



Essential Background Reading

Please read and keep for future reference

An overview of the current Aotearoa/New Zealand Sociopolitical and Healthcare Context

Population

Aotearoa/New Zealand has a population of 4.1 million people, most of whom live in the North Island, with 85% concentrated in urban areas overall. The main ethnic groups are indigenous Maori, European, Pacific Island and Asian. More recently, increasing numbers of migrants from countries as diverse as Somalia and Iraq are also settling here.

Although overall the percentage of people aged 65 or over is increasing, (22% projected by 2031, compared to only 12 percent in 1998), the reverse is true for Maori and Pacific Island peoples, who have almost twice the proportion of children under 15 compared to the rest of the population.

Socio-political Structures

Maori settled Aotearoa/New Zealand from the Pacific over 1000 years before European explorers came this far south. The Treaty of Waitangi, signed between a number of Maori chiefs and representatives of the British Crown in 1840, was intended to assure protection of certain rights and responsibilities for both cultures, as part of the British Commonwealth. However, the intent and provisions of the Treaty went largely unheeded until the 1970's, when legislation was introduced which required statutory bodies and government departments to undertake their activities in a manner consistent with the founding promises of the Treaty, thus recognising the bicultural nature of the country's history. Refer to the article provided [Cultural Safety - Kawa Whakaruruhau](#), for a comprehensive summary of historical socio-cultural context.

Constitutionally the country is a Westminster-based democracy with a mixed-member proportional representation process of electing members to the single House of Representatives. In addition, city or regional councils administer local government services.

Economy

The Aotearoa/New Zealand economy has historically been heavily dependent on overseas trade. In the 1980's, the country experienced a prolonged period of low economic growth, with severe overseas debt and budget deficit burdens.

Since that time, Aotearoa/New Zealand has diversified by developing its agriculture and manufacturing industries to suit the needs of niche markets, and moving away from the previous reliance on dairy, meat, and wool exports to a

greater focus on forestry, tourism, horticulture, fisheries, and manufacturing. Aotearoa/New Zealand's largest export markets are currently Australia, Japan, USA, the UK and Korea.

Health Status

Life expectancy at birth has improved during the last four decades in Aotearoa/New Zealand. In 1995-97 women lived to an average of 79.6 years, and men to 74.1 years.

Over the past two decades although Maori life expectancy has increased significantly and infant mortality rates declined, the rates of these are still worse than those of non-Maori. Maori also experience disproportionately high rates of diseases such as diabetes, lung cancer and hypertension, and mental health issues.

The health status of Pacific peoples is poorer than that of non-Pacific peoples, but generally occupies an intermediate position between Maori and non-Maori. Pacific peoples perceive their health status has deteriorated because of their changing socio-economic patterns, and loss of their traditional ways of life in Aotearoa/New Zealand. Hospitalisation rates for Pacific people are above those for the population as a whole.

The Health and Disability Sector

Aotearoa/New Zealand's health and disability system is predominantly publicly funded, and overseen by central government.

Health services are delivered by a mix of publicly owned, privately owned and voluntary providers. Publicly owned hospitals provide most secondary medical and surgical care, while most primary care is provided by publicly subsidised but privately owned general practices. The private hospital sector specialises mainly in elective surgery and long-term hospital services for the elderly. There is also a large number of community organisations involved in disability support and representation.

The Government's overall vision for the health sector is contained in the Aotearoa/New Zealand Health Strategy. This document sets out the goals and objectives the Government has for the health of Aotearoa/New Zealanders. It sets the direction for action on health by providing a national framework and places emphasis on improving population health outcomes, reducing disparities in health status between population groups and addressing Treaty of Waitangi issues.

The Aotearoa/New Zealand Disability Strategy fits alongside the Health Strategy to help create an inclusive society. It sets the high level direction for delivery of disability services across Government, including disability support services provided within the health and disability sector. Strategies for Mental Health, Maori and Pacific People also aim to align services in a similar manner.

See the website www.moh.govt.nz for further information.

Health and Disability Code of Rights

Providers of Health and Disability Services in Aotearoa/New Zealand are obliged to comply with the Code of Health and Disability Services Consumers' Rights, developed to protect anyone using a health and disability service in Aotearoa/New Zealand. An independent Commissioner promotes and protects these rights

under the Health and Disability Commissioner Act 1994. Independent advocacy to support consumers to uphold their rights is also available under this Act.

