Development of a Kaupapa Māori model of care for Plunket

Best practice evidence review

Tīaho Limited
July 2019

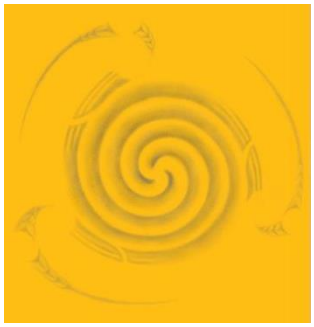
Prepared for Plunket by:
Shirley Simmonds, Dr Helen Potter,
Dr Jessica Hutchings

whānau āwhina
plunket

ISBN 978-0-908872-28-2

July 2019

Published by Royal NZ Plunket Trust



Tīaho Limited is a kaupapa Māori research, evaluation, and policy development group with experience in both qualitative and quantitative approaches, and in community engagement, workshop delivery, report writing, strategic planning services, and project management. The underpinning values of Tīaho are; rangatiratanga, mana motuhake, kaitiakitanga, pūkengatanga, and reo. Tīaho consists of Dr Jessica Hutchings, Ms Shirley Simmonds and Dr Helen Potter.

http://jessicahutchings.org.nz/tiaho/

Contents

1.0 Whakataki | Introduction 5
2.0 Tikanga whakahaere | Methodology and methods 5
Structure of this report 5
3.0 Kōrero ā-tuhi | Best practice findings from the desk-top review 6
3.1 Ngā mātāpono|values 6
3.1.1 Manaakitanga – care and support 6
3.1.2 Whanaungatanga – strong, effective relationships 7
3.1.3 Rangatiratanga – self-determination and autonomy. 7
3.1.4 Whānau 8
3.1.5 Pae Ora 8
3.1.6 Wairuatanga – connection and spirituality 8
3.1.7 Reo and tikanga 8
3.1.8 Whakapapa 9
3.2 Kaupapa Māori models 9
3.2.1 Māori models of Health 9
3.2.2 Kaupapa Māori models and frameworks of care, services, initiatives and programmes 11
3.2.3 Further models 14
3.2.4 Kaupapa Māori models of engagement 15
3.2.5 National level frameworks and strategies 16
3.3 Health workforce 17
3.4 Cultural competency 17
3.5 Social, political, historical context 19
3.6 Gaps and limitations in the desktop literature review. 20
3.6 Overview of best practice findings from kōrero-ā-tuhi sources 20
4.0 Kōrero ā-waha | Best practice findings from ā-kōrero sources 22
4.1 Hui Maumahara – Te Whare Tapa Wha, Aorangi Marae, Feilding 22
4.1.1 Key points from Sir Mason Durie kōrero 22
4.1.2 Key points raised by hui attendees 22
4.1.3 Overview of key points 23
4.2 Key informant interview with Professor David Tipene-Leach 23
4.2.1 Reflections from GP work in Māori communities in the 1980s 23
4.2.2 Early best practice learnings from the Māori SIDS Prevention Programme 23
4.2.3 Best practice learnings from the use of research evidence 24
4.2.4 Best practice learnings from the wahakura strategy 24

4.2.5 Best practice learnings from Ministry of Health uptake of the Safe Sleep Programme 24
4.2.6 Further developments from best practice learnings to date 25
4.2.7 Overview of best practice learnings 25
4.3 Key informant interview with Kelly Spriggs and Rawinia Hohua, Plunket 26
4.3.1 Best practice in programme development and delivery 26
4.3.2 Organisational best practice in meeting the cultural needs of Māori 27
4.3.3 Best practice to support implementation of a kaupapa model of care for whānau 27
4.3.4 Overview of best practice learnings 27
4.4 Key informant interview with the Whānau Āwhina, Whānau Ora programme team 28
4.4.1 Best practice to support whānau 28
4.4.2 Outcomes for whānau from the programme 30
4.4.3 Outcomes for staff from the programme 30
4.4.4 Best practice to support the programme team 30
4.4.5 Changes needed to improve best practice in the programme 31
4.4.6 Changes needed to improve best practice in the organisation 31
4.4.7 Overview of best practice learnings 32
4.5 Interviews with whānau engaged in the Whānau Āwhina Whānau Ora programme 32
4.5.1 A whānau-led approach 33
4.5.2 Building relationships 33
4.5.3 The team approach 33
4.5.4 Support for whānau health and wellbeing 33
4.6 Ngā mātāpono|values 34
5.0 Whakarāpopototanga | Synthesis of best practice findings 35
6.0 References 36

1.0 Whakataki | Introduction

This evidence review presents a synthesis of best practice in the delivery of care for whānau to help inform the development of a transformational kaupapa Māori model of care for Plunket. A model of care defines the way health services are delivered and determines how resources are prioritised, allocated and planned. It also outlines best practice care and services for individuals and whānau.

2.0 Tikanga whakahaere | Methodology and methods

A kaupapa Māori approach has been taken in the preparation of this report where Māori knowledges and sources have been prioritised. A desk-top review of available published evidence on kaupapa Māori models of care was undertaken. As part of the kaupapa approach taken, the best practice findings drawn from the review have also been supported by gathering together relevant best practice learnings from 'ā-kōrero' or oral sources.

The desk-top literature review examined available written evidence on kaupapa Māori models of care. Literature search terms included: kaupapa Māori; whānau, pepi and tamariki; hauora, oranga, pae ora, mauriora, health and wellbeing; best practice, Māori health models, frameworks, strategies; models of care; models of service delivery; Māori health services; cultural safety, appropriateness, awareness, sensitivity, security and competence. Areas of health included: maternity; midwifery; antenatal; nursing; medicine; medical and nursing education; mental health; physiotherapy and primary care. The literature search was confined to the Aotearoa context.

In terms of ā-kōrero sources, best practice learnings were drawn from hui attendance and interviews, including attendance at a recent Hui Maumahara on the Māori health model, Te Whare Tapa Wha run by Te Rau Ora (formerly Te Rau Matatini) and from three key informant interviews. Key informant interviews were undertaken with Professor David Tipene-Leach, Māori SIDS prevention team; Kelly Spriggs and Rawinia Hohua, Plunket; and members of Plunket's Whānau Āwhina, Whānau Ora (WAWO) programme team, namely Lisa Martin, Donna Berends and Maraea Makiha. Interviews were also undertaken with three whānau currently utlitising the services of WAWO. Two of these whānau were interviewed in their homes and one was interviewed at the Central Hamilton Plunket office.

Structure of this report

This report is structured into two main sections: Kōrero ā-tuhi, which presents the best practice findings from the desk-top review, and Kōrero ā-waha, which presents the key findings from the oral sources. A summary is provided at the end of the document which synthesises the findings from these two sources.

3.0 Kōrero ā-tuhi | Best practice findings from the desk-top review

This evidence review found less readily-available literature on kaupapa Māori models of care specifically for maternity, antenatal and postnatal care than anticipated. While a distinction is made between 'model of care' and 'model of delivery', the scope of this review has necessarily expanded to include kaupapa Māori services, and also encompasses kaupapa Māori models and frameworks developed in other areas of health, particularly mental health, primary health and chronic conditions. The desk top review also contains a summary of Māori health models, models of engagement with Māori patients and whānau, and national level frameworks and strategies, health workforce and cultural competencies.

The current Plunket vision, Whānau Āwhina, states; *'in the first 1000 days we make the difference of a lifetime'.* This is underpinned by three goals: healthy tamariki; confident whānau; and connected communities, and is supported by four Māori principles – mana atua, mana tūpuna, mana whenua and mana tangata (The Royal New Zealand Plunket Trust, 2016). The Whānau Āwhina Whānau Ora policy was launched in 2007 to help ensure Plunket is reaching Māori communities. In the context of this policy, whānau ora is defined as 'whānau Māori actively supported to achieve their maximum health and wellbeing'.[1]

In this section, the key values and philosophies common to most kaupapa Māori models have been highlighted as they may help contribute to the development of a model of care for Plunket.

3.1 Ngā mātāpono|values

The foundations for best practice health care for Māori are firmly situated within te ao Māori. This section describes the key kaupapa Māori values and philosophies common to the models of care, Māori health models, and understandings of wellbeing, reviewed for this report.

3.1.1 Manaakitanga – care and support

This refers to the nurture, care and support of Māori individuals, tamariki, whānau and communities. At the core of the concept of manaakitanga is that of mana – often described as prestige and authority. The word 'aki' means to encourage or uplift, therefore a literal translation of manaaki is to uplift mana. Interactions between health professionals and Māori patients and their whānau should seek to maintain or enhance the mana of all those involved, requiring behaviour that acknowledges the mana of others as either equal to or greater than one's own through the expression of aroha, hospitality, generosity and respect. This requires an open, caring, non-judgemental, adaptable and flexible attitude on the part of the health professional. Responding with aroha, being flexible and readily available are health professional attributes that are appreciated by whānau (Ministry of Health, 2017).

A further explanation of manaaki is 'mana ā kī', which refers to the mana of the spoken word, and the importance of trust, integrity and authenticity.

In this context manaakitanga also relates to respectful communication, consultation, and message promotion, taking into consideration the varying health literacy levels of whānau and ensuring thorough understanding of risks and benefits of treatment pathways, and their own responsibilities

[1] https://www.plunket.org.nz/what-we-do/whanau-awhina-whanau-ora/

in this process. An awareness of the power dynamic between health professional and whānau is required, as is skilled facilitation and knowledge sharing (Carlson, Barnes, Reid, & McCreanor, 2016).

3.1.2 Whanaungatanga – strong, effective relationships

Whanaungatanga refers to the initiation and development of strong, respectful relationships, and the skills required to facilitate these relationships appropriately with Māori individuals, whānau and communities. Whanaungatanga is based on ancestral, historical and spiritual connections, however whanaungatanga connections can also develop through having common interests or experiences. A group of people with shared experiences is sometimes termed a 'kaupapa whānau'(Cunningham, Stevenson, & Tassell, 2005). Kaupapa whānau can often be an important source of support in the health journey of an individual.

Developing a meaningful relationship with Māori patients and whānau is a critical part of effective consultation and trust-building, and can require of health professionals to engage through the beliefs, values and experiences of whānau Māori, and draw on their own knowledge and experience of te ao Māori, often requiring self-disclosure of personal information within the boundaries of appropriate professional practice (Lacey, Huria, Beckert, Gillies, & Pitama, 2011). The building of trust is a process that takes time, particularly when Kaupapa Māori services are required to engage with government agencies that whānau may distrust. Trust-building has been cited as both a challenge and a success factor of several programmes and services (Ministry of Health, 2017). Relationships and dynamics within a whānau have an impact on both individual and collective wellbeing. Health professionals can be an important advocates for whānau and play a vital role in facilitating connections between families and their communities (The Royal New Zealand Plunket Trust, 2018).

Whanaungatanga provides a resource for children's identity development within a whānau where they are supported to learn the dynamics of relationships and develop trust and a sense of security and belonging (Grice, Braun, & Wetherell). It incorporates connections to whenua and place, further affirming the importance of identity (Elkington, 2017).

Whanaungatanga also applies to relationships between health professionals, and across intersectoral organisational relationships. Drawing on health professional connections with other agencies is a success factor of several programmes (Ministry of Health, 2017). The need for comprehensive, coordinated and integrated wrap-around care is frequently emphasised in the literature.

3.1.3 Rangatiratanga – self-determination and autonomy.

This refers to Māori self-determination over health, and acknowledges that Māori are experts on their own wellbeing. Whānau have the expertise and resource to seek solutions from within themselves, drawing on what can be termed mātauranga-ā-whānau (Pohatu, 2015).

