He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

26 May 2022

[redacted]

Kia ora [redacted]

Your Official Information Act request, reference: GOV-018290
Thank you for your email of 4 May 2022 to [redacted] Senior Project Manager, asking for the following documents:

- *Whānau Hauā and Best Practice – A Literature Review (2018)*
- *Te Wero – The Challenge (May 2020)*
- *Kaupapa Māori Operational Guidelines for ACC*
- *Whāia Te Tika Board Paper Guidance Questions*
- *Ngākau Mōhio – Analysis of Māori engagement on ACC's draft Health Outcomes Framework (July 2020)*

Due to the nature of your request, it was transferred to ACC's Government Engagement and Support team for response under the Official Information Act 1982 (the Act).

The requested documents are attached to this letter as Appendix 1
All documents have been released to you in full.

If you're concerned about this response, please get in touch
You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Sara Freitag
Acting Manager Official Information Act Services
Government Engagement & Support

2018

Whānau Hauā and Best Practice - A Literature Review

Wai Research

Contents

Literature Review

Based on discussions with ACC and the Whānau Hauā Pilot service provider, a literature review was conducted to help inform the context of an evaluation framework for the Whānau Hauā Pilot Project.

Introduction

This rapid literature review brings together available knowledge and research in the field of Māori with disabilities, kaupapa Māori best practice and Whānau Ora (including approaches, components and Whānau Ora outcomes). Findings from the literature review were used to inform the development of an evaluation framework for the Whānau Hauā pilot. Documentation provided by ACC was also included in the review.

Context

Currently in New Zealand, Māori experience a higher prevalence of disability (32%) than other ethnic groups (24%) when adjusted for differences in age profile (Statistics New Zealand, 2014). The high prevalence of disability for Māori, is paired with a comparatively low uptake of disability services and support. The unmet need is particularly high for young Māori (15-24 yrs), compared to non-Māori, with the rate being almost double that of non-Māori in that age group (Collins & Hickey, 2006).

According to Statistics New Zealand (2014), Māori have the highest prevalence of disability of any ethnic group. They are more likely to have unmet medical needs in relation to this disability, and are less likely to use home and community support services to address this.

Research that focuses specifically on Māori experiences with disabilities in New Zealand is relatively limited. Even more limited is available research on (culturally) appropriate programme/service design and development, and indicators for measuring Whānau Hauā health and wellbeing.

There is a handful of key articles and research reports providing a majority of the evidence base for Whānau Hauā. Findings from the 2013 Disability Survey provide a snapshot of the current status of Māori living with disabilities in New Zealand. Relevant data is listed below:

- *In 2013, 26 percent of the Māori population (176,000 people) were identified as disabled*
- *The Māori disability rate was driven by four impairment types that were significantly more likely to be experienced by Māori than non-Māori. These types were:*
  - *psychological/psychiatric impairments*
  - *difficulty with learning*
  - *difficulty with speaking*
  - *intellectual disability*
- *Overall, disabled Māori were more likely to have an unmet need to consult with a medical professional than non-Māori.*

- *Māori children had a disability rate of 15 percent, compared with 9 percent for non-Māori children.*
- *In 2006, disabled Māori were much more likely than disabled non-Māori to live in the more socio-economically deprived areas of New Zealand. For example, 42 percent of disabled Māori lived in the most deprived areas, compared with 17 percent of disabled non-Māori, 34 percent of non-disabled Māori, and 11 percent of non-disabled non-Māori. (Stats NZ)*

It is evident that the overall health status of Māori living with disabilities in New Zealand is poorer than that of non-Māori. Māori not only have shorter life expectancies, but also experience more years in states of disability than non-Māori.

Health, Social and Economic Outcomes

Living with a disability negatively impacts on health, social and economic outcomes, for both the individual living with the disability, and their whānau. Figures from Statistics New Zealand (2014) found that, in comparison to non-disabled Māori (6%), a greater amount of disabled Māori rated their health as fair/poor (32%), and a lower amount rated their health as excellent (11%), in comparison to those without a disability (35%) (Statistics New Zealand, 2014).

Socially, feelings of loneliness were more common among disabled than non-disabled Māori, with almost half of disabled Māori under the age of 45 saying that they had felt lonely over the last four weeks (Statistics New Zealand, 2014).

Economically, disabled Māori adults were found to have lower average total annual income than other Māori adults. Disabled Māori were highly represented in the lowest income bracket and had low representation in the highest income bracket, with over 35% of Māori with a disability having an income of less than $15,000 a year (Statistics New Zealand, 2014). 25% of disabled Māori adults said they did not have enough money to meet their everyday needs, in comparison to 8% of those who were not disabled. Another 42% of disabled Māori stated they had just enough money for their everyday needs, with these needs including things such as accommodation, food, clothing and other necessities (Statistics New Zealand, 2014). Surveys carried out by Statistics New Zealand (2014) also showed that in comparison to non-Disabled Māori, disabled Māori were less likely to own their own home and more likely to report that the house they lived in was cold, damp, or not large enough.

Whānau Care and Whānau Caregivers

There are many aspects that contribute to wellbeing for Māori living with a disability. For Māori living with disabilities, wellbeing may encompass and prioritise different areas to that of mainstream Māori. Important factors that influence wellbeing of disabled Māori have been highlighted in the literature and include aspects such as whānau, whānaungatanga, te ao Māori and caregiving.

A common theme throughout the literature is the importance of whānau and whānaungatanga and its impact on the wellbeing of Māori with disabilities. Whānaungatanga describes close connection between people, maintaining positive relationships, and providing people with a strong sense of presence, belonging and community. The meaning of whānau differs from the typical construction of a nuclear family, encompassing both kaupapa and whakapapa. It is up to each whānau and individual to decide who their whānau is.

In the majority of literature identified in this area, the importance of whānau was mentioned, along with the strong implications of having whānau around. In their article 'The role of whānau in the lives of Māori with physical disabilities', Collins & Hickey, Collins & Hickey (2006) describe whānau as "so intertwined that to ignore the relationship is, in effect, to decontextualize and therefore alienate Māori with disabilities." Similarly, Hickey & Wilson (2017) discuss dealing and managing disability as a collective endeavour of both the individuals and the whānau as a whole, and that whānau hauā are driven by cultural obligations and responsibilities. Moreover, a study carried out by Nikora, Karapu, Hickey & Te Awekotuku (2004), found that 79% of key support people/carers for those interviewed were whānau members. Whānau support was viewed as integral to the wellbeing of Māori living with a disability, particularly in terms of providing a sense of stability and security. They also found that whānau are more likely to be contacted for support, guidance and to be a listening ear.

Whānau carers/caregivers are also commonly referred to in the literature and are described as "a person who is linked to the person with a disability by whakapapa and who has inherited or assumed the role out of a sense of duty, obligation, and love" (Nikora et al, 2004). Whānau caregivers play a vital role in the life and wellbeing of Māori with a disability. This role has both positive and negative impacts for the individual with the disability and for the whānau. Some of the positive impacts of whānau caregiving as identified in the literature (Collins & Willson, 2008; Nikora et al, 2004; Carne, 2013) include:

- becoming sensitive to the needs of others
- benefiting from a raised awareness of disability
- developing a depth of knowledge about their care recipient's condition and a proficiency in dealing with it
- developing resourcefulness in getting what they and their care recipients needed
- becoming adaptable in coping with change
- experiencing a sense of purpose and satisfaction (Collins & Willson, 2008)

It has also been identified that whānau caregiving can strengthen the whānau unit by increasing cohesion and closeness, particularly between the caregiver and the recipient (Collins & Willson, 2008).