The Code incorporates health consumers' rights to:

- respect
- fair treatment
- dignity and independence
- proper standards
- effective communication
- information
- make their own choices and decisions
- support
- rights during teaching and research
- have their complaints taken seriously

District Health Boards

Twenty-one District Health Boards (DHBs), introduced in January 2001, are responsible for providing or buying government-funded health care services for the population of a specific geographical area. Elections for members of District Health Boards are conducted at the same time as local body elections.

The statutory objectives of DHBs are to improve, promote and protect the health of communities; to promote the integration of health services, especially primary and secondary care services; and to promote effective care or support of those in need of personal health services or disability support. DHBs align their strategic plans with the goals and objectives of the NZ Health Strategy.

DHBs are expected to show a sense of social responsibility, to foster community participation in health improvement, and to uphold the ethical and quality standards commonly expected of providers of services and public sector organisations.

Accident Compensation Corporation (ACC)

ACC is a mandatory, government-controlled, accident compensation scheme funded by levies on employers, earners and from vehicle registration. ACC has been operating since 1975 and is presently legislated by the Injury Prevention, Rehabilitation and Compensation Act 2001.

The Injury Prevention, Rehabilitation and Compensation Act 2001 provides cover for persons who suffer personal injury from:

- an accident
- work related or gradual process, disease or infection from work
- mental injuries resulting from sexual abuse

Once an ACC claim is accepted, ACC may fully or partially pay for medical treatment, public hospital treatment, other types of treatment such as drugs and X-rays, personal support, rehabilitation programmes, travel to treatment, compensation for earnings and special allowances. Registered providers in the medical and allied health fields provide assessment and treatment.

Occupational Therapy in Aotearoa/New Zealand

Occupational therapists work in a diverse range of settings across many sectors within Aotearoa/New Zealand society, and frequently in more than one field. Occupational therapists work in most of the services provided by District Health Boards, including hospitals, rehabilitation centres, and day and activity programmes, as well as private clinics, nursing homes, schools, prisons, long-term care institutions, and clients' workplaces. They work in community mental health and disability support teams, at marae and in clients' homes.

Historically, most occupational therapists have been employed in the public health sector, but this is changing as the provision of health services diversifies. Just over half of those currently practising are employed by District Health Boards, in both physical and mental health settings.

Approximately 20% of Aotearoa/New Zealand registered occupational therapists are independent practitioners, either self-employed or working for private agencies. Independent practitioners may contract to work for ACC and other injury management organisations, in specialist fields such as paediatrics, pain management, hand therapy and driving assessment, or as freelance consultants on disability issues.

Occupational therapists are also employed in Aotearoa/New Zealand schools, working with children and young persons with a variety of physical, sensory, developmental and intellectual disabilities in both mainstream and special classes, usually as part of multi-disciplinary team.

The Health Practitioners Competence Assurance Act 2003 (HPCAA) provides a framework for the regulation of particular groups of health practitioners, including occupational therapists, in Aotearoa/New Zealand. The Occupational Therapy Board of New Zealand is responsible for the registration and oversight of all occupational therapy practitioners.

The principle purpose of the HPCAA is to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession. These include registration, defining scopes of practice (at present there is only one general scope: occupational therapy), monitoring competence via a Continuing Competence for Recertification Framework (CCFR), receiving and acting on concerns about fitness to practice, and complaints about practitioner competence. Refer to the website for detailed information about each of these functions and mechanisms of the Board.

Occupational Therapy Education in Aotearoa/New Zealand

There are currently two Schools of Occupational Therapy in Aotearoa/New Zealand, one in Auckland and one in Dunedin. The basic undergraduate qualification programme for eligibility to register for practice here is a three-year Bachelors degree. The Schools also offer a range of post-graduate programmes, including a full time honours year, post-graduate certificates and diplomas, Masters degrees, and doctoral studies. Both undergraduate programmes are approved by the World Federation of Occupational Therapists.

Aotearoa/New Zealand Association of Occupational Therapists (NZAOT)

NZAOT is the professional association for occupational therapists in Aotearoa/New Zealand. The NZAOT hosts a major conference every two years, publishes a monthly newsletter and a twice yearly journal, coordinates a variety of special interest groups, and is involved in a range of other activities designed to support occupational therapists and their professional development.

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Te Tiriti o Waitangi - The Treaty of Waitangi and Social Policy

The principles of the Treaty of Waitangi are one of the foundations of Aotearoa/New Zealand's society and economy. The Treaty also provided for the establishment of the Westminster form of Government in Aotearoa/New Zealand.