'Ranga' derives from the word 'rāranga', meaning to weave, or bind together, 'tira' is the word for a group of people. A leader is considered someone who has the authority and mana to 'weave' people together for a common purpose. Tino rangatiratanga is the exercise of power and authority, and entails being empowered to make one's own decisions.

Ensuring rangatiratanga is maintained in consultations and throughout the health journey of Māori patients and whānau requires that Māori have appropriate decision-making power at each interaction with the health professional or health system and are empowered to implement these

decisions. Rangatiratanga acknowledges the mana and right of the individual to control their own destiny, and work towards their aspirations of health and wellbeing, taking charge of the direction and shape of their own health. Involving the wider whānau in health decisions ensures the mana of the whānau is also upheld.

Articles 1 and 2 of the Treaty contain the right of Māori, including tamariki and mokopuna, to authority over Māori health development, design, delivery, monitoring and evaluation, and the right to self-determination over their own health and wellbeing (King, Cormack, & Kōpua, 2018).

3.1.4 Whānau

Individuals do not exist in isolation, and whānau can provide the personal support required during a health journey, where whānau in this context can refer to close or extended family, kaupapa whānau, or other social grouping.

3.1.5 Pae Ora

In some models, this may be described as hauora, oranga, whainga (aims), tū wawata (dreams), waiora, ora pai. The key sentiments are the same, the sense of hope and aspiration in working towards a goal of optimal wellbeing for whānau Māori, as defined by Māori. Wellbeing exists when all the elements that contribute to wellness are in balance and maintained. Pae Ora forms the pinnacle of He Korowai Oranga, the Māori Health Strategy Framework.[2]

3.1.6 Wairuatanga – connection and spirituality

Wairuatanga can be described as a sense of connectedness, and for Māori this connection is often to whenua, maunga, awa, marae, and atua. Connection to whenua gives a sense of belonging (Wenn, 2007) and several health models emphasise the importance of access to cultural resource, such as marae, that maintains a sense of identity. Wairuatanga acknowledges that there is a spiritual realm alongside the physical realm that is integral to te ao Māori, and the literal translation includes ‘wai’ meaning water, often referring to whakapapa connections through birth waters, and ‘rua’ meaning two, thus depicting the concept of two realms.

Many health models incorporate wairuatanga, and this is a distinct difference that is often deplored in the health system particularly in the area of mental health.

3.1.7 Reo and tikanga

Cultural awareness, sensitivity and safety, and an understanding of tikanga Māori is critical for effective engagement with Māori whānau and communities. Supporting whānau to work towards their aims in te reo and tikanga can be an important part of their wellbeing journey.

When interacting with whānau, a patient-led level of reo can be incorporated where appropriate, (Pitama, Ahuriri-Driscoll, Huria, Lacey, & Robertson, 2011). A delicate balance is required as using a level of reo higher than the patient could cause discomfort and lead to disengagement, however failing to reflect the reo a patient might use could be interpreted as disrespect, or limited understanding on behalf of the health professional.

The word ‘tika’ translates to that which is correct, true, proper and valid. Therefore tikanga entails ‘doing things the right way’ according to the values upheld by Māori, passed down from tūpuna.

[2] https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga

Making provision for appropriate tikanga in a health journey requires some knowledge of te ao Māori, and the respect and courage to ask for advice if knowledge is lacking. It can entail allowing space for karakia, waiata, rongoā, protocols that reflect the concepts of tapu and noa and particularly in the Plunket context, in the practices surrounding pregnancy, birth and raising tamariki (Ware, Breheny, & Forster, 2018).

3.1.8 Whakapapa

The word 'papa' literally translates to 'layers' or flat surfaces, therefore the image associated with 'whakapapa' is to set down layers, atop one another as happens when geneology is recited. Whakapapa is an important part of identity, and serves to remind us we come from a line through our ancestors that extends back to the atua. A further interpretation of 'papa' can be Papatūānuku, indicating our connection to the earth mother, and the importance of maintaining these connections to place such as maunga, awa, marae, and whenua.

Other concepts that appear in the models, although less frequently include: kotahitanga (unity and working together); tika (being true, right, correct); pono (refers to authenticity); mauri (life essence); whakanoa (the process of lifting a tapu); kaha (strength) and mōhiotanga (knowledge).

3.2 Kaupapa Māori models

Successful Māori health models, services and programmes have been described as 'kaupapa inspired, tikanga based and Māori led' (Ministry of Health, 2009). This section provides a summary and analysis of:

- Māori models of health;
- Kaupapa Māori models and frameworks of care, services, initiatives and programmes;
- Kaupapa Māori models of engagement; and
- National level frameworks and strategies

It also covers aspects that arose from the review regarding health workforce, cultural competency and a section on the socio-political context for Māori patients and whānau.

3.2.1 Māori models of Health

Common features of models of Māori health are that they position individuals within the collective, acknowledging the importance of family and community connections, emphasise the continuity between the past and the present and the connection to spirituality, recognise the wider determinants of health, and are holistic in nature – incorporating several other dimensions in addition to the physical aspect favoured by biomedical models. Good health is viewed as a balance of the interacting variables within the model. A focus on cultural integrity and access to cultural resources that continue to support and strengthen the identity of individuals and whānau is an important element.

Te Whare Tapa Wha

This health model was developed by Sir Mason Durie, and uses the symbolism of the wharenui to illustrate four dimensions of wellbeing: tinana (physical); hinengaro (mental and emotional

wellbeing); whānau (extended family, social wellbeing); and wairua (spiritual) (Durie, 1994). Te Whare Tapa Wha has been used extensively to promote a broader understanding of health and in the development of services for Māori, and the simplicity of its features means it is relatively easy to understand and implement. However, this has also seen it critiqued in some instances. Many models and frameworks have used Te Whare Tapa Wha as a core element to the development of their own model, incorporating other contextually-relevant aspects.

Te Wheke

Developed by Rangimarie Rose Pere, this model has eight dimensions: whānau (family); waiora (total wellbeing for individual and family); wairuatanga (spirituality); hinengaro (the mind); taha tinana (physical wellbeing); whanaungatanga (extended family); mauri (life force); mana ake (unique identity); hā a koro ma, a kui ma (breath of life from forbearers); and whatumanawa (open and healthy expression of emotions) (Pere, 1991). This has also been used extensively, and provides the basis for the Whānau Āwhina Whānau Ora programme in Hamilton Central Plunket. A feature of this model is that it contains the aspect of emotional health, which is usually combined with mental health in other models (e.g. taha hinengaro in te Whare Tapa Wha), and also places emphasis on identity and mauri. Te wheke has also been built on and added in the development of other frameworks.

Te Pae Mahutonga

A health promotion model that uses the constellation of the Southern Cross, Te Pae Māhutonga. Key principles are: mauriora (cultural identity and access to te ao Māori); waiora (environmental protection); toiora (healthy lifestyles); te oranga (participation in society); ngā manukura (leadership); and te mana whakahaere (autonomy) (Durie, 1999). This is a model specific to health promotion and has been relatively widely used, particularly by health providers.

The Meihana Model

This is a clinical assessment model developed at Otago University that uses a waka hourua (double-hulled canoe) to express the journey of patients towards hauora. The two hulls of the waka are represented by the patient and their whānau which are binded by aspects of health such as tinana, hinengaro, ratonga hauora (health services), wairua and taiao (physical environment including housing). Four 'currents' that carry the waka are ahua (personal indicators of te ao Māori), tikanga, whānau (relationships, roles and responsibilities, including whānau, hapū, iwi and other organisations) and whenua (connection to land). A point of difference of this model is that it includes the wider determinants of health such as colonisation, racism, marginalisation and migration to assess the health context of Māori patients and whānau (Pitama, Huria, & Lacey, 2014). It also positions the health of patients and whānau in their physical environment, and considers the role of the health system and access to health services in the patient's health context. While this is a relatively recent model, it has been incorporated into the medical curriculum at the University of Otago, has been well-received and is gaining wider use, and a case study has been written up detailing its implementation, and the positive outcome that resulted (Al-Busaidi, Huria, Pitama, & Lacey, 2018).

Ngā Pou Mana

This model was developed in 1988, and describes a set of values or pou that are integral to Māori development and hauora. These are: whanaungatanga; taonga tuku iho (cultural heritage); te ao tūroa (physical environment); and tūrangawaewae (land base, a place of belonging and identity). The model includes the importance of te reo, situates individual and whānau within the physical

environment, and places emphasis on the interactions and balance between the different pou (Henare, 1988). Again, it is a simplistic model with just four elements although with further detail behind each element. However, this model has been used less often than others.

Kaupapa Hauora Māori

This conceptual framework was developed from research with kaumatua in Taranaki and Kahungunu. It has its origins in te ao Māori and a core set of values comprising whakapapa, wairua, whenua, whānau, tikanga, te reo, tinana and hinengaro and the associated tikanga is expressed as behaviour or ethics. These factors combined influence the perceptions that Māori individuals have of their world and hauora (Wenn, 2007). There was little evidence of this model in practice from the literature, however the core concepts are consistent with other models and it draws on interviews with those who have developed other models, such as Mason Durie and Manuka Henare.

3.2.2 Kaupapa Māori models and frameworks of care, services, initiatives and programmes

The Whanaungatanga Model of Care

This model of care was developed in Tauranga hospital as a service delivered by Māori, for Māori called Te Puna Hauora. The service is underpinned by the philosophies of whanaungatanga, manaakitanga and arohatanga. It uses Te Whare Tapa Wha as the core model of health. Whanaungatanga is defined as ancestral, historical traditional and spiritual connections which influence life and reactions to relationships, people, the world and the universe. It involves obligations to those who have shared experience, and by this reasoning nurses who care for individuals and whānau become 'whanaunga' (similar to the concept of kaupapa whānau described earlier). A patient and whānau centred approach is taken, and the role of reo, tikanga and whānau is incorporated into recovery. Cultural and spiritual needs are met such as provision for karakia, waiata, tikanga, kaumātua if required. Choice of healing therapy is offered where possible such as rongoā and mirimiri, used in conjunction with conventional treatments. There is a focus on securing trust, engaging whānau in care, ensuring health messages are communicated clearly and increasing the use of health service. The service has had positive responses from both whānau and nursing staff. Supporting ech other as Māori nurses is seen as vital, particularly those who work in an environment where they are a minority. A tuakana-teina model to support Māori nursing students is implemented in local nursing training (Lyford & Cook, 2005).

Ngā Pou Wāhine

This framework is based on the artwork of well-known Māori artist, Robyn Kahukiwa's Ngā Pou Wāhine series of eight paintings representing wāhine. Whakapapa and whanaungatanga play important roles in restoring the mana, tapu, mauri and rangatiratanga of Māori women. Each of the pou contain stories that serve to displace colonisation, affirm Māori cultural identity, and reconnect Māori women to their Māoritanga. Traditional activities were also incorporated into the programme such as weaving and poi-making. The intervention is designed for Māori women to cease gambling and was seen to be effective, with evidence of increased self-efficacy and decreases in gambling severity (Morrison & Wilson, 2013). This model uses positive Māori imagery connected to atua, and is therefore a strengths-based intervention, drawing on the individual attributes of each of the atua wāhine. It was positively received by participants.

Te Hā o te Whānau

A framework recently developed as part of a PhD thesis, te Hā o te Whānau carries the meaning 'whānau voices leading maternity care in Aotearoa New Zealand'. It has three central concepts –

rangatiratanga, manaakitanga and whakawhanaunga. It incorporates the three principles of the Treaty as well as whānau experiences in order to work towards two projected outcomes: a culturally responsive maternal-infant care system and a thriving environment entailing greater whānau wellbeing (Stevenson, 2018). While this is a newly proposed framework, it has been developed with significant input from ten whānau with recent experience of maternity through conversational interviews as part of the research. Interestingly, it is centralised on three of the core values that appear most often in other Māori health models and frameworks, and involves wellbeing or improvement aims not only for the whānau but also for the system.