However, a number of negative impacts on the whānau caregiver was also identified including:

- strain on carers
- strain on whānau relationships

- strain on whānau resources
- increased emotional stress, exhaustion, depression and loneliness
- carers neglecting their health
- sacrifice of educational or work opportunities (Collins & Willson, 2008)

Being connected to Te Ao Māori was another key aspect identified in the literature as contributing to the wellbeing and positive outcomes for disabled Māori.

Service Utilisation

Māori living with a disability in New Zealand face many distinct challenges and barriers, particularly in terms of engagement and access to services. Research carried out by ACC found that Māori were significantly less likely than non-Māori to access services offered by ACC with service utilisation varying between 5% and 50% depending on service type, gender and age group (Wren, 2015b).

Cultural barriers and discrimination are identified in much of the literature as the main obstacles impacting on the use of disability services for Māori. Nikora et al. (2004), describe cultural barriers as key in discouraging the use of disability supports and services by Māori. They identified the lack of acknowledgement in tikanga Māori, inadequate use of Te Reo Māori, lack of whānau involvement and lack of service integration as providing significant cultural barriers to the use of disability services by Māori. They suggest that these barriers are so overwhelming that they result in the use of services only in times of extreme need, rather than at an early stage.

The identification of a 'one size fits all' approach in current disability services and models has also been noted as one of the main issues in service utilisation, lacking cultural consideration and inclusion of te ao Māori (Hickey & Wilson, 2017; Harwood, 2010; The Centre, 2014). These studies noted that the expectation that a westernised, universal approach to disability services can provide positive, equitable outcomes for all, is unrealistic. As stated by Harwood (2010), the inequalities between Māori and non-Māori rehabilitation outcomes confirms that this approach is not working. Hickey & Wilson (2017) highlight that the northern hemisphere colonial framework currently used, has little compatibility with New Zealand and other indigenous contexts, leaving little or no room for an indigenous perspective of disability.

Cram, Smith & Johnstone (2003) found that misunderstanding the importance of taha wairua and Te Whare Tapa Wha is one of the central reasons that Māori are less likely to access mainstream health services, compared to non-Māori.

Cultural barriers were identified as one of the four key themes in research carried out by The Centre (2014). This report found that the negative impacts of cultural barriers such as discrimination, colonisation, and disconnection had significantly affected service use by Māori. Participants of this research described the lack of understanding of whānau as central, marginalisation of Māori and their worldview, attitudes of the community, value of tikakā Māori and Pākehā perception of disability vs Māori as major cultural barriers and

direct destructive influences on the health of both the individual and their whānau (The Centre, 2014).

Service costs and transport were also identified in the literature as impacting on the uptake of disability services and supports by Māori. Hickey and Wilson (2017) describe the struggle of associated costs and transport in accessing disability services, challenging disabled Māori to access services, further providing a barrier to service use.

Costs associated with specialist appointments and transport requirements - particularly for those on a benefit - often meant that whānau weren't able to afford the 'everyday necessities' for their whānau. Another concern from participants was being unable to afford healthcare, placing further stress on themselves and their whānau.

Similarly, in a report by Nikora et al. (2004) the cost of accessing disability services was described as "prohibitive" by whānau hauā. It was also identified that finding a 'way up' to more satisfactory and efficient service provision, along with ways to reduce these barriers was needed in order to improve outcomes for whānau.

Also identified by Nikora et al. (2004), was the living challenges faced by urban Māori in comparison to rural Māori. Their research identified that rural communities tended to provide great support to one another, while many urban Māori reported feelings of isolation and exclusion from their Māori community. This barrier has been seen as significant to the access of disability services, particularly for urban Māori.

Culturally Competent Service Provision

Research looking at 'client satisfaction' and 'uptake' has shown that current service design and delivery are not meeting the needs of whānau hauā.

Research surveys carried out by Nikora et al. (2004), look at a range of different factors and outcomes identified by Māori in relation to current disability services in New Zealand. This research identified that Māori were overall, more dissatisfied than satisfied with health and disability services. For those surveyed, the most frequently commented upon area for improvement to services, was the perceived need for more culturally sensitive staff and providers, along with greater accessibility to these. Also considered areas for improvement was increased contact and discussion with support networks for the whānau member and carer, along with access to more Māori healing/activities for whānau. Similarly, Hickey & Wilson (2017) describe current disability services for Māori as being subject to inadequacies across policies and standards, service provision and delivery, funding, accessibility and negative attitudes. They also state that Māori are likely to be "neither involved in nor consulted about decisions affecting them".

A review of the literature has shown that current programmes and services are most often directed towards westernised ideologies and approaches, rather than a holistic all-encompassing approach. The biopsychosocial model, for example, is common in service delivery, and is the recommended model for treatment and rehabilitation. This model is client focused, and takes into account social, psychological and biological factors. Personal factors such as gender and ethnicity are also recognised by this model, however these are not specified in terms of complexity (Carne, 2014).

Collins & Hickey (2006) state that models of wellbeing specifically for Māori with disabilities have not been developed to date. Instead, existing Māori health models tend to be used in these areas, models such as Te Whare Tapa Wha and Te Wheke. They suggest that these models help to shape particular settings, encouraging a holistic approach when integrated, but not focusing on disability directly.

The significant barriers mentioned throughout this review highlight issues that are currently commonly faced by Māori in relation to disability service provision. The barriers identified provide a snapshot into the experience of disability services for Māori in New Zealand, emphasising many aspects that could and should be improved on in the future.

Current Strategies and Initiatives

There are a number of initiatives and strategies that currently inform the implementation and direction of supports and services for whānau and whānau hauā.

Central to the Whānau Hauā Pilot project is Whānau Ora and Whānau Ora based outcomes.

Whānau Ora is a major contemporary indigenous health initiative in New Zealand driven by Māori cultural values. Its core goal is to empower whānau and communities to support families within the community context rather than individuals within an institutional context. The initiative was also partly developed in response to a recognition by Government that standard ways of delivering social and health services was not working and outcomes particularly for Māori whānau were not improving (Te Puni Kōkiri, 2017).

The Whānau Ora Outcomes Framework builds on the work of the Taskforce on Whānau Centred Initiatives that carried out extensive consultation in 2009. An additional element was added to recognise the importance of the natural and living environments. The Outcomes Framework confirms that Whānau Ora is achieved when whānau are:

- self-managing
- living healthy lifestyles
- participating fully in society
- confidently participating in Te Ao Māori
- economically secure and successfully involved in wealth creation

- cohesive, resilient and nurturing responsible stewards of their natural and living environments.

The framework recognises the long-term and progressive change required for whānau to achieve these aspirational goals by including short, medium and long-term outcomes. Short-term outcomes are the improvements in quality of life for whānau that can be achieved within four or five years. Medium-term outcomes focus on what can be achieved in five to 10 years. Long-term outcomes focus on 11 to 25 years. A copy of the framework and suggested indicators for measuring outcomes can be found at https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf.

Whānau Ora and Whānau Ora outcomes are central to Whānau Hauā and the growth and implementation of strategies which promote health and wellbeing for disabled Māori. Whānau Ora is an indigenous health initiative in New Zealand, driven by Māori cultural values, placing whānau at the centre. Its core goal is to empower whānau and communities to support families within the community context, as opposed to individuals within an institutional context. The Whānau Ora initiative was also partly developed in response to government recognition that standard health and social service delivery was not working and that outcomes, particularly for Māori whānau were not improving (Te Puni Kōkiri, 2017).