Although the Treaty was signed in 1840, it is still regarded as an important document for all Aotearoa/New Zealanders with implications for the relationships between Maori and Tauwi (later settlers), and the Government and tribes of Aotearoa/New Zealand. To understand the history of our country and the current patterns of social relationships between people we need to know about the Treaty and the attitudes of the two principal parties at the time of the signing and subsequently. The following information does not deal with all the issues stemming from the Treaty.

In essence the Treaty was a partnership between the Maori inhabitants of Aotearoa/New Zealand and the British Government. While it had potential for a fair and even arrangement, inequalities between the partners quickly developed. Control, power and decision-making passed from one partner to the other and even by 1852, with the passing of the Constitution Act, the effective administration of Aotearoa/New Zealand had become the province of the European settlers. The Anglo-Saxon traditions of individual effort and industry and the promise of full citizenship to male settlers, left little room for those whose traditions and values had other origins.

By 1860 the European population at 79,000 had surpassed the declining Maori numbers and, with no regard for the concept of partnership declared only 20 years earlier, the Maori had become a political minority in their own country.

Grievances from the past linger on: land, language, authority, self-determination. Even now they underpin much of the tension within Maori-Tauwi relations, although the situation has been considerably complicated by problems of unemployment, inflation, disparities in standards of living. Inequalities in fact occur in all major economic and social areas of Aotearoa/New Zealand society and dissatisfaction has led to calls for a re-examination of the basic values on which our social policies are based. A Maori cultural and political revival has reiterated the need for cultural perspectives to be part of that examination.

That there are problems which Maori and Tauwi must work out together, is apparent. Confrontation and conflict exist. Ways must be found to continue constructive discussion and a sharing of ideas.

At the centre of any major consideration for the improvement of race relations is the Treaty of Waitangi. It marked the beginning of nationhood and lies at the heart of many Maori grievances and claims of injustice.

The Historical Background to the Treaty

Early contact between Maori and Tauwi began with the explorers and navigators who came to these shores. About the turn of the 19th century they were followed by the whalers and sealers and then by the traders. The missionaries followed them. Most of these enterprises and interests spread from Australia.

During this early contact period the Maori culture was dominant and Maori people controlled the land and the resources. The Maori began to lose some of this control as contact with British settlers increased. Diseases and the musket wars of the first three decades decimated the Maori population. There was lawlessness and disagreement among the new arrivals and between them and the Maori. On

the advice of the missionaries, intervention was sought from Britain to provide law and order for both the settlers and the Maori. There was concern too at the interest shown by France and other nations, in colonising the country.

In response to the growing lawlessness of the settlers a group of Maori rangatira (chiefs), The Confederation of the United Tribes, met in October 1835 and drafted and signed He Whakaputanga o te Rangatiratana o Nu Tireni (Declaration of Independence) with the assistance of James Busby the British Resident. In addition to adopting a flag, this was the first sign of Maori seeing themselves as an independent nation.

Initially, James Busby came from Australia to act as British Resident in 1833, but he was referred to as the "*Man-of-war without guns*" because of his lack of military or legal power.

In 1839 Captain William Hobson was sent to Aotearoa/New Zealand to "*treat with the Maoris*". He was instructed to deal fairly with them and to protect their interests. This resulted in the creation of Te Tiriti o Waitangi (The Treaty of Waitangi) which was translated into Maori by missionary Henry Williams and James Busby. It was signed at Waitangi on February 6th 1840 and taken around the country collecting signatures of over 500 chiefs.

The document that resulted created much confusion for those who signed it. It was signed at Waitangi in February 1840, and afterwards by about 500 chiefs. There are two versions of the Treaty, Maori and English, and both are valid. The Treaty is legal but is not directly enforceable by the courts unless Parliament has so directed in an Act of Parliament. Parliament has set up the Waitangi Tribunal to hear and report on claims that the Treaty has been breached. When the two texts are interpreted differently the indigenous language text takes precedence.

Health for Maori people places equal emphasis on the taha wairua (spiritual), taha whanau (family), taha hinengaro (mental), and taha tinana (physical) dimensions; often described as the four cornerstones of health. This all encompassing perspective of health and well-being contrasts with a traditional western model in which the physical aspects of health and sickness tend to be emphasised.

Maori Version of the Treaty of Waitangi

Ko Te Tuatahi

Ko nga Rangatira o te Wakaminenga, me nga Rangatira katoa, hoki, kihai i uru ki taua Wakaminenga, ka tuku rawa atu ki te Kuini o Ingarangi ake tonu atu te Kawanatanga katoa o o ratou wenua.