Kaupapa Māori Mental Health and Addiction Services Best Practice Framework

This framework has six core dimensions: kaupapa (indigenous solutions, founded on manaakitanga, rangatiratanga, kōtahitanga and whanaungatanga); whānau ora; rangatiratanga; mātauranga Māori; specialist kaupapa Māori mental health; and addictions workforce and continuous service development (Te Rau Matatini, 2016). This is a more comprehensive model as it includes health workforce and service development, and the framework is provided in a table that has a descriptor of each dimension, best practice examples and implications.

Mahi a Atua

This is a model developed on the East Coast and serves as an engagement, assessment and an intervention for Māori mental health based on pūrākau (Māori creation and custom narratives). These pūrākau provide a framework for tangata whaiora to understand the context in which they find themselves, and illustrate possible ways forward. The process involves recitation by whaiora and their whānau of creation narratives that cover many different kaupapa such as conflict, adversity, incest and bullying but also demonstrates a range of responses that include love and nurturing, courage, empathy, curiosity, creativity and endurance. Eventually the stories lead to a resolution of the problems and articulate the possibility of a healthy future trajectory. This is a unique form of narrative therapy, distinctly located in te ao Māori, and has been taken up by social, educational, psychological and psychiatric services (Rangihuna, Kopua, & Tipene-Leach, 2018).

Mana Tū

This is a mana-enhancing programme that supports Māori with type 2 diabetes to take charge of their condition (Harwood et al 2018). The programme was developed by an expert advisory group and aligns with two key strategies in the Ministry of Health – Equity of Health Care for Māori: a Framework (Ministry of Health, 2014a) and He Korowai Oranga which has rangatiratanga at its core (Ministry of Health, 2014b). Mana Tū works across the three levels – system, service and individual/whānau in an integrated framework for change. The programme involves integration and collaboration of a diverse range of providers (health, housing, education, social), and is delivered by kaimanaaki, case managers that provide support for individuals and whānau, who are trained in motivational interviewing, cultural safety and health literacy. Kaimanaaki live and contribute in the local communities with whom they are working. Mana Tū uses a sophisticated information platform (called Mohio) to allow innovative data capture (Harwood et al., 2018). This is a very comprehensive model, and not only considers the wider context that whānau and health workers operate in, but has also developed a specific data collection tool. The programme is still in its first year, so there is not yet any feedback or evaluation.

Te Ara Whakapikiōranga

Te Ara Whakapikiōranga translates to the 'pathway to develop and sustain wellbeing' and is a model developed to inform practice for all those who work with whānau towards wellbeing. It guides the

reclamation of wisdom present within whānau and acknowledges whānau as experts of their lives. It is founded on the belief that positive wellbeing transformations for whānau must be informed and sustained by whānau themselves. It consists of four elements: te āu i te whānau (the self in the family); puna ki te puna (practice wisdom sourced through whakapapa – matapuna, tūpuna, mokopuna); te tohu o te rangatira (whānau-centred leadership); and hono mai hono atu (connections and relationships) (Moananui-Makirere, King, Eruera, Tukukino, & Maoate-Davis, 2014). While simplistic it is grounded in mātauranga Māori and tūpuna ways of thinking. Deeper explanations and examples of each concept are provided.

He Kapunga Putohe (the restless hands): a Māori centred nursing practice model.

This article describes dimensions of Māori centred nursing practice which include: he tangata, te ao Mārama (a Māori world view); Māori health concepts; personal experience; and nursing theory. The restless hands model uses the left hand to demonstrate nursing practice and contains five concepts: tikanga; pono; aroha; tiakitanga (care); and manaakitanga. The right hand demonstrates Māori practice with the concepts of tikanga Māori, mana tangata, ōranga, Wairuatanga and whanaungatanga. The two 'hands' work together in partnership (Wilson, 2008). The idea behind the imagery of one hand (nursing practice) working closely with the other (Māori practice) is an appropriate representation of the partnership and collaboration with the health professional and individual, however, this model doesn't explicitly include whānau.

A Māori model of primary health care nursing

This model was developed from thesis research and has six elements: 'intent' which is a process of enabling Māori to increase control over health and strengthen their identity as Māori; 'concept', which refers to holism, self determination, cultural integrity, diversity and sustainability; 'approach' refers to a balance between spiritual, mental, social and physical dimensions; 'orientation strategies' refers to community development, advocacy, relevance, resourcing, cultural responsiveness, empowerment and connectedness; 'outcomes' refers to secure Māori identity, strengthening Māori collectives and increased participation in society. Each element is further defined in detail and contains key concepts important for engaging with and improving the health of Māori patients and whānau (Holdaway, 2002). There was no evidence of this model being implemented in the literature. While it contains elements common to other models that resonate with tikanga Māori, it is not centred in te ao Māori may be less likely to resonate with Māori patients and whānau.

Te Ahi Kaa

This framework was developed to stop the damage being done to communities by the drug 'P'. The key aspects of Te Ahi Kaa model of practice include: Te Ahi Kaa kaupapa (central aspect); learning and support; whānau involvement and intervention; new possibilities; and raising awareness. A diagrammatic representation of the model is provided. The underlying principles and values are: whanaungatanga; manaakitanga; mōhiotanga (knowing what you are dealing with, and when to do what); and kaha (doing whatever it takes) (Te Rau Matatini, 2015a).

Tihei-wa Mauri Ora!

This framework is based on whakaaro Māori from a Te Rarawa, Ngāpuhi perspective, and has been informed by the writings of Rev. Māori Marsden. It is a narrative assessment tool developed with and endorsed by kaumātua and kuia prior to implementation. There are three key principles and values: whāia te oranga (willingness to grow and wellbeing); mātauranga Māori; and kia ū ki te Rongomau (healing and wellbeing). The framework uses the different realms of creation to provide the imagery of a pathway to wellbeing; te kore, te pō, ki te whei-ai, ki te ao marama, tihei-wa Mauri Ora. These are presented in a graphic. The framework has been used in different contexts including

for tamariki and whānau, mental health, addictions, victim support, counselling, kura kaupapa Māori and Te Taitokerau Branch of the New Zealand Association of Counsellors (Piripi & Body, 2010; Te Rau Matatini, 2015a).

Te Pito Whānau Healing Model

This model was designed for whānau with experience of addictions, mental health and family violence. Te pito (umbilical cord) is the lifeline that connects us to our past and future, provides sustenance and protects whakapapa. This model has whanaungatanga and manaakitanga woven through which help the shift in thinking from individual to collective. There are five different states of being: kahupō (state of spiritual blindness or oppression); whakaoho (awakening); whakawātea (creating a safe space); te pūtake (readiness to change); and tū wawata (future planning and aspirations) (Te Rau Matatini, 2015a).

Te Utuhina Manaakitanga

The purpose of this model is to support whānau with addictions to achieve clarity, wellness, spirituality, mana and rangatiratanga. The programme uses a mix of tools and frameworks and selection is made depending on what level of intervention is required. The models include: te whare tapa wha; te pā harakeke (whānau centred service approach); whanaungatanga; tuakana-teina (mentoring and coaching); pōwhiri poutama; and takarangi (a professional development framework). Key principles and values include: manaakitanga; mana whana; find the source; and future proofing (Te Rau Matatini, 2015a). While it is good to offer choice to whānau and for health professionals to have a range of tools at hand, this requires workers to be familiar with implementing a range of models rather than just one, and therefore would entail considerable training and resourcing.

The Pōwhiri Process and He Waka Tapu

This is a model implemented by a Christchurch-based programme and service for Māori men and violence called He Waka Tapu. The pōwhiri process describes stages of change for participants to go through. The wero (challenge) is laid for the participants and they navigate along with their whānau through the process towards a distinct goal for their wellbeing. The program itself is comprised of twelve sessions, each designed around a whakataukī and with a karakia and waiata (Gregory, 2008). This is quite a complex example, which combines a number of different images and elements of tikanga Māori in one framework, making it difficult to visualise how it is implemented.

3.2.3 Further models

Some models of care and service delivery were referred to in the documentation, but with little detailed information readily available. These are outlined below.

Te Ira Tangata

Developed for psychological therapy, the criteria for this model includes the three aspects of indigenous autonomy, clinical expertise and cultural competence (Wratten-Stone, 2016).

Te Whare Marie

The development of the model at Te Whare Marie in Porirua involved kaumātua and included five phases: whakawhanaungatanga; ngā māramatanga (cognitive conceptualisation); whanonga pai (encouraging positive behaviours); whakaaro pai (positive thinking); and ora pai (long-term wellness) (Wratten-Stone, 2016).

Ngā Mokopuna Te Ao Innovation

Turuki Health Care Charitable Trust is situated in south Auckland and reorganised their service to ensure it was whānau-centred, integrating clinical and social services. The team uses the Mokopuna te Ao Outcomes Framework for which there is little detailed information available. Success was attributed to having a whole of whānau approach, providing a one-stop shop for health and social services, using whānau ora navigators and Māori models of health and the cultural competency of kaimahi (Ministry of Health, 2017).

Young mums co-design their own hauora space

Located on the West Coast, a programme used by Poutini Waiora included a one-stop shop and one-on-one support for young mums that implemented co-design, creating a comfortable Māori space operating on Māori values, tikanga and kawa and had dedicated Māori staff with the perseverance to build trusting relationships with whānau and other providers (Ministry of Health, 2017).

One Plan Innovation

This is a collaboration between Taumaranui Community Kōkiri Trust and CYFs (Child, Youth and Family, now Oranga Tamariki). This collaboration gave whānau the support of a NGO to advocate for them and build bridges between the whānau, CYFS and other services. The provider worked with the whānau to create a plan for support and development that involved coordination of all services to meet whānau needs, ensure safety and help them to become more self-reliant and achieve their aspirations. Success of the programme was attributed to provider perseverance in building trust, drawing on the existing connections and skills of Whānau Ora navigators and having a one-stop shop to meet whānau needs (Ministry of Health, 2017).

Hōmai te Waiora ki Ahau

This model is based on Te Wheke with three addition elements added including te ao tawhito, te ao hou and te aronui. It promotes consideration of Māori values and concepts of wellbeing; how this influences behaviours, attitudes and relationships; and explores the philosophies of whanaungatanga, manaakitanga, tikanga and how these are implemented in every day life (Tūmana Research, 2012).

3.2.4 Kaupapa Māori models of engagement

These are specific models used in developing and maintaining the relationship with Māori, and to promote effective communication, planning and shared decision-making.

The Hui Process

This is a framework for working effectively with Māori patients and whānau, developed at Otago University for medical training. It uses the 'hui process' as a ritual of encounter model that draws on traditional knowledge for use in a contemporary setting in a medical consultation. The stages are: mihi (initial greeting and engagement); whakawhanaungatanga (making a connection); kaupapa (the main purpose for the consultation); and poroporoaki (concluding the encounter). One of the key concepts in this model is whakawhanaungatanga, the process of developing a relationship where personal information is exchanged and where clinicians are required to use their own knowledge of te ao Maōri to engage with Māori patients and whānau. This helps build trust to lead to a more comprehensive consultation (Lacey et al., 2011). Poroporoaki has been identified as a component in manaakitanga as an indication that the process of giving and receiving has respectfully ended, decided by either party in the interaction (Dyall, 2012).