According to a research report by The Centre (2014), whānau is one of the most important factors in the life of Māori with disabilities. The report also cites the Whānau Ora approach - and its focus on shared outcomes and shared measurements - as a key enabler and driver for disability services (and social and health services in general) to work in a more collaborative and integrated way.

Whānau Ora is currently tracking and monitoring outcomes for around 11,500 whānau, with the first outcome reports for Te Puni Kōkiri (see https://www.tpk.govt.nz/_documents/Tracking-Whanau-Ora-outcomes.pdf) , and more recently, Te Pou Matakana(see https://www.tpk.govt.nz/docs/tpk-wo-tpmupdates-2017v2.pdf) showing that short term outcomes for whānau are being achieved with growing evidence of medium term outcomes.

These results are in line with the frameworks suggested timeframe of 1-4 years for the achievement of short term outcomes, and provide a strengthening evidence base for frameworks 'theory of change'.

These elements, along with elements more specific to the service, were also used to inform the evaluation framework for this pilot service.

The potential for whānau and ACC to benefit from this type of framework is twofold. Firstly, a whānau-centric and outcomes based model can help to deliver whānau outcomes outside the scope of the contract requirements. Meaning that every dollar spent could create more impact. Secondly, the Whānau Ora Outcomes Framework was developed to reflect the cultural realities of Māori.

Also central to Whānau Ora are Whānau Ora Navigators (Kaiārahi) who work closely with Whānau Hauā to identify their specific needs and aspirations, develop a plan, and help them to identify relevant support, services and opportunities.

Practitioners who operate within a Whānau Ora framework, or as part of a Māori service provider, not only have to be proficient in their areas of expertise, but also have to be culturally competent and able to navigate the specific cultural realities of the population they service.

Whāia Te Ao Mārama: The Māori Disability Action Plan (2012-2017) is an initiative that aims to support disabled people and their families to lead good everyday lives (Ministry of Health, 2012). Whāia Te Ao Mārama identifies the needs and aspirations for Māori with disabilities and their whānau, while establishing priority areas in which to focus on to reduce barriers and ensure these aspirations are achieved. This document provides some direction for future programmes and focuses. Whāia Te Ao Mārama reiterates that if services do not acknowledge the importance of culture in both the assessment and support of Māori living with disabilities, there is a greater chance that the outcomes will be poorer health (Ministry of Health, 2012). Therefore, this plan identifies 4 key priority areas for action in the future. These areas are: Improved outcomes for Māori disabled, better support for whānau, good partnerships with Māori and responsive disability services for Māori.

New Zealand is a signatory to the **United Nations Convention on the Rights of Persons with Disabilities**. In 2012, a report was released which noted that:

- There was a dearth of statistics and information relating to disabled people in New Zealand
- There is a lack of coordination between agencies; especially for people with higher needs (including Māori, Pacific Peoples and people from migrant backgrounds)

Recommendations as a result of this report include:

- Statistics New Zealand develops a programme of work to ensure that key outcomes data for all New Zealanders is collected in a way that makes it possible to compare the outcomes for disabled and non-disabled people
- Fulfilling Treaty of Waitangi obligations and ensuring disabled Māori and whānau are included in te Ao Māori
- Supporting diversity across all cultures

Additionally it states that disabled people's different cultures and languages must be respected and supported (Carne, 2013).

He Korowai Oranga - New Zealand's Māori Health Strategy is an overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori (Ministry of Health, 2014). He Korowai Oranga focuses on three elements to provide direction and pathways to a healthy future. These include:

- Mauri Ora - healthy individuals
- Whānau Ora - healthy families
- Wai Ora - healthy environments

These three interconnected elements, mutually reinforce each other strengthening the strategic direction for Māori health for the future. The overarching aim of He Korowai Oranga is *Pae Ora - healthy futures*. This vision aims to encourage a platform for the health and disability sector to work collaboratively in providing high-quality and effective services for Māori.

He Korowai Oranga has 4 pathways for action that set the direction for how to achieve pae ora. These include:

- Development of whānau, hapū, iwi and Māori communities
- Māori participation in the health and disability sector
- Effective health and disability services
- Working across sectors (Ministry of Health, 2014)

The New Zealand Health Strategy, identifies the Government's priority areas for health, providing the framework for District Health Boards and other organisations. The New Zealand health strategy noted that disparities in health outcomes exist for Māori and Pacific peoples within New Zealand. The strategy highlights specific issues relating to the provision of culturally appropriate services and access to services.

Recommendations made to address these issues include:

- Culturally competent services delivered by mainstream providers
- Co-ordinated, community based services that are culturally competent
- Support for Māori and Pacific provider development
- Māori and Pacific health workforce development

Whāia Te Tika ("Pursue what is right") is an Accident Compensation Corporation strategy which aims to achieve equitable outcomes for Māori by delivering services that are appropriate and in a manner which best meets the needs for Māori. This strategy was developed, in part, due to the fact that Māori are more likely to sustain serious injury, but less likely to access ACC services (ACC, 2017a). Whāia Te Tika is ACC's Māori Strategy, and the inclusion of its principles throughout the organisation aims to support Māori in better accessing suitable ACC services.

Whāia Te Tika has 7 principles which include:

- Upholding the principles of the Treaty of Waitangi
- Ensuring the voice of Māori customers is heard
- Engaging with Māori in a culturally appropriate and responsive way
- Finding what is working well for Māori in the community and building on it
- Using an evidence based approach to inform actions

- Having clear leadership, commitment and accountability for Whāia Te Tika
- Embedding Whāia Te Tika throughout all levels as a Māori lens to everyday activities (ACC, 2017b)

Summary

There were a number of key findings and themes as a result of this review. Whānau and whānaungatanga were identified as key factors for Māori living with disabilities, reinforcing the importance of belonging and a sense of connection for Māori.

Common barriers were identified throughout much of the literature, with themes including access barriers, cultural barriers, institutional barriers and attitudinal barriers. The importance of cultural competency and cultural inclusion within health and disability services has also been highlighted throughout the literature. This has displayed the importance of the planning and delivery of disability service provision in order to promote subsequent uptake and use of services and supports.

Considerations

Current models and measures of wellbeing specifically for Māori with disabilities have not been developed (Collins & Hickey, 2006). Instead, existing Māori health models are being used such as Te Whare Tapa Wha, Te Wheke, and Whānau Ora. Collins & Hickey (2006) suggest that these models help to shape particular settings, encouraging a holistic approach when integrated, but further work is needed in the development of models and wellbeing measures that are appropriate for whānau hauā.

Accordingly, the following will need to be considered in the development of an evaluation framework for the Whānau Hauā pilot:

- Due to the Whānau Hauā project being a two year pilot, and due to the lack of appropriate models and indicators for measuring whānau hauā wellbeing, the development of appropriate quality and success measures will need to be a pragmatic and iterative process. This will mainly involve the evaluation team observing and translating what happens in 'practice' during service delivery - in combination with other learnings collected through the literature review, Māori social, health and disability experts, and other relevant stakeholders like whānau hauā - into a set of robust, evidence informed, measures.

- Whānau Ora is an aspirational/strength/empowerment based approach and model. It is therefore important that any success measures developed are strength based and aspirational.

- The outcomes in the Whānau Ora outcomes framework are broad, high level and medium to long term. It will be necessary to narrow the scope of these high level, long term outcomes so that they are more relevant to whānau hauā.

- Many of the longer term outcomes may not be achievable within the two year timeframe of this evaluation, meaning that the development of a number of shorter term outcomes are needed so that progress towards these longer term outcomes can be measured.