Ko Te Tuarua

Ko te Kuini o Ingarangi ka wakarite ka wakaae ki nga Rangatira, ki nga Hapu, ki nga tangata katoa o Nu Tirani, te tino rangatiratanga o o ratou wenua o ratou kainga me o ratou taonga katoa. Otiia ko nga Rangatira o te Wakaminenga me nga Rangatira katoa atu, ka tuku ki te Kuini te hokonga o era wahi wenua e pai ai te tangata nona te wenua, ki te ritenga o te utu e wakaritea ai e ratou ko te kai hoko e meatia nei e te Kuini hei kai hoko mona.

Ko Te Tuatoru

Hei wakaritenga mai hoki tenei mo te wakaetanga ki te Kawanantanga o te Kuini. Ka tiakina e te Kuini o Ingarangi nga tangata maori katoa o Nu Tirani. Ka tukua ki a ratou nga tikanga katoa rite tahi ke ana mea ki nga tangata o Ingarangi.

Translation of the Maori Version

(Professor H Kawharu)

The First

The Chiefs of the Confederation and all the chiefs who have not joined that Confederation give absolutely to the Queen of England for ever the complete government over their land.

The Second

The Queen of England agrees to protect the Chiefs, the Subtribes and all the people of Aotearoa/New Zealand in the unqualified exercise of their chieftainship over their lands, villages and all their treasures. But on the other hand the Chiefs of the Confederation and all the Chiefs will sell land to the Queen at a price agreed to by the person owning it and by the person buying it (the latter being) appointed by the Queen as her purchase agent.

The Third

For this agreed arrangement therefore concerning the Government of the Queen, the Queen of England will protect all the ordinary people of Aotearoa/New Zealand and will give them the same rights and duties of citizenship as the people of England.

English Version of the Treaty of Waitangi

Article the First

The Chiefs of the Confederation of the United Tribes of Aotearoa/New Zealand and the separate and independent Chiefs who have not become members of the Confederation cede to Her Majesty the Queen of England absolutely and without reservation all the rights and powers of Sovereignty which the said Confederation or Individual Chiefs respectively exercise or possess, or may be supposed to exercise or to possess over their respective Territories as the sole Sovereigns thereof.

Article the Second

Her Majesty the Queen of England confirms and guarantees to the Chiefs and Tribes of Aotearoa/New Zealand and to the respective families and individuals thereof the full exclusive and undisturbed possessions of their Lands and Estates Forests Fisheries and other properties which they may collectively or individually possess so long as it is their wish and desire to retain the same in their possession; but the Chiefs of the United Tribes and the individual Chiefs yield to Her Majesty the exclusive right of Preemption over such lands as the proprietors thereof may be disposed to alienate at such prices as may be agreed upon between the respective Proprietors and persons appointed by Her Majesty to treat with them in that behalf.

Article the Third

In consideration thereof Her Majesty the Queen of England extends to the Natives of Aotearoa/New Zealand Her royal protection and imparts to them all the Rights and Privileges of British Subjects.

Principles for Crown Action on the Treaty of Waitangi

Principle 1

The Principle of Government: The Kawanatanga Principle

The Government has the right to govern and to make laws.

Principle 2

The Principle of Self-Management: The Rangatiratanga Principle

The iwi have the right to organise as iwi, and, under the law, to control their resources as their own.

Principle 3

The Principle of Equality

All Aotearoa/New Zealanders are equal before the law.

Principle 4

The Principle of Reasonable Cooperation

Both the Government and the iwi are obliged to accord each other reasonable cooperation on major issues of common concern.

Principle 5

The Principle of Redress

The Government is responsible for providing effective processes for the resolution of grievances in the expectation that reconciliation can occur.

Alongside the Crown principles for action outlined above, there are some other principles distilled from the three articles of the Treaty. These were developed by the Royal Commission on Social Policy in 1998 and are evident in much of the health policy that has been developed in the last ten years. They are:

Protection

Here there is an expectation that all social policies should guarantee Maori the same rights and privileges as other Aotearoa/New Zealanders. Such policies should include proactive measures to promote health and prevent illness which require governments to intervene positively. Essentially, this principle aims to safeguard Maori interests so they can enjoy similar health outcomes.

Participation

This principle aims to include Maori in all spheres of social life. This is because Maori participation and involvement is often marginalised. The low numbers of Maori health professionals means that there is a heavy reliance on non-Maori health professionals and under-representation of Maori in service provision and policy development. Health and welfare policies at all levels need to be guided by representative Maori opinion and a clear dialogue established between Iwi (tribes) and social service agencies.