PATH planning tool

An acronym for Planning Alternative Tomorrows with Hope - this is a planning tool that can be used within whānau as both a method of engagement and a process to establish aims and aspirations. Visual images are created that seeks to clarify, research and create a positive and hopeful pull towards an aspirational place. It promotes storytelling and critical analysis as well as active engagement. Alignment with tikanga Māori are explored and descriptions of implementation in Māori whānau are provided (Pipi, 2010).

Kanohi ki te kanohi

Face to face engagements are favoured by Māori individuals, whānau and communities. A preference is for interactions to be undertaken in person rather than via telecommunications such as phone calls or emails. This is a principle highlighted in both engagements between health professionals and whānau and in health research (Cram, 2009; Jones, Ingham, Davies, & Cram, 2010). It often requires health professionals or organisations to engage at a collective or community level, interacting with whānau, hapū or iwi. Kanohi ki te kanohi engagements may take place in Māori defined spaces such as the marae which requires a respect for, and knowledge of, tikanga and reo Māori and protocols of encounter such as mihimihi, pōwhiri, karanga, waiata and whaikōrero. Health providers have found that face to face meetings, and literally 'door knocking', is the most effective strategy for engaging and contacting whānau (Blundell, Gibbons, & Lillis, 2010).

Āta

Āta is a method or philsophy based on tikanga Māori to guide engagement between practitioner and whānau. It focuses on relationships and negotiating boundaries and works to create a safe space with corresponding behaviours. The word 'āta' means careful, slowly, cautiously. It indicates care or deliberation in carrying out a certain activity. In this context, it considers quality space and time, effort and energy of participants, respect, reciprocity, reflection (critical analysis) and discipline and ensures that transformative process is an integral part of relationships. It also incorporates the notion of planning and strategising (Pohatu, 2005). The report gives several case study examples. The document contains a detailed description of different phrases using 'āta' that can guide engagement. There is quite a lot of detail but it is likely to be useful in guiding interactions, and particularly when addressing difficult subjects or when there is stress present. The development of this philosophy is centred in te ao Māori, and draws heavily on the writings of Apriana Ngata.

3.2.5 National level frameworks and strategies

Whānau Ora

Whānau ora is an inclusive approach that shifts the focus from the individual to the whānau and takes into account the network of relationships surrounding a person and the power of the collective. It empowers whānau as a whole, supporting whānau to self-manage and take responsibility for their health and their economic, social and cultural development. It requires agencies to work together, with a key focus on wider sector involvement and the development of skilled Whānau Ora navigators to assist whānau in achieving their potential. Taking a transformative approach, whānau ora focuses on six whānau outcomes: that whānau will be self-managing; live healthy lifestyles; participate fully in society; confidently participate in te ao Māori; have economic security; are involved in wealth creatio;, and are cohesive, resilient and nurturing. The Whānau Ora Outcomes Framework has set goals and targets for the next 25 years (Te Puni Kokiri, 2015).

He Korowai Oranga

This is the Māori health strategy developed by the Ministry of Health through extensive consultation with Māori communities, health services and practitioners. It's overall is pae ora (healthy futures for Māori) supported by whānau ora (healthy families), wai ora (healthy environments) and mauri ora (healthy individuals). The framework contains the Treaty and is very comprehensive. It is structured in the format of an interactive pyramid and exists as a living document on the Ministry's website (Ministry of Health, 2014b).

Equity of Health Care for Māori – a framework

This was developed to guide health practitioners, health organisations and the health system to achieve equitable health care for Māori. There are three sections: leadership; knowledge; and commitment. It contains specific actions that can be undertaken at individual, service and system levels that will contribute to achieving equity. The section for health practitioners could be useful in the development of a model of care for Plunket (Ministry of Health, 2014a).

3.3 Health workforce

A model of care needs to be inclusive of the health workforce that delivers the service. This includes appropriate professional development in terms of clinical skills, but also in the areas of reo, tikanga hauora Māori, and cultural competency. Making provision to develop and strengthen networks within the community, local Māori communities and intersectorally is important as these connections have contributed to the success of various programmes (Ministry of Health, 2017). Mentoring and tuakana-teina models of support for health professionals is also important, as is allowing for sharing of learnings, experiences and best practice approaches between colleagues (Ministry of Health, 2009).

The needs of Māori health professionals must be carefully considered as they can often have additional cultural demands placed on them. Wellbeing of health workers must be maintained, requiring provision for self-care, supervision and cultural supervision. Research has identified the importance of the validation of Māori nurses as effective health professionals and of recognising the value of indigenous nursing programmes (Simon, 2005).

Ensuring ongoing professional development in the area of cultural competency is a key area for most professions. The cultural competency training required for Māori health professionals often differs for that of non-Māori. Several programmes reviewed in this report use the Takarangi framework to guide cultural competency development of their kaimahi (Ministry of Health, 2017).

3.4 Cultural competency

Cultural competence acknowledges the power imbalance between health professionals or providers and the patient and their whānau. It requires reflective practice, awareness of differences, decolonisation and empowering the patient and whānau to determine their health needs and aspirations.

Te Wharetangata ki te Tai Ao Framework

This was developed to assist Plunket in providing culturally appropriate services to Māori families. The central concept encapsulated in the name is that of a child being nurtured in the world just as he or she is nurtured in the womb. There are four key aspects: centralising Māori knowledge; making

Māori knowledge relevant to today; identifying what services or programmes are needed that build on Māori knowledge; and achieving a measurable outcome to support healthy communities, whānau and tamariki (Office of the Children's Commissioner, 2010).

Best health outcomes for Māori: Practice implications

This resource booklet is a comprehensive guide for medical professionals to help meet cultural competence requirements. It provides an overview of Māori health, the Treaty of Waitangi, a definition of and overview of the importance of cultural competency and also definitions of key Māori concepts such as whānau, whakapapa, tapu and noa. It uses te whare tapa whā as a health model. The report describes the importance of Māori community involvement, ethnicity data collection, effective communication, guidance on Māori preferences, family support, physical contact, body language, consent, karakia and rongoā. It provides information on special circumstances (such as surgery, anaesthesia, death) and several case studies (Mauriora Associates, 2008). While it is written largely for non-Māori and those with little or no familiarity with te ao Māori, and is also explicitly aimed at the medical profession, it is a valuable resource. This report is currently being updated. Mauriora Associates also offer a free online cultural competency course.[3]

Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice

This document presents the underlying principles for cultural safety, the Treaty of Waitangi and Māori health. It describes the process towards cultural safety from awareness to sensitivity to safety, and a recognition of the power differential between nurses and patients. It requires of nurses to examine their own realities and attitudes, evaluate the impact that historical, political and social processes have on all people and demonstrate flexibility in relationships with people who are different from themselves. A commitment to the Treaty of Waitangi requires that the Nursing Council forms partnerships with Māori and provide for Māori interests, is responsive to the needs of Māori, ensures there are equal opportunities and measures and evaluates the Council's response to the Treaty. There are three key principles – tino rangatiratanga, partnership and recognition of health as a taonga. Principles of Māori health and nursing practice include: understanding historical, social, economic and political process that impact on Māori; critiquing the relationship between Māori and the Crown and analysing the power that nurses have when working with Māori; establishing partnerships between nursing education and service providers and local Māori; implementing various models of Māori health and realities; recoghising the importance of Māori identity, beliefs, values and practices, Māori diversity and improving access; understanding the impact of the nurses own culture and experiences; and practising within a framework that involves Māori in the assessment, planning and treatment of service delivery (Nursing Council of New Zealand, 2011).

The Takarangi Competency Framework

This is a Māori centred competency framework that privileges Māori thought and practice. It contains fourteen competencies, which each having an 'essence statement'[4], and includes four domains of knowledge – whakaatu, mōhio, mātau and marama. In each domain there are three levels of practice. The framework uses the symbol of the takarangi which represents the entry of light into the world and the linkage of man with wairua through the never-ending spiral (Huriwai,

[3] https://members.mauriora.co.nz/mauriora-courses/

[4] https://www.matuaraki.org.nz/uploads/files/resource-assets/takarangi-competency-framework-essence-statements-poster.pdf

2013). This cultural competency framework was developed for the addiction workforce but has been implemented in many other health environments.

Manaaki – mana-enhancing and mana protecting practice

This report is a resource for practitioners to employ the principle of manaaki in their practice. Underpinned by the concept of mana (prestige, authority, control, power and influence), four main expressions are given: mana atua is the link between the divine, self and others demonstrated through reciprocal relationships with people and the environment and a reminder that wairua is a normal part of our world; mana tipuna describes that the mana of each person has derived from their parents, whānau, hapū and iwi, which is in turn derived from the atua; mana whenua acknowledges a sense of identity and connectedness and ūkaipō – origin and true home; and mana tangata refers to the authority which comes from people and involves generosity, cooperation and taking responsibility by ensuring that ones actions enhance the mana of others and self. This report provides examples of manaakitanga implemented as a value in various health and education programmes and organisations. It provides a list of requirements for interactions to ensure they are mana-enhancing and mana-protective of Māori individuals and whānau (Te Rau Matatini, 2015b).

Whanaungatanga: a space to be ourselves

This article explores the importance of whanaungatanga in a health literacy context when whānau are making decisions in a clinical environment around cardiovascular treatment plans. The dynamics of the patient-doctor relationship during consultation are explored and the key aspects of whanaungatanga which include whakapapa, aroha, manaaki, the importance of whānau and whānau responsibilities and personal connection with health professionals. Other important factors in the consultation and development of treatment pathways were the importance of skilled facilitation and knowledge sharing and striving towards wellbeing. This paper provides some important insights to health literacy for Māori, the power dynamics in consultation specific to chronic conditions and situates health literacy in a multidimensional context that incorporates key Māori concepts and the process of whanaungatanga (Carlson et al., 2016).

3.5 Social, political, historical context

Research indicates the important role of social factors such as income, education, housing, working conditions, racism, marginalistion, colonisation and privilege on the health context of Māori. While there is evidence that value is placed on health services that address the historical, political, environmental, systemic and socio-cultural determinants of health (Tūmana Research, 2012), few Māori health models take this explicitly into consideration. The exception is the Meihana model developed by Otago University for use in clinical assessment (Pitama et al., 2014). Plunket recognises the need to address issues of poverty for families in Aotearoa and the importance of healthy homes for overall wellbeing (The Royal New Zealand Plunket Trust, 2018). This recognition will be important in the development of a model of care for whānau.

Effective service delivery for Māori also requires an appreciation of the demographic circumstances of the community it serves. An example of this can be seen in a study that sought to establish a Māori case management clinic in Counties Manukau, and obtained data on socieoeconomic position and access, attendance rates, avoidable admissions and life expectancy in order to plan appropriate services (Maniapoto & Gribben, 2003). Other significant demographic factors include ethnic profiles, rurality, education, employment, access to telecommunications, housing and crowding, te reo Māori and also access to marae, use of rongoā and involvement in Māori culture. Some of this data is

readily available in the DHB Māori Health Profiles 2015,[5] and DHBs also collate demographic data regularly which can be found in Strategic Plans and Māori Health Plans on District Health Board websites.

3.6 Gaps and limitations in the desktop literature review.

This paper has reviewed literature from Aotearoa alone, following a brief scan of international literature.

As mentioned earlier, the scope of the literature included frameworks and models of service delivery and health areas other than maternity and early parenthood. The scope did not include frameworks used in other sectors such as education or corrections.

As some of the models reflected in this review are designed for other areas of health (such as addictions or chronic conditions), this might limit their applicability to the Plunket context. However, many of the features and values are common across the models. Consistent with the kaupapa Māori approach taken in this review, Māori knowledges have been prioritised. As such, some models were excluded from the report such as those based on non-Māori models but which have been adapted for Māori communities.