- It will be important to ensure that any data collection methods (and measures) developed as part of the evaluation are both appropriate for whānau hauā, collect the most important information, and are not onerous or time consuming to implement. Again, this will need to be an iterative process. Getting the 'right balance' will be important, especially in the future when service providers may be required to collect this information themselves.

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Appendix:

Kaupapa Māori Best Practice: Engaging whānau Māori

Pihama et al (2005) identify Kaupapa Māori as a key success factor when engaging with Māori individuals, whānau and communities involved in a project. The elements of a kaupapa Māori approach include:

- Kaupapa Māori protocols including: the legitimation and validation of Māori knowledge; Aroha ki te tangata (a respect for people); Kānohi kitea (the seen face, that is present yourself to people face to face); Tītiro, whakarongo ... kōrero (look, listen ... speak)
- Manaaki ki te tāngata (share and host people, be generous); Kia tūpato (be cautious); Kaua e takahia te mana o te tangata (do not trample over the mana of people); Kaua e māhaki (don't flaunt your knowledge)
- Understanding of and commitment to upholding the reciprocity of relationships
- Transparency of purpose, process, individual agenda, and potential benefits
- Willingness to learn from each other and recognise the expertise within the group
- Understanding and mediation of the power relationships within the group
- Commitment of time and resources that go beyond the initial reason for engagement and add value to the community
- Knowledge of whānau, communities and their diversities
- An underlying assumption that whānau engagement enhances good governance.

In the report He Piringa Whānau (Ministry of Education, 2014), the following ten items were identified as cultural markers of successful whānau engagement:

- Introductions: introductions are important in Māori hui and everyday life. Introductions mean everyone is acknowledged and listened to; introductions allow Māori the opportunity to understand where people have come from, their ancestry, where they fit in and, in a hui, their responsibilities
- Trust: be prepared to spend time getting to know the whānau. Māori prefer to build relationships before getting down to the business of the hui
- Dress: dress is important in Māori culture to indicate the formality of an event. On marae, for example, women usually wear a black skirt past the knee and a plain blouse. Māori like to ensure they are dressed appropriately for the occasion. Colours have significance, too. For example, red, white and black come from the story of creation. The black represents 'te pō' – the darkness, the red represents the blood that was spilt and the white represents 'Te Ao Mārama' – the light
- Hospitality: Māori have responsibilities to ensure their visitors on the marae are fed and looked after. Refreshments allow Māori to fulfil their

hospitality responsibilities. Offering refreshments is a mark of respect and thoughtfulness

- The child and the whānau: you can't separate the child from the whānau, so the child must be viewed in a holistic way. Whānau need to be engaged in regular in-depth discussions to discover concerns, provide support and to celebrate successes. If the child is present at the hui, engage with them too, on an appropriate level, using appropriate language
- Pace: Māori like to do things in order at a pace that allows time for protocol, respect, individual contribution and listening to others. Take your cues from the whānau on the extent of these
- First contact: it's important to do your homework. Talk to colleagues; who else has worked with the whānau? Decide who will be the contact person. That person should remain in that role, i.e., the person the whānau contacts at the service. Provide as much information as possible so the whānau has the opportunity to ask questions and to digest the information. Don't assume the whānau know what your different roles in the service are; explain who you are and why you are contacting the whānau. If you have to leave a message, make it short but clear and follow it up. Māori prefer kānohi ki te kānohi (face to face) so the sooner you can meet with the whānau the faster a relationship will form
- Karakia: hui are opened and closed with karakia to ensure favourable outcomes; karakia calls on the spirits of ancestors for guidance and protection. If a meeting begins with karakia, it should end with karakia. In saying don't expect that every hui in every environment will automatically have a karakia – if in doubt ask
- Language: it's possible that Māori will have te reo Māori as their first language. It is important to communicate in the language of choice for the whānau but also important in meetings to ensure everyone understands what is being said. Don't assume a level of proficiency in te reo Māori. Avoid jargon and explain any terms clearly. Communicate openly and honestly
- Protocols: don't ignore cultural practices, even if they seem inconvenient. Māori have ways of doing things on marae and it's important to be aware of what is the right way and what is the wrong way. For example, Māori males have speaking rights on marae and on many marae women don't. There are hierarchy levels based on age and gender in Māori society and respecting these is appropriate in meetings. Showing māhaki or humility is an important aspect of Māori culture; this is being humble, especially towards elders, lowering your head, averting your eyes.
- Extended family is important in Māori culture. Whānau includes three or four generations, where younger members take advice and guidance from their elders, and elders are involved in everyday family life, including attending kōhanga reo or kura.

A thematic analysis, based on responses from over 260 research and monitoring reports, was undertaken as part of the Understanding whānau-

centred approaches (Te Puni Kōkiri, 2015) report, and identified overlapping themes essential to the implementation of a whānau-centred approach. The themes included:

- Effective relationships – establishing relationships that benefit whānau
- Whānau rangatiratanga (leadership, autonomy) – building whānau capability to support whānau self-management, independence and autonomy
- Capable workforce – growing a culturally competent and technically skilled workforce able to adopt a holistic approach to supporting whānau aspirations
- Whānau-centred services and programmes – whānau needs and aspirations at the centre with services that are integrated and accessible
- Supportive environments – funding, contracting and policy arrangements, as well as effective leadership from government and iwi to support whānau aspirations.

Several enablers were also identified:

- whānau planning greatly helped whānau to move from a crisis focus to a focus on positive development
- navigators working in collectives enabled whānau to come together, identify their aspirations and begin to build capability
- navigators identified and often drove whānau-centred service changes
- the collective entity enabled improved service integration and system changes
- a clear vision, combined with effective governance and management and tangible strategies for change, enabled the translation of theory into practice
- cultural competency, including an emphasis on Whānaungatanga, ensured that changes were focused on whānau wellbeing and grounded in whānau realities
- resources for collectives to better meet whānau needs filled gaps in priority areas
- a flexible approach enabled engagement and service delivery that catered to whānau realities and identified pragmatic solutions.

Document 2

Appendix 1

Te Wero: Te Ara Kōmihana i ngā rātonga kaupapa Māori ki Te Ara Te Kaporeihana Āwhina Hunga Whara

The Challenge

May 2020

Te Wero: Te Ara Kōmihana i ngā rātonga kaupapa Māori ki Te Ara Te Kaporeihana Āwhina Hunga Whara

The report name *Te Wero: Te Ara Kōmihana i ngā rātonga kaupapa Māori ki Te Ara Te Kaporeihana Āwhina Hunga Whara* represents the challenge laid forward for us to start on a path to commissioning kaupapa Māori services. Te Wero comes from the traditional process of a pōwhiri, where a host party or tangata whenua welcomes a visiting party or manuhiri. During the pōwhiri a taki or challenge dart is carefully placed by the tāngata whenua upon the ground before the manuhiri (visitors). When the taki is taken up by the manuhiri it is held aloft as a sign that the relationship between the two parties is regarded as being one based on mutual respect and trust. This report aligns with the metaphor of the wero and taki, symbolising the challenge that stands before us to improve Māori health outcomes, and the understanding that our work together with Māori is bound by a commitment of mutual respect and trust.

Kupu Hautoa
Citation

ACC (2020). *Te Wero: Te Ara Kōmihana i ngā rātonga kaupapa Māori ki Te Ara Te Kaporeihana Āwhina Hunga Whara, The Challenge*

He mihi
Acknowledgements

Our acknowledgements and thanks to ngā Kiritaki Māori (Māori clients), service providers, whānau, staff of ACC, and the authors of previously commissioned ACC reports for Māori. The invaluable insights and findings from previous hui, research and reports provided the foundation for this report.