Partnership

This principle is about agreement between iwi, hapu and the Crown or a working relationship between Maori and Government agencies. Partnership in any context implies an association of equals - in resources, skills and power. Partnerships require clear guidelines and well defined parameters as well as formal conventions and clearly defined lines of authority.

It is important to note that there is not clear agreement about the principles outlined above. Many Maori do not agree with them and Durie (1998) has given a brief overview of key Maori principles. These include the principle of iwi sovereignty, principle of Tino Rangatiratanga over iwi resources, the principle of explicit consent and active involvement. All of the above imply the right for each iwi to speak for itself, to determine its own preferences without recourse to anyone else and to be diverse.

Further Information

Detailed information on the Treaty of Waitangi can be obtained from the State Services Commission: www.treatyofwaitangi.govt.nz and the Office of the Treaty Settlements in the Ministry of Justice in Wellington: www.ots.govt.nz

All major libraries in Aotearoa/New Zealand have extensive reading lists available regarding the Treaty.

Further information may be obtained from the following legislation:

Constitution Act 1986

Treaty of Waitangi Act 1975

Aotearoa/New Zealand Bill of Rights Act 1990

You may view the original Treaty document and other historical documents at the National Archives in Archives House, 10 Mulgrave Street, Wellington, Aotearoa/New Zealand. Website: www.archives.govt.nz

References

The Department of Health and the Treaty of Waitangi. (1990). Department of Health, Wellington.

The Treaty of Waitangi and Social Policy (2nd ed.). (1988). The Royal Commission on Social Policy.

Durie, M. (1998). *Whaiora: Maori health development*, Auckland: Oxford University Press.

Terms in Common Usage in Aotearoa/New Zealand

Aotearoa	Aotearoa/New Zealand
Hapu a tribe	an aggregation of families linked by ancestral ties; section of
Hui	meeting
Iwi	tribe, nation
Kai Haumanu	
Tururo o Aotearoa	Occupational Therapy Board of Aotearoa/New Zealand
Kawanatanga	governorship (derived directly from the English word)
Mana	authority, influence, prestige
Manuhiri	those Maori people living outside their rohe or ancestral lands. Guest in the rohe of another iwi
Marae	a forum of social life, open space or courtyard where people gather generally in front of a main building or meeting house
Pakeha	
Rangatiratanga	chieftainship, or power of tribal self-regulation
Tangata Whaiora	client/patient/recipient of health services, service user
Tangata whenua	original inhabitants of an area or country
Taonga	treasures - physical, social, cultural
Tauiwi	later settlers from any other country
Taura here	predominately urban-based groupings representing the members of a tribe living outside their rohe, taura here are concerned with the maintenance of tribal identity and links
Tururo	Patient/client
Whanau	family, usually in an extended sense

Reading List

These readings will give you an insight into Aotearoa/New Zealand society, social policy and health:

Ballard, K. (Ed.). (1994). **Disability, family, whanau and society**. Palmerston North: Dunmore Press

Beaglehole, R., & Bonita, R., (1998). **Public health at the crossroads: Achievements and prospects**. Auckland: University of Auckland.

Cheyne, C., O'Brien, M., & Belgrave, M. (1997). **Social policy in Aotearoa/New Zealand: A critical introduction**. Auckland: Oxford University Press.

Consedine, B. (2001). **Healing our history: The challenge of the Treaty of Waitangi**. Penguin Books (NZ)

Durie, M. (1994). **Whaiora: Maori health development**. Oxford: Oxford University Press

Explore Te Ara – The encyclopaedia of Aotearoa/New Zealand.
<http://www.teara.govt.nz>

King, M. (2003). **The Penguin History of New Zealand**. Auckland: Penguin Books.

Ministry of Health **The Aotearoa/New Zealand health and disability system.**
<http://www.moh.govt.nz/healthsystem>

Orange, C. (2000). **The Story of the Treaty**. Wellington: Allen & Unwin.

The Health Practitioners Competence Assurance Act (2003) is available from Bennetts Government Bookshop, Bowen House, cnr Bowen Street & Lambton Quay, Wellington, phone 04 499 3433 or facsimile 04 499 3375, or at <http://www.legislation.govt.nz>

Whiteford, G., & Wright-St Clair, V. (2005). **Occupation & Practice in Context**. Australia: Elsevier (a division of Reed International Books Australia Pty Ltd)