This review draws on readily available academic literature. It is likely that information on models of care devised and implemented at a local level by smaller providers is not available in the academic literature. Evidence of some of these programmes is provided in this review, but with little detail. It could be of interest for Plunket to investigate some smaller community level models

3.6 Overview of best practice findings from kōrero-ā-tuhi sources

A kaupapa Māori model of care must be based on sound Māori principles. The models and frameworks reviewed in this report were all founded on a set of values drawn from te ao Māori. Probably the most common, and therefore most relevant and important values were; manaakitanga (care and support, uplifting mana), whanaungatanga (development and maintenance of strong healthy relationships and effective communication) and rangatiratanga (whānau-centred, self determination and empowerment to make decisions about one's health future). Other values included whānau, pae ora, wairuatanga, aroha, whakapapa, reo and tikanga, kōtahitanga, tika, pono, mauri, mātauranga Māori, whakanoa, kaha, mōhiotanga.

A model of care needs to incorporate a shared understanding or definition of health from a te ao Māori perspective. Several models of health were reviewed, all underpinned by tikanga Māori. While the less complex models lend well to implementation, such as Te Whare Tapa Wha, ensuring the complete context of the health situation for Māori is reflected is also important, seen in other models such as Te Wheke, or the Meihana Model which includes systemic impacts such as colonisation and racism. National level frameworks and strategies are also taken into account. Both

5 https://www.otago.ac.nz/wellington/departments/publichealth/research/erupomare/research/otago147631.html

He Korowai Oranga and *Equity of Healthcare for Māori – a Framework* were developed following extensive consultation with Māori families, communities, and Māori in the health system.

Of the health models and frameworks reviewed, several used Māori imagery which is likely to resonate with whānau. Some examples included waka, whare, or images of atua. Several models also incorporated the idea of progression, or moving along a pathway such as a waka journey or moving from darkness to light. Some included the symbolism of partnership such as two-hulled waka (patient + whānau) or two hands (nurse + patient). Simplicity in the concepts of the model also improves the user-friendliness, some models were particularly complex, such as the Model for Primary Health Care Nursing. This was also not centralised on kaupapa Māori values.

One model drew together several different frameworks in order to enable a 'suite' of options suited to the specific circumstances of whānau. This is particularly complex, and places additional demands on kaimahi in terms of skills and training. Many models were developed with an expert advisory group, kaumātua, or in a co-design model where consumers had direct input.

All models included a considerable focus on engagement with whānau, where whanaungatanga and manaakitanga are key. Specific engagement tools are mentioned that might be useful, and are currently in use in different health and health education contexts. Aspirational planning can be involved during whānau consultations, and planning tools such as PATH might be useful.

Of interest is the use of pūrākau as a narrative therapy in Te Kūwatawata, and also the model 'te hā o te whānau' which aims for improvement for both the whānau and the system. Mana Tū is a particularly comprehensive programme which considers the three levels; system, service and whānau, and while it is founded on tikanga Māori principles, incorporates the process of 'motivational interviewing' which might be worth further exploration.

The power differential beween provider and whānau needs to be acknowledged, and whānau empowerment is key to effective engagement that serves to uplift mana. Appropriate communication in this respect is important, and requires considering varying literacy levels and an understanding of body language and non-verbal cues.

Supporting strong identity of whānau is important. This places responsibilities on providers and health professionals to ensure reo and tikanga training, and ongoing development of relationships in the Māori community, increasing cultural competency needs in this respect. Providers need to ensure the wellbeing of health workers is maintained, and recognise that both professional development and wellbeing requirements for Māori staff might differ as additional cultural demands are often placed on them.

4.0 Kōrero ā-waha | Best practice findings from ā-kōrero sources

4.1 Hui Maumahara – Te Whare Tapa Wha, Aorangi Marae, Feilding

Over recent months, Te Rau Ora has hosted a series of Hui Maumahara around the country to bring together kaimahi working in Māori health to reflect on the Māori frameworks, models and advocates that have informed their practice.[6] The focus of the Feilding Hui Maumahara, held on 22 May 2019, was for kaimahi to reflect on the influence and impact of Sir Mason Durie's Te Whare Tapa Wha model. At this hui, and alongside the kōrero of kaimahi attendees, Sir Mason talked of the development of the model and its key aims.

4.1.1 Key points from Sir Mason Durie kōrero

- Sir Mason developed Te Whare Tapa Wha as a result of the inadequacies he experienced as a clinician of the medical approach to support Māori health and wellbeing. Instead of the exclusive application of the medical approach, his view was that other approaches were needed to work alongside it.
- The idea of Te Whare Tapa Wha developed out of his observations and understandings of the elements and roles in play in a wharenui during tangihanga which supported the health and wellbeing of whānau.
- The process of development took time, was iterative and included feedback and input from others – both whānau and other Māori health and wellbeing professionals and practitioners.
- The model is simplistic in that it asks kaimahi to support those they work with, with four key tasks: the uplifting of the wairua; the clearing and focusing of the mind; the strengthening of the body so it's fit for purpose, whatever that purpose is; and the celebration of whānau and the building of whānau or a community of support.
- Acceptance of the model was facilitated by its use by Māori organisations. The first application of the model was in 1984 when the Māori Women's Welfare League used it to analyse the data collected in their Health and Wellbeing of Māori Women research project.

4.1.2 Key points raised by hui attendees

- Attendees talked of the accessibility of the model; that its simplicity made it user-friendly and adaptable to many different contexts. For example, it has been used as a model to structure the writing of client notes and the development of care plans with whānau. They also noted that because the model is so well-known and understood, it is non-threatening to non-Māori managers and colleagues.
- A number of attendees presented on their work to extend the model, including the waka-hourua model where the whare is inverted and includes a male and a female side and which connects the model to te taiao and ngā atua.
- Other applications of the model were as a tool for kaimahi to assess and monitor their own wellbeing and to plan for and better embed self-care practices in their work (e.g. the Waitangi Wheel)[7].

[6] https://terauora.com/?s=Hui+Maumahara+.
[7] Found at: http://couragetogrow.co.nz/Home/About-Me/Training-Experience/Popular-Handouts

- Other kōrero included the importance of a strengths-based approach to whānau wellbeing; where the emphasis is not on 'what's the matter with whānau' but 'what matters most to whānau'.

4.1.3 Overview of key points

- Kaupapa models of care take time to develop, where a best practice approach to development involves feedback from a range of sources – including from whānau.
- Kaupapa models of care are made meaningful when they are grounded in te ao Māori understandings.
- Kaupapa models of care work best when they are simple and easy to use and where they have broad application including for service delivery, the monitoring and assessment of service delivery and for kaimahi training and professional development; where they are able to operate as a 'whole of organisation' schema.

4.2 Key informant interview with Professor David Tipene-Leach

Professor David Tipene-Leach is widely recognised as a pioneer in Sudden Unexpected Death in Infants (SUDI) prevention in Māori communities. His work in this field began in the early 1990s and led to the establishment of the Māori SIDS team and prevention rogramme. Together with this team, he led the development of wahakura or woven flax bassinets to enable whānau to safely sleep with their babies and the Wahakura Wānanga programme to share the innovation with Māori communities. This work was later extended by the development of pepi-pods and the establishment of the Safe Sleep Programme which was initially run by DHBs and is now run by the Ministry of Health. Further developments to the wahakura strategy to continue to reduce Māori SUDI rates include programmes to change the smoking behaviours of Māori mothers during pregnancy and a soon-to-be-launched programme to better connect whānau with wider health and social services. Professor Tipene-Leach was interviewed in July 2019 where he shared the near 30-year story of his work in SUDI prevention and his insights into best practice in the development and delivery of kaupapa Māori health care for whānau.

4.2.1 Reflections from GP work in Māori communities in the 1980s

- Pre-1990s and the concept of 'kaupapa Māori', good health services for Māori meant services that whānau could afford, that they could get to transport-wise and that they were happy to engage with.
- To build whānau engagement, the clinics he worked in sought to employ Māori health workers, to converse in as much te reo as they could offer to whānau or that whānau could work with and to facilitate whānau access to culturally-based health practices and practitioners such as rongoā and tōhunga.
- As the concept of 'kāupapa Māori' took hold, so too did the ambition to establish Māori health clinics run according to the kaupapa or values of te ao Māori and staffed with Māori health workers.

4.2.2 Early best practice learnings from the Māori SIDS Prevention Programme

In the 1990s, members of the Māori SIDS Prevention Programme team travelled extensively to disseminate culturally appropriate SIDS prevention information to Māori communities. They achieved some success in reducing SUDI rates and Professor Tipene-Leach credited this to:

- Travelling to and speaking where Māori were located – in marae, in community spaces;

- A team which included skilled community educators who knew how to connect with and converse with Māori audiences;
- Talking about the things that whānau wanted to talk about. What whānau most wanted to talk about was bed-sharing and the negative messages they were receiving about it which they strongly resisted; and
- Putting aside issues which turned whānau off from engaging, namely smoking cessation.

4.2.3 Best practice learnings from the use of research evidence

Professor Tipene-Leach also talked about the importance of drawing on research evidence when working with whānau. The next phase of the team's work involved talking about the research evidence which showed that while bed-sharing was safe, it became a significant risk factor where mothers had smoked during pregnancy. This phase of work showed a marked reduction in Māori SUDI rates. What was important in this phase of work was:

- Focusing the kōrero on what whānau most wanted to talk about (bed-sharing);
- Sharing research findings with whānau about the impacts of smoking on SUDI rates without judgement; and
- Giving information to whānau without the demand that mothers quit smoking.

4.2.4 Best practice learnings from the wahakura strategy

By 2005, Māori SUDI rates were no longer decreasing. A new strategy was needed that drew on the team's previous learnings, i.e. that didn't rely on smoking cessation, that would engage the attention of Māori women and that would create safer bed-sharing practices. The solution was the development of wahakura which provided a flat sleeping surface for babies whose breathing abilities were compromised where mothers had smoked during pregnancy. This innovation, along with the development and mass roll-out of pepi-pods through DHBs and the establishment of the Safe Sleep programme, again led to a decrease in Māori SUDI rates. What was important in the successful roll-out and uptake of the wahakura strategy by whānau was:

- Supporting the strategy by holding wānanga with Māori communities which included engagement with weavers to make the wahakura and to share their skills with whānau;
- Using stories or pūrākau to present the use of wahakura as credible; as something whānau could connect with and believe in (in this case, of wahakura as a traditional practice);
- Having the wahakura strategy led by Māori health professionals and community leaders who were recognised as skilled, credible and grounded in te ao Māori; and
- That the strategy was supported by research evidence which showed wahakura and pepi-pods were successful in reducing Māori SUDI rates.

4.2.5 Best practice learnings from Ministry of Health uptake of the Safe Sleep Programme

The Ministry of Health took over the Safe Sleep Programme around 2015 and between 2016-2018, Māori SUDI rates again plateaued. Questions arose about the support the Ministry of Health was giving to the programme. It was found that the Ministry had altered the funding the funding model which saw funding for the Māori programme drop from 90 per cent to 10 per cent, with the bulk of the funding going to DHBs, and had discontinued the employment of the Māori workforce which sat behind the programme and whose community contacts and connections made it work. For the Māori SIDS prevention team, this reiterated the importance of Māori influence and capacity to the ongoing reduction of Māori SUDI rates.

4.2.6 Further developments from best practice learnings to date

The plateau in Māori SUDI rates also signalled the need to turn to address the outstanding issue of smoking cessation. Drawing on what they knew about the barrier created by quit smoking messages and supported by SUDI research which showed the crux of the issue was smoking while pregnant, the team developed a programme for Māori women that focused on the short-term: on changing their smoking behaviour while pregnant for the wellbeing of their babies.

