Background on te ao Māori framework

Introduction

This document presents the Health Quality & Safety Commission’s te ao Māori framework. It discusses the approach considered during the development phase and a range of processes used to collate information collected from a range of key stakeholders and what contributed to the selection of particular te ao Māori concepts, over others.

Implementation guidelines to support the use of the framework are in development (as at September 2021) and will be published when complete. On completion, we will pilot the framework and make final adjustments before formally launching it and the final implementation guidelines.

Background

Within health care, Māori experience high levels of disparities, which have been the subject of many reports for a few decades and are now well documented. Yet, for many Māori, ‘inequities in health outcomes have persisted despite considerable research and policy efforts, and 60 years of improvements’ (Health Quality & Safety Commission 2019, p 11).

Currently there is significant evidence that suggests Aotearoa New Zealand’s history of service delivery in the health system has embedded systems that enable inequities to thrive, ultimately dictating the quality-of-care whānau can expect to receive. As a result, Māori have been the recipients of less-than-adequate care and required to find ways to navigate a flawed system.

It is fair to suggest that health care services do not meet the health needs of many Māori. Even when access to services is not an issue, evidence suggests inequity in the quality of those health services and treatments for Māori still exists. The lack of tangible reductions in inequity between Māori and non-Māori populations questions the effectiveness of policies to date (Hobbs et al 2019).

It is evident the quality of care for whānau Māori needs to improve and addressing the persistent and pervasive inequities that exist should be a priority for all health services delivered within Aotearoa New Zealand.

The Heath Quality & Safety Commission believes quality care for all needs to reflect mātauranga Māori and be based within a te ao Māori context. In doing this, we can begin addressing the challenges and barriers affecting Māori health and wellbeing.

In 2019 the Heath Quality & Safety Commission began working on the development of the te ao Māori quality improvement framework and the required resources and tools for roll-out and implementation across the health sector. The aim of the framework was to improve the quality of care afforded to whānau Māori across Aotearoa New Zealand.
Purpose of the framework

The purpose of te ao Māori framework and resources is to advance the uptake and implementation of te ao Māori and mātāuranga Māori concepts into general health system design and health practice for all. The overall intent is to contribute to improving the quality of care delivered to whānau Māori, in turn providing avenues to address the inequity that exists in the current health system.

Information collection process

To develop the framework, we used a combination of methods to collect information to identify and inform on-the-ground best practice processes. In essence we wanted to know what approaches work best when delivering services to and for whānau Māori.

We also used a range of key documents and research literature to inform our thinking and the development of the framework.

Te Tiriti o Waitangi

The Health Quality & Safety Commission is committed to embedding and enacting Te Tiriti o Waitangi across all its work, supporting mana motuhake and, as a priority, contributing to improving health equity for whānau Māori as tangata whenua. As Tā Mason Durie emphasised:

...the Treaty as a covenant – a Kawanata – that should be recognised ‘on the ground’ as much as in legislation and lofty strategic ideals. More than simply acknowledging the Treaty as a founding document, the challenge is to implement the promise of the Treaty by tackling inequities through policies, programmes and services that are proudly biased towards Māori. It is not a matter of favouritism, political correctness, or deference to Māori; rather, it is a matter of health and wellbeing and the eradication of inequities. Moreover, Māori understandings of health and wellbeing need to be given due attention; they are not always the same as the understandings of Asian, Pākehā or European populations, though they do share a common desire – to be well in whatever parameters define wellness. (Health Quality & Safety Commission 2019, p 7).

Te Tiriti o Waitangi provided the foundation and basis of the te ao Māori framework to ensure every opportunity to look for pathways that offer a clear and specific direction to embed Te Tiriti across service design and delivery was considered.

Quality improvement

Hobbs et al (2019) state that high quality and culturally responsive and safe care is vital to improving health outcomes, across all domains of health. Similarly, the Health Foundation (2013) claims improving quality is about making health care safe, effective, patient-centred, timely efficient and equitable.

Māori definitions of quality were explored and discussed to inform the development of the te ao Māori framework. Māori health service providers were asked to provide their views on what they believed quality care to be. Their views centred on best practice and aspirations on future state. They acknowledged both system and practice changes that they and others could or should make to improve the quality of care for whānau. In essence, participants stated that quality in health care means:

- holistic
- Māori cultural values being fundamental principles to enabling action
• culture manifests as good organisational behaviours and will influence system change in health
• iwi- or rohe-specific mātauranga values, generic Māori values, kaupapa Māori models and frameworks are designed to suit whānau and community needs within their diverse and unique settings.

There are synergies between Māori and non-Māori views of what quality care involves. However, there are also quite stark differences between those views and ideas of quality. For Māori, culture and holism is privileged above all else in quality where these frame the design and delivery of services.

While culture is central to the framework, consideration was also given to non-Māori understandings of quality and where possible these components were included.