ACC would especially like to acknowledge Dame Tariana Turia for her wisdom and guidance during the development of this report.

Whakataukī
Proverb

‘Haere e whai i te waewae o Uenuku; kia ora ai te tangata’.

Go search for the footprints of Uenuku so that humankind may be nurtured.

Uenuku is said to have been very wise, from whom one could learn the secrets of health, personal safety and welfare.

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Hapū
Subtribe

Hauora
Health

Iwi
Tribe

Kaimahi
Worker

Karanga
Call out

Kaupapa Māori
Māori approach

Kōrero
To speak

Kotahitanga
Unity, togetherness, collective action

Lead supplier
An organisation contracted to ACC to provide and sub-contract health and rehabilitation services

Mana
Power, influence, status

Manaakitanga
Hospitality, kindness, generosity, support, care, protect

Mātauranga Māori
Māori knowledge

Mauri
Life force

Māori provider
A Māori organisation that provides health and rehabilitation services

Provider
An organisation that provides health and rehabilitation services

Rangatahi
Youth

Rongoā Māori
Traditional Māori healing

Sensitive claims
A claim for mental injury caused by some criminal acts

Serious injury
A personal injury suffered by individuals that causes long-term effects or disabilities

Teina
Younger sibling or relative of the same gender, or the younger or less expert person in a tuakana-teina teaching environment

Te ao Māori
Māori worldview

Te Reo Māori
Māori language

Te Tiriti o Waitangi
The Treaty of Waitangi

Tikanga
Correct procedure or custom

Tino Rangatiratanga
Self-determination, autonomy, sovereignty and self-governance

Tohunga
Healer

Treatment
A health or rehabilitation service

Tuakana
Elder sibling or relative of the same gender, or the more expert person in a tuakana-teina teaching environment

Waitangi Tribunal
The commission of inquiry established under the Treaty of Waitangi Act 1975

Wairua
Spirit/Soul

Wānanga
Seminar/Forum

Whāia Te Tika
ACC's Māori strategy

Whānau
Extended family or family group

Whanaungatanga
Relationship, kinship or sense of family connection

Whakawhanaungatanga
The process of establishing relationships

Tuhinga Whakarāpopoto
Executive summary

Whitiwhitia I te ora

Whitiwhitia I te ora

Ka ea ki runga

Ka ea ki raro

He tipua he twahito

He ioionui he ioio roa

He ioio atua Tane te Wananga

Houhia te uru ora

He ueue tawhito, he ueue tipua

He ueue atua

Rongomai atua

E hua to tino

E hua to aro

E hua to ariki e

Kia taptapatu

Kia tapatapa rangi

Ki nga rangi nao ariki

Ki nga rangi tatara

Kia eke tiritiri o nga rangi

Tuturu o whiti whakamaua kia tina, tina!

Haumi e, Hui e, Taiki e!

The karakia waerea is reproduced here as an acknowledgement to tōhunga throughout our communities and to the integrity of indigenous kaupapa Māori approaches to health and wellbeing.

Ngāti Kahungunu tōhunga Te Matorohanga recited the karakia to spiritually prepare the area called Te Hautawa at Pāpāwai for the famous wananga held there in the mid 1800's.

We ask with respect to Ngāti Kahungunu that the karakia brings us together in the spirit of unity of kotahitanga.

Over many years we failed to acknowledge tōhunga and rongoā Māori practitioners. We recognise now that our western clinical-centric view of the world was challenged by the indigenous Kaupapa Māori worldview. Through committing to actions within Te Wero, we will rise to the meet and to address those challenges.

We acknowledge our traditional elders, our Kaumātua without whom our waka would continue to be lost at sea. We will formally accept Te Wero the report through the tradition of pōwhiri where we feel we can best acknowledge our Kaumātua whom we greatly appreciate for their wisdom and mahi today and over many years across health and other sectors; from the kitchens of our marae, to the boardrooms of our largest iwi and the halls of government.

We commissioned this report as part of our Health Sector Strategy to better understand Māori utilisation rates and to produce an ACC-wide Kaupapa Māori Health Services Plan.

The findings in this report revealed what is required by us to deliver better rehabilitation outcomes for Māori. It will take leadership, commitment, and capability to which we must accept full responsibility for its success.

Our journey has just begun.

This is a marathon, not a sprint. Our first commendable steps on this path began with Whāia te Tika. Despite its shortcomings, it looks promising. Te Wero shows us the rest of the way.

This report provides actionable recommendations in the form of a draft Kaupapa Māori Health Services Plan and outlines key actions needed to commission kaupapa Māori services. This includes establishing an authorising environment for the successful commissioning of kaupapa Māori services, and working towards building a culturally competent and safe organisation.

This provides us with an opportunity to engage and partner with Māori. By initiating the draft Kaupapa Māori Health Services Plan immediately and proceeding to co-design a finalised plan, we will lay firm foundations for a future kaupapa Māori commissioning approach to services. With the plan, we can work in partnership with Māori to deliver services in a manner consistent with the Health Sector Strategy and te Tiriti o Waitangi, achieve the aspirations of Whāia te Tika, and improve health and rehabilitation outcomes for Māori.

We recognise the importance of Te Wero to our organisation and to Aotearoa as a whole. Te Tiriti o Waitangi provides the partnership upon which our country has been shaped. The time has come for us all to acknowledge that we are in this together.

At our pōwhiri we can look each other in the eye kanohi ki te kanohi, acknowledge our kotahitanga the importance of working together as one, and cement that bond through the hongi, the sharing of breath.

Nga Tūtohutanga - Recommendations

The following recommendations reflect those that are outlined at the end of this report. The recommendations are ACC-wide, and will contribute to the successful commissioning of kaupapa Māori services.

Establish the authorising environment required to successfully commission kaupapa Māori services

1: Establish Māori specific positions in ACC

Commit to establishing Māori specific Tier 2 positions at ACC to progress Whāia Te Tika and the Kaupapa Māori Health Services Plan.

2: Develop an internal Māori leadership programme

Establish a Māori leadership programme to grow and retain the number of Māori leaders and staff in the organisation. This should focus on growing capability in the spaces most likely to impact both the commissioning of kaupapa Māori services, and the end-to-end Māori client and whānau experience.

3: Establish Māori governance over commissioning

Establish an external Māori governance group to monitor our performance on delivering for Māori. The Māori governance group will have oversight of all decisions related to Whāia Te Tika and the Kaupapa Māori Health Services Plan, and report directly to our CEO.

Commission kaupapa Māori services

4: Design and implement a Kaupapa Māori Health Service Plan

Co-design and implement a Kaupapa Māori Health Service Plan using as our primary guiding document Te Tiriti o Waitangi. The plan will include our ACC Kaupapa Māori Guidelines that are currently in development.

5: Commitment to developing kaupapa Māori capability

Commit to developing kaupapa Māori capability through:

- the commissioning of kaupapa Māori services and approaches
- Māori leadership and decision-making throughout our organisation
- ensuring culturally safe providers
- the co-design of services with Māori from policy through to implementation
- the development of a Māori investment framework
- the testing of the Health Outcomes Framework with kaupapa Māori services, and refinement based on the learnings of the testing
- seeking aid from or working with our kaupapa Māori guidelines that are currently under development
- all staff seeking advice from and consulting with Māori

6: Develop a monitoring programme

Develop a monitoring programme for the implementation of a commissioning approach for kaupapa Māori services. Report the results publicly and on an annual basis.