The latest chapter in Professor Tipene-Leach's work to date has been the establishment of a whare pora or house of weaving, the domain of Hineteiwaiwa who is the atua connecting weaving, pregnancy, childbirth and child-rearing. A key purpose of the whare pora is to connect whānau and Māori mothers with wider health and social services. In the coming weeks, a clinic staffed by weavers will open in Flaxmere who will work with expectant Māori mothers and their whānau to teach them to weave their wahakura, to make ipu whenua and muka ties and, through time taken for whakawhanaungatanga, connect them with midwifery services and other health and social services as required.

4.2.7 Overview of best practice learnings

For Professor David Tipene-Leach, best practice for whānau is about making kaupapa meaningful; it's about grounding practice in te ao Māori – in tikanga, te reo, mātauranga and pūrākau.

Best practice in the delivery of kaupapa Māori health care for whānau continues to mean the provision of services that are affordable, accessible and which facilitate Māori engagement as Māori and where such services are supported to grow and evolve through the active recruitment of Māori staff and expertise.

His long experience of working with whānau and Māori communities has added to this store of best practice principles. Central to this is working with whānau where they are at, side by side; sharing information and addressing what is important to them, in ways which they can relate to, and without judgement or demands. Best practice for whānau is about the provision of services that are respectful and mana-enhancing and which enable whānau to be in a determining role in relation to their health and wellbeing. Best practice also means taking the time to build relationships of trust with whānau which is enhanced by drawing and building on their existing strengths and tackling more challenging issues as relationships develop and strengthen. A best practice, kaupapa approach to care is very much about being and remaining connected with whānau.

A further key learning from Professor Tipene-Leach's work is that best practice for whānau is about being strategic and innovative to ensure health care services and programmes align with where they are at and what is important to them. Best practice in the development and introduction of services, programmes, strategies and innovations for whānau is thus also about their alignment with mātauranga and pūrākau or stories which ground them in te ao Māori and make them appealing and credible to whānau. Many Māori want to be Māori; to learn more about and take up practices that derive from those developed by tūpuna to support whānau wellbeing.

Best practice in the introduction of new services, programmes, strategies and innovations in Māori health is also where they are developed and fronted by trusted Māori leadership, including professional and community leadership, and where implementation is undertaken collectively by both leaders and networks of committed Māori community-based workers and practitioners. Another aspect of best practice in the development and introduction of new health care strategies

and innovations for whānau is where they supported by Māori-led, te ao Māori-based programmes of research to build an evidence base of their impacts and effectiveness.

4.3 Key informant interview with Kelly Spriggs and Rawinia Hohua, Plunket

Kelly Spriggs and Rawinia Hohua are experienced community educators in tikanga Māori antenatal education. Drawing on their previous work with Waikato DHB, where they ran the Hapū Wānanga programme for Māori women and their whānau to learn about pregnancy and birthing, they have recently been appointed by Plunket to lead the provision of a new tikanga Māori antenatal education and parenting support programme for Māori women and their whānau. Part of this work will also involve the development of 'train the trainer' teaching modules to enable the programme to be implemented by Māori Plunket nurses and staff to communities throughout the country. In her role as the pregnancy and parenting manager for Plunket, Ms Spriggs will lead this programme of work and Ms Hohua will lead a programme of work to build the cultural competency of the organisation as a whole. They were interviewed in June 2019 and shared their insights into best practice in the development and delivery of te ao Māori-based health care programmes and services for whānau.

4.3.1 Best practice in programme development and delivery

Ms Spriggs and Ms Hohua talked about the importance of drawing together information on tikanga Māori traditional birthing practices in developing a programme of antenatal education for whānau. Having programmes grounded in te ao Māori were important to whānau and helped ensure high attendance rates. In terms of the development of teaching modules to train Māori Plunket nurses and staff to run the programme, they talked of the importance of framing the curriculum around a Māori model of health, such as Te Whare Tapa Wha, to also ground that aspect of their work in holistic, te ao Māori understandings of health and wellbeing.

A key aspect of the success of the Hapū Wānanga programme they had run for Waikato DHB in terms of attendance and positive birthing outcomes, had been its interactive, wānanga method and that the programme was delivered on marae. Of note was that programme delivery via marae-based wānanga had not only been successful in reaching and engaging with whānau Māori but with Pākehā families as well. They also talked of the importance of the inclusion of tane on their delivery team to support with the observance of marae protocols and for the wānanga to be supported by kaumatua and by iwi organisations and leadership. Relationships with marae, kaumatua and iwi were seen as critical to keeping the programme grounded in te ao Māori and presenting it as relevant and credible to whānau. Relationships with midwives were also important to connect them with whānau. Their teaching modules for the programme will include a module on how to run marae-based wānanga.

The programme will be delivered first in the Waikato region and will then be rolled out in other regions. While the logistics of programme roll-out to other regions was still being worked through at the time of the interview, a first priority for them was to develop relationships in other regions and hold wānanga to gain a clear understanding of what is currently being delivered and how their programme and teaching modules might be useful. This is to ensure they are directing their efforts towards regions where there is a need for tikanga Māori antenatal education and to ensure they work collaboratively and respectfully with what has already been established.

For them, this work is about linking their skills and expertise with the networks of Plunket to address the gap that exists in the organisation's provision of antenatal education to Māori.

4.3.2 Organisational best practice in meeting the cultural needs of Māori

Ms Hohua also talked about her work programme to build the cultural competency of the organisation as a whole to meet the cultural needs and improve the health outcomes of the whānau Plunket works with. It will involve the development of teaching modules on te reo, tikanga, the Treaty of Waitangi and working in culturally-safe, mana-enhancing ways with whānau. They will be shared with staff via wānanga and on-line platforms, and will include partnering with institutions such as Te Wānanga o Aotearoa to deliver some of the foundational learning for te reo and tikanga. The teaching modules will form part of the organisation's staff induction process and a systems approach will enable Plunket to record what training has been completed by staff and flag when 'refresher' training is due.

4.3.3 Best practice to support implementation of a kaupapa model of care for whānau

Ms spriggs and Ms Hohua talked of what will be important to best support the successful implementation of a kaupapa-based model of care for whānau who engage with Plunket.

They highlighted the need to develop a programme to recruit more Māori staff and significantly raise the numbers of Māori employed throughout the organisation. This would sit alongside the work programme to build the cultural competency staff and, together, both programmes would lift the organisation's cultural competency as a whole.

They also raised the need for the organisation to build relationships with marae, iwi and Māori communities. Important ways in which to build these relationships include engaging in activities run by them, such as matariki events and waka ama, and in the Waikato, attending events such as the annual Koroneihana and poukai. A further point raised was the need to establish a national marae for Plunket to better enable staff to build relationships and connections with each other, with other agencies and providers and with Māori and communities more generally.

They felt strongly too that the work of Plunket, including the development and implementation of a kaupapa-based model of care, needed to be guided and supported by the formation of a kaumatua kaunihera or rōpū, and that such a model be inclusive of the mana of tane.

A final point raised in the interview was to 'rebrand' Plunket as an organisation that is inclusive of and responsive to the health and wellbeing goals, priorities and aspirations of whānau, and in particular, by drawing on stories from within Plunket's history that underscore that message and which could be featured on the organisations website homepage. They raised the significance of the story of the Karitane Māori midwives involvement in the early development of Plunket as an organisation to this rebranding, as well as the korowai gifted to Plunket by Maata McManus and the story that sits behind it. Images of this korowai will feature in the material being developed for the antenatal and parenting support programme, including the teaching modules, and it was suggested that these images could be used more widely in Plunket-branded resources and promotional materials.

4.3.4 Overview of best practice learnings

A host of best practice recommendations were put forward in the interview with Ms Spriggs and Ms Hohua to better enable Plunket to engage with whānau and provide and deliver services that support their health and wellbeing. These included:

- grounding health and wellbeing programme material for whānau in te ao Māori;
- delivering health and wellbeing programmes to whānau via marae-based wānanga;

- building relationships such as with marae, iwi, kaumatua and midwives, to support successful programme delivery;
- developing programmes for whānau where gaps are identified in current programme provision;
- collaborating with other providers to deliver programmes that whānau want and need;
- developing training materials and systems and partnering with relevant Māori education providers to build organisational cultural competency;
- developing a recruitment programme to increase Māori staff numbers;
- building relationships with Māori communities;
- establishing a kaumatua kaunihera to guide and support the work of the organisation; and
- rebranding the organisation as one which is inclusive of and responsive to whānau, such as by profiling the Māori midwives origin story of Plunket and the story and images of the korowai gifted to Plunket.

4.4 Key informant interview with the Whānau Āwhina, Whānau Ora programme team

The Whānau Āwhina Whānau Ora (WAWO) programme was established within Hamilton Central Plunket in 2016 to support and promote better health outcomes for vulnerable whānau in the Hamilton area. A key rationale behind the programme has been the need for Plunket to do things differently to increase engagement with whānau and better align service delivery with the needs of whānau and Māori communities.[8] The three kaimahi of the WAWO programme – nurses Lisa Martin and Donna Berends, and kaiawhina Maraea Makiha – were interviewed in June 2019. They shared their experiences of the programme to date and their collective insights into best practice for supporting the health and wellbeing of whānau.

4.4.1 Best practice to support whānau

As noted above, the WAWO progamme enables the kaimahi who work within it to do things differently. A key difference is the whānau-led approach to their work. The focus of their contact with whānau is on the health and wellbeing goals of whānau and supporting them to achieve these goals rather than on the assessment and documentation of a child's health – although the nurses on the WAWO programme are able to do Well Child checks as well. The development of these goals is led by whānau, with input provided by WAWO kaimahi where it is asked for or deemed appropriate. For example, the team talked about suggesting goals such as child dental checks if they notice tooth decay or hearing checks where parents are struggling with parenting. Kaimahi use the Te Wheke model of health and wellbeing to work with whānau on developing their goals which helps whānau to open up and explore what they want to achieve.

One of the most significant aspects of the programme's whānau-led approach is that contact with whānau is based on the support whānau need rather than the requirement to meet a set case load of visits. Freed from the time pressures that previously limited what they were able to do to support whānau, the WAWO team talked of having the time and flexibility to provide a quality service to whānau. Having the time to spend with whānau was key to building relationships of trust, setting

[8] Whānau Āwhina Whānau Ora Service Delivery Model Project Overview (internal paper, Plunket).

and working through whānau goals and gaining a deeper understanding of the challenges whānau face and how they might be best supported to meet these goals.

The WAWO team talked of the central importance of building relationships with whānau. Relationship building with whānau is facilitated by taking a mana-enhancing approach, which is about awhi, being present, listening, respect, caring about their wellbeing and futures, affirming whānau strengths and praising what they are doing well, being non-judgemental and being easily contactable via phone, text and email.

The building of strong, trusting relationships is also facilitated by WAWO kaimahi supporting whānau health and wellbeing in real, practical ways including through:

- assisting whānau to complete Well Child checks and attend to their other health needs such as immunisations, dental and hearing checks and accessing contraception;
- supporting the development of their parenting practices during their visits through kōrero and helping parents to understand the behaviour of their tamariki, positive role modelling with tamariki, referring parents to parenting programmes such as Tikanga Ririki which is based on traditional Māori parenting practices and the sharing of parenting resources;
- assisting whānau to address housing and employment needs, and to enrol their tamariki in early childhood education and parents in courses and tertiary education where required;
- assisting whānau with transport to do grocery shopping or to attend appointments where they don't have access to a vehicle or can't afford petrol and have sick children. Lack of transport is a significant barrier for whānau to access services and agencies. Assisting with transport also provides a relaxed, non-threatening environment for kōrero together and time to reflect on how apppointments have gone and what the next steps might be;
- attending appointments with whānau where there are difficulties or where they don't have whānau support. For example, the WAWO team talked of attending hospital appointments with whānau as whānau are often disempowered by medical staff using jargon they don't understand and which WAWO kaimahi are able to translate into lay terms;
- providing advocacy support to whānau where needed. This has been especially important with agencies that whānau typically have difficulties with, such as WINZ and the accessing of their entitlements; and through
- facilitating whānau access to and relationships with external health and social services, agencies and community groups by linking them up together, including through making referrals to budgeting services, alcohol and other drug services and counselling.

