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Tēnā koe



Immigration – Fit for the future

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to provide further feedback on the Productivity Commission's preliminary findings and recommendations on Aotearoa New Zealand's immigration settings.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing more than 54,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development. Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

NZNO has consulted its members on the Productivity Commission's preliminary findings and recommendations and the responses below reflect the contribution of the membership to the opportunity to support the sustainability of Aotearoa New Zealand's health workforce with immigration.

NZNO will also make a submission to the Education and Workforce Select Committee inquiry into migrant exploitation in early 2022.

Question 1: *Are there areas of the economy in which NZ should be training people that are currently disproportionately supplied by migrant workers?*

In their 2020 Annual Report the Nursing Council of New Zealand (NCNZ) added more Registered Nurses (RNs) to the Register who were internationally qualified nurses (IQNs) (n=2724) than nurses educated in Aotearoa New Zealand (n=1822). Given the report is for the year ended March 31st, 2020, these numbers do not reflect what has happened subsequently. The impact of the COVID-19 pandemic on arrival of healthcare workers in NZ and on the NZ nurse graduate numbers whose completion of their qualifications and registration has been delayed by elongated programmes, won't be known until the 2021 NCNZ Annual Report is published in 2022.

Aotearoa New Zealand does not educate enough nurse graduates so migrant nurses ensure patients are at less risk given there is a correlation between numbers of nurses and patient safety. Migrant nurses are welcomed by health services as they allow the existing nurses employed to provide the care patients require rather than having to choose what cares to ration. Not being able

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to provide adequate care results in chronic moral distress for nurses and can lead to burn out and result in resignation.

There is no national strategy to fill the chronic staff shortage in the aged residential care sector. This has led to providers of aged care recruiting nurses from overseas. NZNOs concern is that these nurses will be on individual contracts with varying settlement packages and bonding and may be vulnerable to exploitation. Many of the nurses in this sector are from the Philippines and India where unionism is less common and we are concerned these workers may not be offered union membership nor the benefits of NZNO membership such as collective contracts, workplace health and safety training and initiatives, professional development and legal representation.

Question 2: *What objectives should be included in an immigration Government Policy Statement (GPS)?*

NZNO supports Recommendation 2 that the Immigration Act be amended to include a requirement for the Minister of Immigration to develop and publish a Government Policy Statement (GPS) on immigration. In addition to the inclusions listed, a requirement for the GPS to be informed by consultation with affected parties, such as NZNO and include detailed rationale for the stated policy objectives. The opportunity to influence immigration policy at a strategic level is critical to health workforce planning in the medium to long term.

Aotearoa NZ does not train and retain enough registered and enrolled nurses and so relies heavily on migrant nurses to ensure patients in the health system received the care required. We see the number of registered staff required in the aged care sector is more often dictated by budget rather than best practice. Research affirms the more registered nurses in the care team the lower the risk of harm to patients. There has been a shortage of staff in the aged residential care sector for some time which has been exacerbated in the last 2 years by the reduced number of migrant nurses entering the country. The effect is not only an increased risk to residents but to the remaining staff who cannot give the care required to all the residents. The DHBs use a Care Capacity Demand Management (CCDM) programme that informs the DHB of how many nurse hours are required to provide the care needed by patients. This is not so in aged residential care where the budget informs how many nurses provide care.

Question 3: *How could the Treaty of Waitangi in immigration policy be best reflected in new policies and institutions?*

Te Rūnanga, NZNOs Māori membership guide our response to questions about te Tiriti o Waitangi. Their expectation is that engagement is guided by the articles of the te Tiriti o Waitangi, kāwanatanga, rangatiratanga and ōritetanga rather than the principles of the Treaty of Waitangi because of the difference and significance of meaning and associated obligations.

The inclusion of te Tiriti considerations in the GPS creates a predictable and regular opportunity for the impact of immigration on Tiriti obligations to be examined and as such NZNO supports regular and meaningful kōrero between parties. The duty of active protection that is reflected in te Tiriti articles should set the terms of engagement in accordance with tikanga Māori. Therefore, the focus is on the place of te Tiriti within Aotearoa, New Zealand constitutional arrangement and not how could te Tiriti be reflected in the immigration policies and institutions. Assuring Māori as partner to the Crown are entitled to exercise tino rangatiratanga to determine roles and responsibilities, places those articles at the centre and affirms what meaningful engagement should be. For example, iwi exercised active protection by establishing Covid-19 border checkpoints, of which the Crown co-supported.

Question 4: *Should the annual number of residence visas on offer be reduced?*

To match the number of immigration visas with demand for nurses in the health system there must be an effective network/ pathway across government agencies including the Ministry of Health and Immigration New Zealand. To be effective the numbers of visas made available could be more quickly adjusted according to demand and responsive to the influence of the international situations which compete for the global health workforce. To ensure a balance with New Zealand trained nurses there must also be a network established with leading nursing organisations such as the nursing regulatory authority the Nursing Council of New Zealand (NCNZ) and NZNO as well as employers and the education sector.

An example of pan agency collaboration is the fund recently announced by the Deputy Director-General Health Workforce to support IQNs currently working in caregiver roles in Aotearoa NZ to return to nursing roles. Early in 2022 further information will be made available to IQNs who meet the criteria and their employers about how to access this support.