7: Develop a Māori database

Expand on the existing ACC database, or develop a central database, to gather information on Māori providers and clients to be used to inform all of our organisation's investment, policy and service decisions by ACC. To support this, establish data safety, sovereignty and confidentiality measures in parallel.

8: Implement recommendations from previously commissioned Māori reports

Review the recommendations from previous reports that relate to addressing inequity for Māori and improving outcomes (e.g. Wren reports, Whāia te Tika Stocktake) and implement fully where possible.

Build a culturally competent and safe organisation

9: Develop an internal capability programme for ACC staff

Develop a compulsory internal capability programme to develop all staff on cultural safety, cultural competency, Te Tiriti o Waitangi, Whāia Te Tika and the Kaupapa Māori Health Services Plan.

10: Develop a kaupapa Māori operating framework

Co-design and implement an organisation wide kaupapa Māori operating framework that embeds Te Whare Tapa Whā, Whāia te Tika, and Te Tiriti o Waitangi.

Tirohanga Whānui
Overview

Tirohanga Whānui
Overview

This report is positioned within the Health Sector Strategy. It aims to understand the current ACC-wide experience for Māori clients and providers, and identify barriers to, and opportunities to improve, health and rehabilitation outcomes for Māori. Both the Health Sector Strategy and the aims of this report are intrinsically linked to our obligations as a te Tiriti o Waitangi (te Tiriti) partner and our Māori strategy, Whāia te Tika. As such, this report also determines our organisation's level of compliance to te Tiriti and evaluates the efficacy of Whāia te Tika.

The findings will be used to develop a draft Kaupapa Māori Services Plan. In its implementation, the plan will lay the foundations to commissioning kaupapa Māori services.

Overall, the report is a rapid evaluation of current internal and external evidence and includes:

- a rapid review of Māori health and rehabilitation outcomes as related to ACC
- a rapid review of the Māori provider experience of ACC
- a rapid review of the current barriers preventing improvement of Māori health and rehabilitation outcomes and levers for change
- a rapid review of current and future opportunities for our organisation to improve health and rehabilitation outcomes for Māori
- a draft Kaupapa Māori Health Services Plan to commissioning kaupapa Māori services

The process that was undertaken to develop the report can be found in the appendix.

The report does not consider the following:

- specific service changes and initiatives that require further engagement
- a clear future state for Māori health services at ACC, as this needs to be defined in partnership with Māori and led by Māori if it is to follow kaupapa Māori principles

A joint ACC Provider Service Delivery and PwC working group developed this report with the intent for it to be delivered to the ACC executive.

Background

ACC is a no-fault insurance scheme that our scheme provides compulsory insurance for personal injury for everyone in New Zealand.[1] With roots in a worker's insurance system that started in 1900, the ACC scheme was established in 1974. Over the years ACC has transformed into a comprehensive scheme for all, with a focus on injury prevention and rehabilitation.[2]

Though ACC is a scheme for all, it is well founded that our scheme is significantly less accessible for Māori.[3] In response to this and our obligations under Te Tiriti o Waitangi, we developed Whāia Te Tika. It aims to create better outcomes for Māori clients and to improve the experience of ACC for Māori by reducing disparities and barriers to ACC services. In response to a set of Whāia te Tika recommendations made to our CEO in December 2018, the Executive Leadership team in early 2019 agreed that Whāia te Tika is one of our top four priorities and committed to developing kaupapa Māori within our organisation.

1 ACC (2018). *What we do* Retrieved from https://www.acc.co.nz/about-us/who-we-are/what-we-do/?smooth-scroll=content-after-navs
2 Ibid.
3 Wren, J. (2015). *Evidence for Māori under-utilisation of ACC injury treatment and rehabilitation support services: Māori Responsiveness Report 1.* ACC Research, Wellington New Zealand. August 2015

Whāia te Tika

Whāia te Tika aims to create better ACC experiences and outcomes for Māori by embedding te Tiriti principles into ACC's operational practices.[4] Whāia te Tika tells us what Māori need from a Māori perspective.

Whāia te Tika has three focus areas:

Te Arotahi Kiritaki – ACC has a strong customer focus

Kia Hiranga Te Mahi Ngatahi – ACC partners for excellence

Whakawhanaketia – ACC develops its own Māori capability

Whāia te Tika has three key aspirations:

Ngā Hua Tautika – Māori customers achieve improved outcomes

Ngā Weako Tautika – Māori customers have an improved experience with ACC

Mātauranga Māori – Māori knowledge is a source of innovation and creativity at ACC

There are several guiding principles (Ngā Tohutohunga) embedded in Whāia te Tika:

- Upholding te Tiriti o Waitangi principles of partnership, participation and protection
- Ensure the voice of Māori customers is heard
- Engage with Māori in a culturally appropriate and responsive way
- Find what is working and build on it
- Actions are informed by evidence
- Clear leadership commitment and accountability
- An embedded way of working across ACC

Te Tiriti o Waitangi and legislative obligations

As a Crown entity, our organisation has an obligation to uphold the principles of te Tiriti and deliver services that enable equitable outcomes for Māori.[5] As an expression of the Crown's commitment to te Tiriti and the United Nations Declaration of Indigenous Rights, we are also obliged to be responsive to Māori needs.[6] We incorporate te Tiriti principles of partnership, participation and protection through the Whāia te Tika strategy.

ACC is guided by its principal legislation, the Accident Compensation Act 2001 (the Act). The Act establishes the ACC Claimants' Rights (the Code).[7] The purpose of this Code is to outline how we work with clients to meet their reasonable expectations (including the highest practicable standard of service and fairness).[8] The Code confers rights on clients and imposes obligations on our organisation in relation to this. Right 3 outlines that clients have the right to have their culture, values, and beliefs respected.[9] Right 3(a) specifically outlines that we will be respectful of, and responsive to, the culture, values, and beliefs of Māori.

The spirit of the Code also encourages positive relationships between our organisations and claimants.[10] It is critical for us to establish a partnership based on mutual trust, respect, understanding and participation.

4 ACC (2018). *Statement of Intent 2018-2022.*
5 Ibid.
6 Aide Memoire, Minister for ACC, from Mike Tully (Chief Customer Officer, ACC) to Minister for ACC, 23 March, 2018.
7 Accident Compensation Act 2001, Part 3.
8 Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002, cl 1.2.
9 Ibid, Right 3.
10 Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002 cl 1.3.