A key aim of the WAWO team is to work alongside whānau, supporting them to find their own solutions and a sense of empowerment and independence. As the WAWO team explained, their aim is to use their time well to make a difference for whānau and, as such, they provide transport, attend appointments, take on advocacy roles and facilitate relationships with other services and agencies where needed. They are also mindful, however, to support whānau without creating dependencies or taking over. The WAWO team thus also talked about encouraging whānau without cars to do their grocery shopping online, to attend appointments on their own where confident to do so and to build their own connections and relationships with other services and agencies in the community where they are able.

A further key aim of the WAWO team is supporting whānau choice. There are three different providers for Well Child checks and it is important to them that whānau make that choice so they

are able to access the support they want. While many whānau preferred Tamariki Ora, some came to Plunket because Tamariki Ora did not have sufficient capacity to meet their needs. Other whānau were referred directly to Plunket through their midwives.

4.4.2 Outcomes for whānau from the programme

A key outcome achieved from the programme is improved retention rates and much greater engagement by whānau with Plunket, and, as a consequence, more whānau are completing their Well Child checks. As explained by the WAWO team, because of the strong relationships they have developed with whānau and because they are now meeting their needs, it has changed whānau perceptions of Plunket and whānau are now reaching out and initiating contact. Prior to the programme, most whānau either declined the service or were challenging to engage.

The team also talked of how whānau engagement with other health and social services has improved as a result of the programme and having someone alongside them to help access such services and support.

A further outcome for whānau from the programme was improved parenting practices where parents praise their tamariki more and interact with them in more positive ways. Improved parenting has also had a positive impact on parents' relationships with each other.

4.4.3 Outcomes for staff from the programme

The WAWO team had also experienced a number of positive outcomes as a result of working in the programme. They talked of a much greater sense of job satisfaction from being able to engage more deeply with whānau and provide meaningful support to them that often made a real difference to their health and wellbeing and their lives more generally.

Other outcomes have included developing and strengthening their own practices, were they are more adaptable, flexible, solutions-focused, intuitive and creative in their work. The WAWO team also talked of how they have been able to significantly build and extend their knowledge of and relationships with other relevant services, agencies and groups within their community as a result of working in the WAWO programme.

A key outcome for the organisation had been in the sharing of the Te Wheke-based assessments of the whānau they worked with their Plunket colleagues, and of how this has helped their colleagues gain an understanding and insight into Māori models of health and the meaning and importance of key concepts such as wairua.

4.4.4 Best practice to support the programme team

The WAWO team value the autonomy they have in their roles and the removal of time pressures which gives them the flexibility to focus on building strong relationships with whānau and providing meaningful support to them.

They also place a high value on the team approach to their work where they often work interchangably with whānau as opposed to being assigned to particular whānau – although some whānau do prefer to work with one kaimahi. It means they are able to share work loads when needed and have cover when they take leave. Having a team approach has led to the development of trusting relationships between kaimahi, with a deep understanding and appreciation of each others' strengths and how to work with them to best effect for whānau. Because kaimahi work autonomously and visit whānau alone, the sharing of insights and key learnings and contacts and

supporting each other as a team was seen as particularly important to the quality of their work and their own wellbeing.

The WAWO team has a dedicated fleet of cars, with a car for each kaimahi, and are able to house these cars at their homes. This is important as they are sometimes are called on by whānau to support them after hours. One kaimahi has a larger vehicle which enables them to transport larger whānau and assist whānau with moving house as many are without whānau support networks.

The WAWO team use the Te Wheke model of health in their work with whānau to set and review whānau goals. The model is also used as a template for the writing of whānau case notes, assessments and reporting. The model works well as it's holistic and user-friendly and enables them to record information in one place and in a narrative form which is important in keeping the team linked in and connected to all the whānau they work with.

4.4.5 Changes needed to improve best practice in the programme

The WAWO team raised a number of changes needed to improve best practice in the programme. These included:

- fortnightly cultural supervision;
- a dedicated WAWO team space or room;
- a greater number of hours for professional development, and for them to be able to source their own professional development;
- a budget for resources to share with whānau, including Tikanga Ririki parenting programme booklets;
- the introduction of a process to notify the WAWO team of hard-to-engage whānau to give the team the opportunity to connect with them before Plunket disengages;
- developing connections with marae in the region to build connections with Māori communities and strengthen programme delivery; and
- greater collaboration and communication processes with other service providers in their region to best facilitate wraparound support for whānau.

4.4.6 Changes needed to improve best practice in the organisation

The WAWO team also raised a number of changes needed to improve best practice in the organisation. These included:

- developing a recruitment programme to increase the number of Māori staff;
- increasing the cultural responsiveness of Plunket to whānau, including building te reo capability in staff and knowledge of tikanga. Their view was that all staff should have the opportunity to learn te reo in work hours. The WAWO team was excited by the work programme to be developed by their colleague, Ms Hohua, and the positive impacts it would have on the organisation, their own professional practice and for the whānau they worked with;
- expanding the whānau-centred approach of the WAWO programme to the wider organisation, to non-Māori families and to the organisation at a national level, and supporting this expansion with professional development for staff to build cultural competence and confidence in working with whānau and using a whānau-centred approach. The team was also very excited by the plan of Plunket to develop an organisation-wide kaupapa model of care for the whānau and families they work with; and

- developing connections with Māori communities. The team talked of the poor reputation of Plunket among whānau who viewed it as a Pākehā organisation for Pākehā families but said this perception was slowly changing. They felt this perception could change further if there was a reclaiming of the Māori midwives origins of Plunket and a greater awareness of that story within Māori communities.

4.4.7 Overview of best practice learnings

A number of best practice learnings were identified in the interview with the WAWO team. Best practice to support whānau included:

- using a whānau-led approach to work alongside whānau in support of their goals;
- taking time to build strong relationships of trust;
- working in ways with whānau that are mana-enhancing and strengths-based;
- assisting whānau to rebuild networks of support and regain a sense of independence; and
- using a Māori model of health and kaupapa-based resources to connect with whānau and support their health and wellbeing as Māori.

Best practice to support the WAWO programme and for Plunket more generally included:

- using a whānau-led approach that gives the WAWO team the time and flexibility to deliver best practice for whānau;
- using a Māori model of health for service delivery, reporting and assessment;
- using a team approach to service delivery;
- appropriate resourcing including vehicles, a team space, budget and access to kaupapa-based resources to share with whānau;
- access to regular and ongoing cultural supervision;
- access to training and professional development that is kaupapa-based;
- the development of a strategy to recruit more Māori staff;
- collaboration and communication within the organisation and with external agencies to deliver best practice to whānau;
- building connections with Māori communities, including through developing relationships with marae and sharing the Māori midwives origin story of Plunket; and
- expanding the whānau-centred approach of the WAWO programme to the wider organisation, to non-Māori families and to the organisation at a national level, and supporting this expansion with professional development for staff to build cultural competence and confidence in working with whānau and using a whānau-centred approach.

4.5 Interviews with whānau engaged in the Whānau Āwhina Whānau Ora programme

The WAWO team arranged for three whānau currently utlitising the services of the WAWO programme to be interviewed in June 2019. One whānau had been with the programme for seven months, one for two years and one had been with the programme since its inception.

At the time of the interviews, two of the whānau were also enrolled in the Family Start programme and talked of how they drew on the services of both programmes to support the health and wellbeing of their tamariki. One of these whānau had particularly high needs and the other felt the support provided by each was different as WAWO kaimahi had a particular focus on the health needs of their baby, the ability to do Well Child checks and were more flexible.

4.5.1 A whānau-led approach

The whānau deeply appreciated being able to access support that focused on their needs and priorities. Two of the whānau have regular visits while contact for the other whānau was more on an 'as-needed' basis, and all whānau felt they were able to ask for additional support when needed. This flexibility suited their busy and often challenging lives.

For one of the whānau, their WAWO kaimahi had been their Plunket nurse before the programme's establishment. In reflecting on the change in role, they felt the WAWO programme had enabled WAWO kaimahi to have more time and flexibility to support their whānau.

This was reiterated by the other whānau and all talked of how their WAWO kaimahi had time for them; that they were never too busy for them and were not in a rush during their visits. It made them feel supported and confident to continue to reach out to them when needed.

> *"I feel supported as a mum. When I need them, they're here."*

4.5.2 Building relationships

Each of the whānau had developed strong, trusting relationships with the WAWO team. What had helped build these relationships was that WAWO kaimahi were reliable, helpful, open, trustworthy, respectful, non-judgemental, supportive, knowledgeable, kind and good listeners. As as result, whānau said they were comfortable to open up and share what was going on their lives, including anxiety and depression and legal and custody issues, and put aside their whakama and be able to ask for the help they needed.

> *"They make me feel comfortable and my husband too. The kids just love them."*

Each of the whānau said it helped that the WAWO team was Māori. For them, kaimahi Māori cared more and went the extra mile and that they were more able to relate to them and open up. It was not just about ethnicity, however, but the quality of the relationship and connection between them.

> "*You've got to be comfortable with them – it's about getting the right person."*

4.5.3 The team approach

Whānau liked the team approach. It made them feel better supported and more able to reach out for help. What was important in facilitating this was WAWO kaimahi taking the time to bring other team members on visits to introduce them to the whānau.

4.5.4 Support for whānau health and wellbeing

Whānau talked of the different types of support they had received through the WAWO programme that had been important to them and which had helped improve the health and wellbeing of their whānau. These included WAWO nursing kaimahi undertaking Well Child checks, taking the time to talk with whānau about health and wellbeing issues and giving them good information and advice. They appreciated being able to check-in with someone "who knows" and get ressurance that they're on the right track, which increased their self-esteem and confidence as parents. Where there were health issues that needed to be followed up on, the WAWO team helped them get to GP and

hospital appointments and supported them through the process. Whānau also talked of the support they had received to help them address legal and custody issues, to access the things they needed such as kai and baby clothes, and to link them with other health and social services.

> *"If I can't do something, they help organise to get it done."*

Whānau were very happy with the support they were receiving through the WAWO programme and felt that no changes were needed to improve it as it was working well.

4.6 Ngā mātāpono|values

Key tikanga Māori values and principles were evident throughout the interviews. Ensuring the principle of rangatiratanga is upheld means taking an approach that is led by whānau. Whānau are empowered to make the choices that suit them best, supported by the services, resources and expertise available from the health professional or service.

Manaakitanga means working with whānau in ways that consistently uplift and enhance their mana and showing care and respect in a manner that is non-judgemental, open and honest. This often requires flexibility, adaptability and innovation on behalf of the health professional or service.

Whanaungatanga, or the building of relationships with whānau, is a process that takes time and persistence, but is essential for developing trust so that interactions between health professionals or services can be as effective as possible. The establishment and maintenance of relationships within the community, and across stakeholders or services is also critical to ensure whānau have access, through a provider or health professional, to the services that best meet their needs.

