**Te Tiriti o Waitangi and the consumer engagement quality and safety marker framework**

Summary from the Health Quality & Safety Commission’s consumer network discussion November 2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Minimal** | **Consultation** | **Involvement** | **Partnership and leadership** |
| Te Tiriti o Waitangi – *engaging and responding to the Articles of Te Tiriti* | No focus on equity, no formal recognition of partnership, no meaningful engagement with iwi and hapū | Relationships exist with iwi and input is sought. There is no formal partnership in decision making. There is a lack of ‘by Māori, for Māori’ options to provide insights and feedback | A relationship with iwi exists, and they are consulted in an appropriate and timely manner. Feedback based on discussions held with iwi are taken on board and influence any decisions that are made. Building relationships with iwi | There is a formalised partnership with Iwi, which includes governance. Equity is embedded at every level. Systemic and operational structures support formal, resourced consultation and feedback |
| Partnership – *to act towards each other reasonably and with utmost good faith* | * No Māori representative or linkage to Māori communities
* Poor understanding of Māori protocol and culture and what’s important to Māori
* Relationships forming
* Te Tiriti workshops take place
 | * Minimal representation; still no real connection with Māori, hapu, iwi groups
* Not following known protocol
* Building relationships with iwi
* Māori attend and this is facilitated appropriately
 | * Fifty percent Māori representation
* Advise and influence but no decision-making power
* Regular hui is funded and managed
 | * Māori chair/co-chair
* Māori caucus, tauiwi caucus
* At least 50 percent representation
* Excellent implementation of Māori culture and protocol
* Māori chair of consumer group
* Equality
* Trust of community is earnt
* Balance of diversity (Māori), gender
* Definition of consultation
 |
| Active protection– *right to decision-making power over their affairs* | * Zero power and influence
* No resources
* Obligations of articles
* Lens of Māoridom
 | * Some involvement by Māori, ultimately no decision making
* Examination of current consultation process
* Consumer engagement structure in place
* Network understanding
 | * Limited involvement, no ability to veto or change
* Recognising the value of relationship
* Natural Māori approach to health and well-being education – resourced and funded
* Māori ways of working identified
 | * Tino rangatiratanga
* Effective power and decision
* Fully owned, funded, resourced
* Operated by Māori
* Governance at all levels of organisation
* Feedback by all employees and consumers
 |
| Equity – *a basic standard of good government, and ensuring that Māori rights and privileges are observed genuinely* | * No standard or example
* Denial of Māori rights and privileges
* Rights – being able to perform
* Resources/funded
* Demonstration of competence to represent/service, pacific/Māori ‘success model’
 | * Generalist standard with no Māori strand or focus
* Steering groups established
 | * A standard exists with a Māori focus but not capturing diversity in the Māori population and no change with equity outcome issues
* Local iwi and marae
* Position to collaborate
* Respectful of Māori
 | * Gold standard that has the best Māori health outcomes
* Accessibility for all
* Forum – joined collaborations and governance
 |
| Options – *Māori have the right to continue their way of life according to their indigenous traditions and worldview* | * Denial of Te Ao Māori
* Stakeholder hui – buds of empowerment (housing, youth, business, disability)
 | * Acknowledgement of Te Ao Māori, but not implemented – status quo continues
* Branches
 | * Allowed in a restrictive way – and not to impact on status quo
* Acknowledging natural remedies as an example
* Relationship/leadership as drivers
 | * New status quo where Te Ao Māori is acknowledged, supported, encouraged and interwoven into the system
* Engagement in the third space; Te Ao Māori third space; Te Ao/Tauiwi
* Planting
* *Stop talking and do*
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Minimal** | **Consultation** | **Involvement** | **Partnership and leadership** |
| Mana whakahaere (good government) | * Zero
 | * No Māori in leadership and governance
 | * Minority representation at lower governance level
 | * Māori leadership/representation at all levels but especially high-level governance
 |
| Mana motuhake (unique and Indigenous) | * Zero
 | * Acknowledged
 | * Observed
 | * Used
 |
| Mana tangata (fair and just) | * Zero; no consideration of Māori involvement
* No moral obligation
 | * Consideration of Māori engagement
 | * Māori are involved but with bias and judgement still
* Unequitable outcomes
 | * Equitable outcomes happen and engagement without bias and judgement; fair/just
 |

Mana principles – John Whaanga (Deputy Director-General Māori Health)

\*Good government – Leadership structures include proper Māori representation at a high level, and policy and process allows for decisions to be made that involve Māori voice, with cultural considerations taken on board as well

\*Unique and indigenous – Indigenous models of care and cultural engagement guidelines are observed and used when appropriate

\*Fair and just – Engagement with iwi Māori is always considered and held with no bias or judgement