**Te ao Māori framework**

Based on information collected across a range of Māori health and social services providers and evidence, the framework considers four cultural concepts that are key to quality care. The concepts are broad and encompassing: they providing avenues to engage, design and deliver services aimed at improving the quality of care, not just for whānau Māori, but for the entire community.

The concepts included in the framework are:

• wairuatanga – the framework will centre wairuatanga, which makes culture key to the design and delivery of care. Wairuatanga is a constant that also permeates and resonates within the other concepts
• pātuitanga – to grow and foster strong partnerships in shared power relationships
• rangatiratanga – the right to choose and decision-making power over our own affairs
• whānau – whānau need is at the forefront of service design and delivery.
<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wairuatanga</td>
<td>Provides the connection between the physical and spiritual. Wairua weaves through all elements of Māori culture.</td>
<td>Wairuatanga will be the centre of this framework as it makes culture key.</td>
</tr>
<tr>
<td>Pātuitanga</td>
<td>Serves to describe a relationship where one party is not subordinate to the other but where each must respect the other’s status and authority in all walks of life.</td>
<td>Grow and foster strong partnerships in a shared power relationship.</td>
</tr>
<tr>
<td>Rangatiratanga</td>
<td>The capacity for Māori to exercise authority over their own affairs as far as practicable within the confines of the modern State.</td>
<td>This is a Crown obligation under Te Tiriti o Waitangi – the right to autonomy (the right to choose and decision making power over our own affairs).</td>
</tr>
<tr>
<td>Whānau</td>
<td>Service is provided based on need as identified by whānau.</td>
<td>Whānau need is at the forefront of service design and delivery.</td>
</tr>
</tbody>
</table>
Positioning the framework

It is anticipated the te ao Māori framework will support strategy development, service design and policy writers to include te ao and mātauranga Māori concepts in the design of programmes, projects and services with the purpose of offering opportunities to practically operationalise those elements into daily practice for health care services.

Describing framework concepts

Concepts for the framework were selected based upon the information collected and evidence presented within research literature. We also considered elements of culture that would allow services opportunities to understand and embed Te Tiriti across their work programmes. It was anticipated that, in doing this, pathways to address inequity across a range of services would be at the forefront of delivery.

Although, like many elements of culture, there is no one definition that captures the full meaning of the concept and only broad descriptions for each should be provided. We must, however, note that every effort was given to describe each component of the framework as broad and encompassing as we could.

This was a purposeful exercise, which is discussed at length below in descriptions of each selected concept.

Wairuatanga

Māori epistemology and ontology are valid ways of making sense of the world that surrounds us. Wairua is the one element of Māori culture that sits within all other concepts and practices. It is multi-faceted, connected to all things and like many elements of our culture it is not static. It informs Māori belief and value systems, which are fundamental to knowledge and while there is no one definition that encapsulates the true essences of wairua, it is placed at the forefront of this framework because it is the one element that weaves culture together. Therefore, it is considered central to the function of all other elements of the framework.

Pātuitanga

For the purpose of this framework, strong leadership serves to describe a relationship where one party is not subordinate to the other but where each must respect the other’s status and authority in all walks of life. Pātuitanga is about creating strong partnerships based on a shared power relationship. Strong leadership and shared power relationships are critical enablers which influence and achieve improved outcomes. Indeed, Pātuitanga supports the notion of enabling organisations to work together on their strengths, to meet gaps and to service need.

In essence, Pātuitanga is about enabling mana whenua to work collaborative with district health boards and primary health organisations to design and develop services that respond to the needs of their communities and to whānau.

It is anticipated that strong leadership and relationships would manifest, in instances, as positive organisational culture, innovative service delivery responses, values-driven engagement with whānau and/or enabling whānau with self-directed principles of care.
Rangatiratanga

The capacity for Māori to exercise authority over their own affairs as far as practicable critically underpins rangatiratanga. It supports Māori autonomy that regionally is dispersed through whānau, hapū and iwi leadership models that regionally frame health outcomes for Māori.

Whānau

At the most basic level of consideration whānau need is the driver behind why services are created and delivered. A whānau-centred approach to service delivery is values-based. It is an approach that enables whānau journeys of wellbeing and hauora to be included as fundamental components of service delivery. It creates a space where empowering whānau with knowledge and skills for self-care become key to wellbeing. A whānau-centred approach allows whānau to lead and be led, through confidence and assertion. Thus, services are created based on need identified by whānau, which puts that need at the forefront of service design and delivery.

References


Acknowledgements

We would like to thank all the Māori health providers, Whānau ora providers and participating DHBs across Aotearoa, New Zealand who gave their information freely in the hope that much needed change could happen and be sustained over time.

Published by the Health Quality & Safety Commission September 2021. Enquiries to info@hqsc.govt.nz.