This entails the principle of kotahitanga, working in unity across providers, services, and intersectorally to build networks of whānau support. A collaborative approach ensures whānau have wraparound services suited to their needs, and minimises the logistical challenges of navigating the health system.

Pukengatanga in this context refers to a focus on the requirements of health services and ongoing improvement. The pursuit of excellence requires lifting of organisational standards through evaluative processes. A critical part of this requires ensuring organisational cultural competence, with particular regard to prioritising reo and tikanga Māori. Staff require dedicated, ongoing training in this area to ensure they are best equipped to meet the needs of Māori families and communities.

5.0 Whakarāpopototanga | Synthesis of best practice findings

This section presents a synthesis of both the kōrero-ā-tuhi literature review, and the kōrero-ā-waha oral interviews.

Kaupapa Māori models of care are meaningful when grounded in te ao Māori. They take time to develop, and require input from whānau, communities, kaimahi and kaumātua. A model works best when it is simple yet comprehensive, and include considerations for service delivery, reporting and assessment, staff training and professional development. Some thought should be put into the imagery used in the model; existing models use symbolism from te ao Māori, and some depict a wellbing journey for the whānau.

An understanding of health from a te ao Māori perspective is imperative in a model of care. The Māori health model must be founded on mātauranga Māori, is holistic in nature, and recognises the social, political, economic and demographic circumstances of whānau. National level frameworks and strategies for Māori health and equity need to be taken into consideration.

A focus on tikanga and reo is important in a model of care, and best practice allows Māori to engage *as Māori.* Supporting strong identity of whānau, aligning with mātauranga and pūrākau, and implementing practices from tūpuna can further whānau wellbeing. A consistent practice of manaakitanga ensures that the mana of whānau is uplifted during the process of engagement and whānau needs are placed first, with appropriate communication, timely responses, and with the ability to be flexible to meet changing demands. Services must be afforcable and accessible. Finding creative solutions, being strategic and innovative in the development and delivery services for Māori is required. Communication should take into account differing literacy levels, non-verbal communication, technology demands, and provide face to face opportunities where possible.

Best practice involves developing and maintaining strong effective relationships with whānau and Māori communities, and assisting whānau to build strong networks of support. Whanaungatanga also involves collaboration and communication across health services, and intersectorally. Providing the best service for Māori acknowledges the power differential between health services and whānau, and seeks to balance this by working alongside whānau to draw on the strengths and solutions within, and letting whānau lead the goal-setting and decision-making process. Rangatiratanga involves empowering whānau to maintain their authority in their lives.

Supporting the needs of kaimahi is important so that they are best equipped to serve whānau Māori. Strengthening cultural competency of an individual or service involves self-reflective practice, ongoing training in reo, tikanga, and hauora Māori. Opportunities to share learnings and strategies between workers should be provided, and in some cases a tuakana-teina mentoring model is implemented to support staff. Staff and services should be appropriately resourced. A focus on recruiting and supporting Māori workers is important as is a recognition that professional development requirements and support for Māori employees can differ as they have different cultural responsibilities placed on them. Provision of supervision and care of all kaimahi is vital to ensure wellbeing is optimal.

Establishing a kaupapa Māori model of care for Plunket requires Māori leadership in the thinking, design, development and implementation. A kaunihera kaumatua (Māori council) or similar has been suggested to guide and support the work, as has a rebrand of Plunket, profiling the Māori midwives origin story and images of the korowai gifted to the organisation.

6.0 References

Al-Busaidi, I. S., Huria, T., Pitama, S., & Lacey, C. (2018). Māori Indigenous Health Framework in action: addressing ethnic disparities in healthcare. *New Zealand Medical Association, 131*(1470).

Blundell, R., Gibbons, V., & Lillis, S. (2010). Cultural issues in research, a reflection. *New Zealand Medical Journal, 123*(1309).

Carlson, T., Barnes, H. M., Reid, S., & McCreanor, T. (2016). Whanaungatanga: A space to be ourselves. *Journal of Indigenous Wellbeing, 1*(2).

Cram, F. (2009). *Maintaining Indigenous Voices. Handbook of Social Science research ethics*. California, USA: Thousand Oaks.

Cunningham, C., Stevenson, B., & Tassell, N. (2005). *Analysis of the characteristics of whānau in Aotearoa*. Wellington, New Zealand: Ministry of Education.

Durie, M. (1994). Tirohanga Māori: Māori health perspectives. In M. H. Durie (Ed.), *Whaiora: Māori health development*. Auckland, New Zealand: Oxford University Press.

Durie, M. (1999). Te Pae Mahutonga, a Model for Māori health promotion. *Health Promotion Forum of New Zealand Newsletter, 49*.

Dyall, L. (2012). Front-line health workers: leading the frontiers of change. *Journal of Primary Health Care, 4*(1).

Elkington, A. (2017). The everyday lives of young Māori fathers: An explorative study. *Journal of Indigenous Wellbeing, 2*(3).

Gregory, D. (2008). He waka tapu: Working together for the wellbeing of the family. In R. Carrillo & J. Tello (Eds.), *Family violence and men of color: Healing the wounded male spirit*. New York, USA: Springer Publishing Company LLC.

Grice, J. L., Braun, V., & Wetherell, M. "What I reckon is, is that like the love you give to your kids they'll give to someone else and so on and so on": Whanaungatanga and mātauranga Māori in practice. *New Zealand Journal of Psychology, 46*(3).

Harwood, M., Tane, T., Broome, L., Carswell, P., Selak, V., Reid, J., & Stewart, T. (2018). Mana Tū: A Whānau Ora approach to Type 2 Diabetes. *New Zealand Medical Journal, 131*(1485).

Henare, M. (1988). *Ngā tikanga me ngā ritenga o te ao Māori: Standards and foundations of Māori society.* Wellington, New Zealand: The Royal Commission on Social Policy.

Holdaway, M. A. (2002). *A Māori model of primary health care nursing.* (Doctor of Philosophy), Massey University, Palmerston North, New Zealand.

Huriwai, T. (2013). *Takarangi Competency Framework*. Retrieved from https://www.matuaraki.org.nz/uploads/files/resource-assets/takarangi-competency-framework-precourse-introduction.pdf

Jones, B., Ingham, T., Davies, C., & Cram, F. (2010). Whānau Tuatahi: Māori community partnership research using a kaupapa Māori methodology. *MAI Review, 3*.

King, P., Cormack, D., & Kōpua, M. (2018). Oranga Mokopuna. A tāngata whenua rights-based approach to health and wellbeing. *MAI journal, 7*(2).

Lacey, C., Huria, T., Beckert, L., Gillies, M., & Pitama, S. (2011). The Hui Process: a framework to enhance the doctor-patient relationship. *New Zealand Medical Journal, 124*(1347).

Lyford, S., & Cook, P. (2005). The Whanaungatanga Model of Care. *Nursing Praxis in New Zealand, 21*(2), 26-36.

Maniapoto, T., & Gribben, B. (2003). Establishing a Māori case management clinic. *New Zealand Medical Journal, 116*(1169).

Mauriora Associates. (2008). *Best health outcomes for Māori: Practice implications*. Wellington, New Zealand: Medical Council of New Zealand.
Ministry of Health. (2009). *Te Toi Hauora-nui*. Wellington, New Zealand: Ministry of Health.
Ministry of Health. (2014a). *Equity of Health Care for Māori: A framework*. Wellington, New Zealand: Ministry of Health. Retrieved from https://www.health.govt.nz/publication/equity-health-care-maori-framework
Ministry of Health. (2014b). He Korowai Oranga framework. Wellington, New Zealand: Ministry of Health. Retrieved from https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
Ministry of Health. (2017). *Te ao auahatanga hauora Māori, Māori Health Innovation Fund*. Wellington, New Zealand: Ministry of Health.
Moananui-Makirere, J. T., King, L., Eruera, M., Tukukino, M., & Maoate-Davis, S. (2014). Te Ara Whakapikiōranga. *Aotearoa New Zealand Social Sork, 26*(1).
Morrison, L., & Wilson, D. (2013). Ngā Pou Wāhine: a framework of empowerment for Māori women and gambling misuse. *MAI journal, 2*(2).
Nursing Council of New Zealand. (2011). *Guidelines for cultural safety, the Treaty of Waitangi and Māori health in nursing education and practice*. Wellington, New Zealand: Nursing Council of New Zealand.
Office of the Children's Commissioner. (2010). *Children. A newsletter from the Office of the Children's Commissioner*. Retrieved from: https://www.occ.org.nz/assets/Uploads/Journals/Children-75.pdf
Pere, R. (1991). *Te Wheke. A celebration of infinite wisdom*. New Zealand: Ao Ako Global Learning.
Pipi, K. (2010). The PATH Planning tool and its potential for whānau research. *MAI Review, 3*.
Piripi, T., & Body, V. (2010). Tihei-wa Mauri Ora. *New Zealand Journal of Counselling, 30*(1).
Pitama, S., Ahuriri-Driscoll, A., Huria, T., Lacey, C., & Robertson, P. (2011). The value of te reo in primary care. *Journal of Primary Health Care, 3*(2).
Pitama, S., Huria, T., & Lacey, C. (2014). Improving Māori health through clinical assessment. *New Zealand Medical Journal, 127*(1393).
Pohatu, T. (2005). *Āta: Growing respectful relationships*.
Pohatu, T. (2015). Mātauranga-ā-whānau - He Kōnae Aronui. *Aotearoa New Zealand Social Work, 27*(4), 32-38.
Rangihuna, D., Kopua, M., & Tipene-Leach, D. (2018). Mahi a Atua: a pathway forward for Māori mental health. *New Zealand Medical Journal, 131*(1471).
Simon, V. (2005). Characterising Māori nursing practice. *Contemporary Nurse, 22*(2).
Stevenson, K. (2018). *Mā te wāhine, mā te whenua, ka ngaro te tangata.* (PhD), University of Otago, Wellington, New Zealand.
Te Puni Kōkiri. (2015). *The Whānau Ora Outcomes Framework*. Wellington, New Zealand. Te Puni Kōkiri. Retrieved from https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf
Te Rau Matatini. (2015a). *Indigenous insight inspiring innovation: Kaupapa Māori models of practice (Series 1)*. Wellington, New Zealand: Te Rau Matatini.
Te Rau Matatini. (2015b). *Manaaki - Mana enhancing and Mana protecting practice. A practitioner resource*. Wellington, New Zealand: Te Rau Matatini.
Te Rau Matatini. (2016). *Kaupapa Māori Mental Health and Addiction Services Best Practice Framework*. Wellington, New Zealand: Te Rau Matatini.
The Royal New Zealand Plunket Trust. (2016). *Plunket strategy 2016-2023*. Wellington, New Zealand: The Royal New Zealand Plunket Trust.
The Royal New Zealand Plunket Trust. (2018). *Annual report*. Wellington, New Zealand: The Royal New Zealand Plunket Trust.

Tūmana Research, H. (2012). *A formative evaluation of kaupapa Māori violence prevention services in Hauraki*. New Zealand: Te Poipoia Tūkino o Hauraki.

Ware, F., Breheny, M., & Forster, M. (2018). Mana Mātua. Being young Māori parents. *MAI journal, 7*(1).

Wenn, J. (2007). *Kaupapa hauora Māori: Ngā whakaaro whakahirahira o ngā kaumatua.* (PhD), Massey University, Palmerston North, New Zealand.

Wilson, D. (2008). Te Kapunga Putohe (the restless hands): a Māori centred nursing practice model. *Nursing Praxis in New Zealand, 24*(2).

Wratten-Stone, A. (2016). *Kaupapa Māori models of psychological therapy and mental health services. A literature review.* Auckland, New Zealand: Wai-Research.