A future state of Māori and ACC injury and rehabilitation partnership

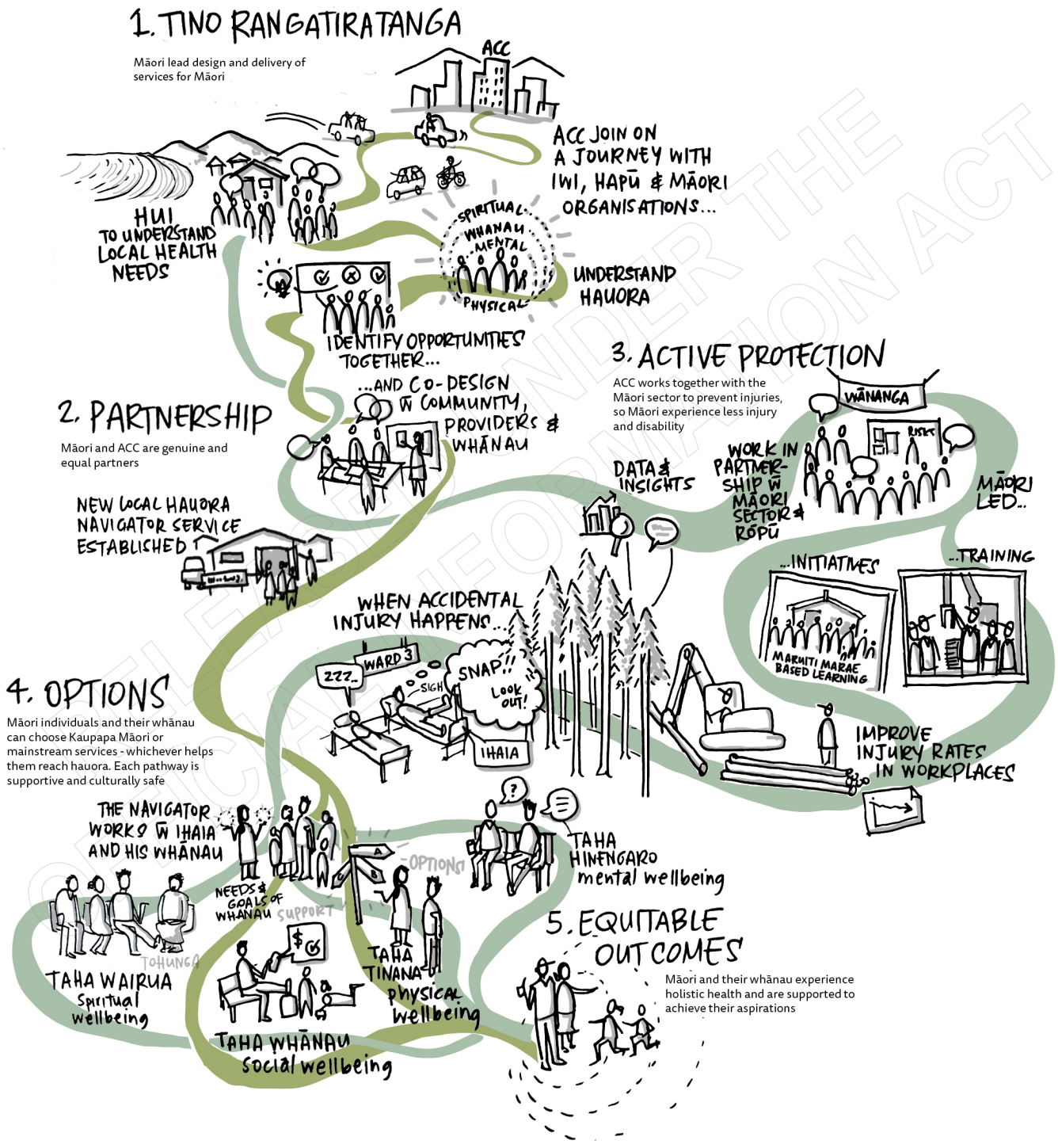


Figure 1: An ACC future state interpretation of the five Tiriti principles recommended by the Waitangi Tribunal in the stage one report of the Health Services and Outcomes Kaupapa Inquiry

ACC's legislative framework

Our legislative framework is heavily geared towards care for the individual, upholding Western models of care and medicine as the standard method of care. Although legislation does not specifically bar non-Western models of care, the legislative framework does not actively enable Māori models of health and treatment methods, or the use of a whānau-centric approach to understanding injury.

To uphold the principles of te Tiriti, Māori models of health and rehabilitation measures must be seen and promoted as standard approaches of care.

Our organisation does not actively facilitate non-western, 'non-standard' care practices, except for acupuncture. In our interpretation of the legislation, this has been the case for rongoā Māori. We have in the past often denied claims for rongoā Māori, which could have been granted as a non-standard care practice.[11] There is scope for non-standard care in the legislation but, this is currently a work-around solution.

Under the ACC Code of Claimant Rights, Māori have the right that their culture, values, and beliefs will be respected.[12] Our organisation has an obligation to be responsive to Māori culture, values and beliefs. Whānau are central to Māori culture. Whānau need to have the access, knowledge and capability to be in control of support and recovery, and we need to revise our current interpretation of the legislation to facilitate this.[13]

As a Crown entity, we have an obligation to fully value Māori models of care and provide kaupapa Māori services. We must validate Māori models of health and rehabilitation.

Cumulatively, the interpretative barriers of the legislative framework limit our willingness and ability to provide appropriate care for Māori which would lead to better experiences and outcomes for Māori. We need to remove these barriers to uphold the principles of te Tiriti and the Code of Claimant Rights.

Cumulatively, the interpretative barriers of the legislative framework limit our willingness and ability to provide appropriate care for Māori which would lead to better experiences and outcomes for Māori. We need to remove these barriers to uphold the principles of te Tiriti and the Claimant Rights.

Our vision and values

We are guided by our underlying vision and values which we must consider in our operations. Our vision is to create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury. Our values are:

- **Safe kiwis:** we motivate New Zealanders to live, work and play safely, so they can lead full and active lives.
- **Good partners:** We build close relationships with our partners in accident prevention and care, as well as within cultural groups and the wider community.
- **Responsible stewards:** We gather and wisely invest our income to meet the needs of today's and tomorrow's Kiwis.
- **People before process:** We're responsive to each person's physical and emotional needs, making it easy for people to engage with us.
- **Fair and open:** We're fair and transparent about each person's situation, applying common sense solutions when they're called for.

Our vision and values emphasise the need for us to deliver equitable experiences and outcomes for Māori. Our current approach does not meet our vision and values because Māori continue to face barriers to access which negatively impact their experiences and outcomes. We need to change our approach to adequately provide for Māori in order for our organisation to be in line with our vision and values.

11 ACC (2020). *Policy Governance Committee - Rongoā Māori: clarification of funding guidance.*
12 *Injury Prevention, Rehabilitation, and Compensation* (Code of ACC Claimants' Rights) Notice 2002.
13 ACC (2019). *Hui with Māori Providers Draft Report.*

Ngā Tukunga Iho
Findings

The findings outlined in this section throw light on the issue that the ACC scheme is not performing for Māori. Data is presented that identifies issues of access and highlights that the situation has not progressed despite our targeted attempts to improve outcomes. The Māori experience of engagement with our organisation, the level of compliance to te Tiriti and the efficacy of the Whāia te Tika strategy are examined and opportunities for us to improve our engagement with Māori clients and Māori service providers are identified.