Question 5: *Should the right to return for permanent residents who re-migrate out of New Zealand be limited?*

NZNO supports limiting the right to return for permanent residents who re-emigrate if the conditions for limiting those rights are clearly established and communicated. Anecdotally, concerns have been raised about health workers who arrive because they are on the skills shortage list and then benefit from the trans-Tasman agreement which supports a 'free flow' of health professionals between Aotearoa NZ and Australia. Until the pandemic related border closures there was largely a one-way flow of health professionals out of Aotearoa NZ to Australia because of better pay and conditions. The result is that the intended benefit to Aotearoa NZ of granting nurses and other health workers permanent residency is diminished.

'In my experience as a migrant nurse not understanding the health system in New Zealand I entered the country on a tourist visa, got a job offer and then had my visa changed to a temporary resident and then a permanent resident. I remember the vulnerability I felt as my stay was in the hands of the immigration department. For these migrants mentioned here it must be even more precarious because their stay/ visa status is in the hands of employers and not government bodies. There is a real risk these nurses will not be treated fairly as the pressure is on the sector... without nurses they must close beds and with beds closed the provider no longer receives funding from the DHB.'

(NZNO member)

Question 6: *Should efforts by migrants to learn te reo be recognised in the residence or permanent residence approval process?*

NZNOs response to this is a 'qualified' 'Yes'. Any effort to learn te reo is a positive attribute but there are questions about the resource required when there are so many citizens and existing residents of Aotearoa NZ who would benefit from support to learn te reo. Are there other efforts by potential migrants that should be similarly rewarded because it better equips the migrant to make a positive contribution to Aotearoa NZ?

In 2021 NZNO contributed to the Ministry of Education's consultation on 'Aotearoa New Zealand's Histories in the New Zealand Curriculum' which presented 3 elements to the history's curriculum: *understand, know, and do*. Early opportunities for new migrants to understand Aotearoa New Zealand's history and the impact of colonisation, to know the national contexts of whanaungatanga, kaitiakitanga and kāwanatanga and do - thinking critically about the past, would be a meaningful

addition to developing te reo skills and should be included in a 'settlement package' for all new migrants. For migrant nurses destined for a revamped health system, a settlement package needs to include additional material that supports their understanding of cultural competence and cultural safety and Māori models of health and wellbeing as well as beginning te reo skills.

We offer the following definition of cultural safety that the late Rangatira Irihapeti Ramsden published and exercised:

*'Cultural Safety is about exercising the ability to act in good faith, respect, and acknowledge the diversities of people. If we consider the wider perspective of cultural appropriation and safety. Then Te Tiriti o Waitangi is the overarching framework and foundation that should be guiding the principles and standards of safety. Further, to incorporate cultural safety standards means ensuring Māori as the partner to Te Tiriti have access to and are able exercise tino rangatiratanga. It also means other groups such as Pacific, Muslim, Asian etc are equally provided the same opportunities. However, advocating change towards a genuinely bicultural health system that improves equity for health and wellbeing of all New Zealanders, requires people to equally participate in changing the system to be inclusive not exclusive.'*¹

Question 7: *Do particular groups of migrants need additional or targeted support to settle?*

Approximately 30% of medico-legal cases in the aged residential care sector are representing migrant nurses. This is probably a reflection of the reliance of this sector on migrant nurses. As a professional nursing body as well as a union NZNOs intent is to engage, inform and empower members to know their rights, understand the expectations of the profession and thus not get into difficulty where they require medico-legal assistance. We believe this group, especially those who come to work outside of the DHB require a wrap-around package to support them to settle in New Zealand. We ask that all migrant workers also receive information about the rights of women and non-gender binary people and the Health and Safety at Work Act 2015.

Following changes to the Employment Relations Act 2000, from April 2019, employers were required to give all employees, where there is a collective agreement that covers their position, the MBIE "Intention to Join Union" form (S62a). As part of supporting new migrant health workers we ask that all workers, regardless of employment agreement, should receive the S62a form and that Immigration New Zealand require all health sector employers to provide NZNO with new employees names and their completed "Intention to Join Union" form or notify us of the employees name and that the employee did not complete the form. This will give NZNO vital data on where migrant nurses are employed enabling better support for settling in Aotearoa NZ

NZNO supports Recommendation 8 because there is anecdotal evidence that there are IQNs employed in the aged residential care sector who are exploited by the single employer to whom they are tied by visa requirements. They are employed as low paid caregivers on the promise of support to complete a Competence Assessment Programme (CAP) and then register with NCNZ but find that their ability to complete CAP is prevented by cost and location. The new funding available through Ministry of Health and mentioned above may address this issue. Current visa conditions prevent nurses in this situation leaving their employer and some NZNO members who find

¹ Ramsden, (1993) *Kawa whakaruruhau: cultural safety in nursing education in Aotearoa (New Zealand)* Nursing Praxis in New Zealand, November 1993, Vol 8. No. 3, pp 4-10.

themselves in this situation plan to make an oral submission to the Education and Workforce Select Committee inquiry into migrant exploitation.

Research conducted in Aotearoa NZ (Brunton & Cook, 2018) explores the experience of migrant nurses, mostly from India and the Philippines, and supports much greater resourcing of 'on boarding' nurses and other health professionals. IQNs are expected to function effectively in a complex system undergoing major change and which is already significantly under-resourced. They are assessed on competence, including cultural competence, and the risk of not providing a robust and comprehensive 'welcoming' programme is a great disservice to individual migrants, the nursing profession, and recipients of care.

In conclusion, NZNO welcomes the opportunity to contribute to this inquiry by the Productivity Commission. We support the intent of simplifying visa requirements and processing including for those nurses who seek residence in Aotearoa NZ and endorse and seek to contribute to the resourcing of 'settlement packages' to support the success of nurses and their families transitioning into Aotearoa NZ and our unique health system.

Nāku noa nā

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