional expertise to produce highly effective results. It then comes as little surprise that health and social problems are markedly reduced for the families using the *Korowai Aroha*. In fact it feels rather odd to describe it as a 'service' at all, when it is really an activity that is culturally grounded in loving care within an extended family group.

*Korowai Aroha* contrasts strongly with the socio-economic situation that impedes access for indigenous peoples to health and social care services both as potential clients and as aspiring professionals. Despite positive support in New Zealand Aotearoa, it is still very difficult for Māori and Pacific Island peoples to join the health professions. This is in part because there is insufficient awareness of their needs as students. The result is that the numbers of Māori health and social care professionals are low, and consequently there are few who can provide a cloak of love as at *Korowai Aroha*. Alongside this are deeply ingrained social attitudes towards minority people, who are marginalised because their values, beliefs and ways of doing things do not match those of the dominant majority. Minority people are excluded from important aspects of society which denies them their rights to make autonomous decisions about their lives. They are marginalised to protect those

in positions of authority (Meleis, 1999). There was a time when I, like other Pākehā, might have argued that professionals should make decisions about health and social care because the diversity of views within and between social groups caused a lack of unity in decision making, but outsiders like me cannot automatically assume that they have greater competence than people chosen from within the group. I soon learned the limits of my competence. Minority people like Māori are more competent in articulating their needs and in making decisions about themselves and their people (Durie, 2001). In learning to see marginalised people in a more positive light, and substituting empathy for sympathy we can learn how to relate to others in very positive ways. This is the thinking behind *Cultural Safety*.

*Cultural Safety* was born in Aotearoa New Zealand through a highly respected nurse and Māori leader, Irihapeti Ramsden, listening with empathy to Māori students telling about their experiences of exclusion and marginalisation. Many Māori nurses understood because their own experiences had been similar, and they responded to the students' concerns by selecting Irihapeti to develop suitable strategies (Ramsden, 1996). Today the New Zealand Aotearoa nursing profession has put into practice bicultural approaches to nursing education and nursing practice (Nursing Council of New Zealand Te Kaunihera Nahi o Aotearoa, 2005). Nevertheless, Māori nurses are still having difficulty getting their proposals for nursing programmes accepted. The authorities with control of the funding and resources are still reluctant to accept that Māori can make their own decisions, and so persist in interpreting the diverse concepts of Māori as being different

from permissible requirements. So there is still a long way to go.

Diversity in society is a continuum into which constant change is injected through increasing interconnection and interdependence between people, which challenge all of us to examine our ideas about relationships and how we can best live and work together in the future.

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