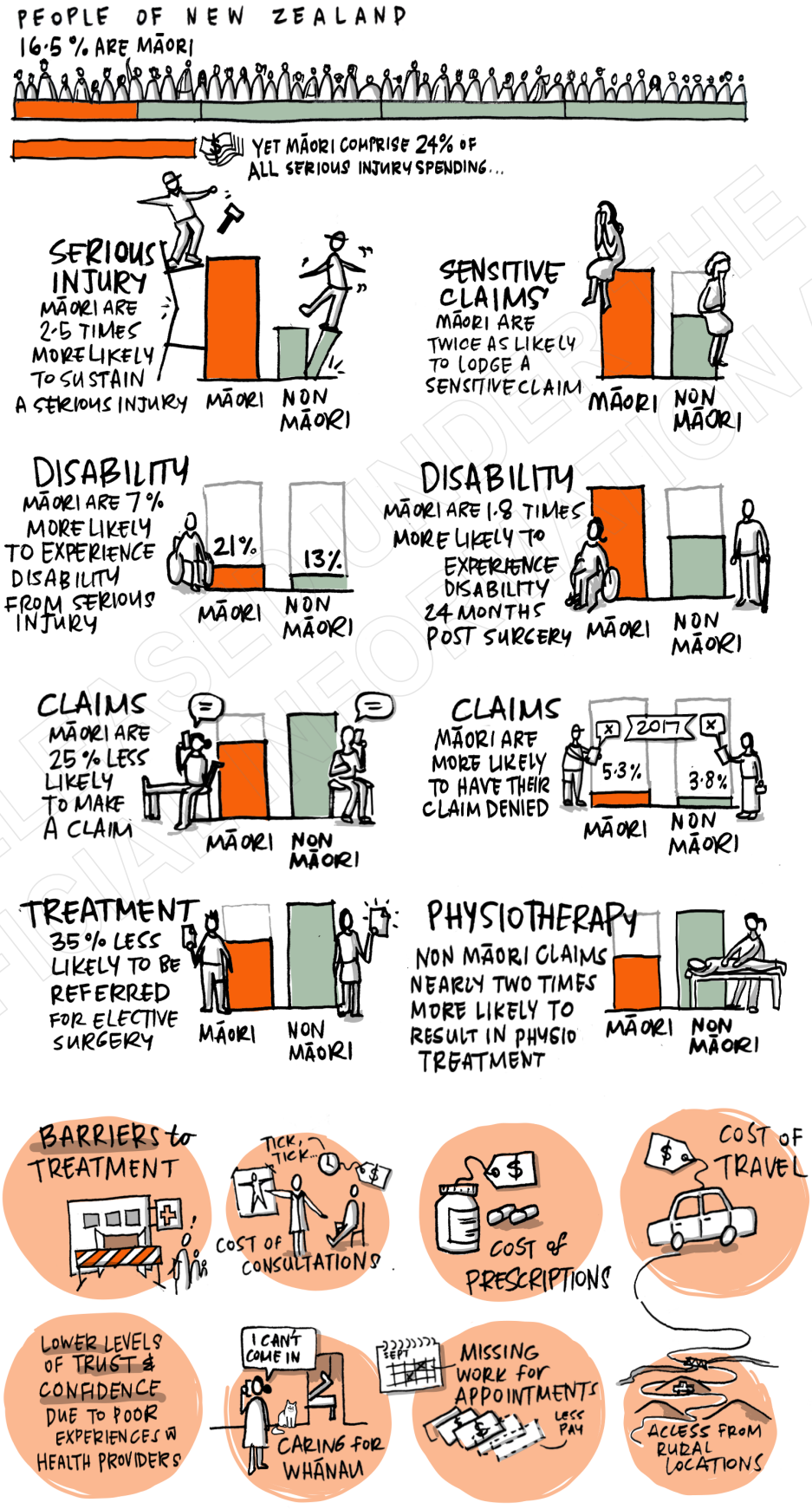


Figure 2: A high level summary of some of the outcomes and barriers to accessing services experienced by Māori

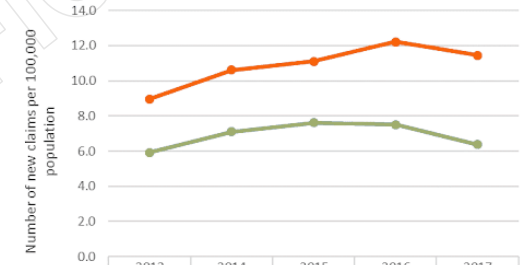
Tukunga Iho 1:
Te Hono a te Māori ki a ACC
Finding 1: Māori engagement with ACC

This section compares access to services and health and rehabilitation outcomes between Māori and non-Māori, showing that the ACC scheme does not meet Māori needs. Māori continually experience barriers to ACC funding and services compared to non-Māori, leading to inequitable experiences and outcomes. We have an opportunity to ensure the voice of Māori clients are heard and reduce inequitable outcomes.

Serious injury

In 2015, Māori were found to be 2.5 times more likely to sustain a serious injury and comprise 24% of all serious injury spend, despite Māori only making up 16.5% of the New Zealand population.[14] A serious injury is an injury that causes a long-term effect or disability. In 2019, the average serious injury claim rate was 57% higher for Māori.[15] Serious injuries represent 0.02% of all claims but the lifetime cost comprises 20% of our annual spend on all claims. 21% of Māori who are injured experience some form of disability from their injury compared to 13% for non-Māori.[16] Māori who are hospitalised are 1.8 times more likely to experience disability 24 months post-surgery compared to non-Māori.[17] These statistics are not aligned with our 'safe kiwis' organisation value, showing the inequitable impact that serious injury has on Māori in comparison to non-Māori.

Figure 3: Number of new claims per 100,000 population



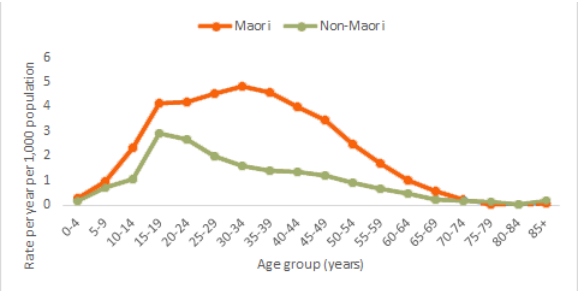
	2013	2014	2015	2016	2017
Maori	9.0	10.6	11.1	12.2	11.4
Non-Maori	5.9	7.1	7.6	7.5	6.4

Sensitive claims

Sensitive claims are for mental or physical injuries caused by some criminal acts, for example injuries caused by sexual violence.

Māori are at least twice as likely to lodge a sensitive claim in comparison to non-Māori.[18] Since 2013, the Māori sexual violence claim rate increased by 63%. This likely reflects the overrepresentation of Māori in sexual violence outcomes. The higher claim rate can be interpreted positively in that more Māori are stepping forward to seek help, but the fact remains that Māori are disproportionately represented in sensitive claims. We currently have an Integrated Service for Sensitive Claims (ISSC) that includes whānau services and cultural support hours and we are in the process of developing a kaupapa Māori pathway.

Figure 4: Sensitive claim rate per year per 1,000 population by ethnicity and age, 2015-2019



14 Wren, J. (2015). *Evidence for Māori under-utilisation of ACC injury treatment and rehabilitation support services: Māori Responsiveness Report 1.* ACC Research, Wellington New Zealand. August 2015; ACC Customer Insights and Experience Team (2019). *Opportunity Scan of ACC Related Data & Research, to Improve Māori Access;* Statistics New Zealand (2019). New Zealand's population reflects growing diversity. Retrieved from https://www.stats.govt.nz/news/new-zealands-population-reflects-growing-diversity

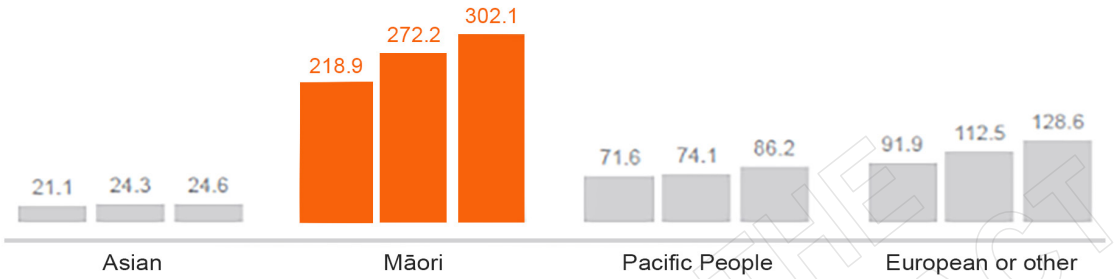
15 ACC (2019). *Hui with Māori Providers Draft Report.*

16 McCarty, G.K., Wyeth, E.H., Harcombe, H., Davie, G., & Derrett, S. (2018). ***Māori Injury and Disability Information Sheet.*** Ngāi Tahu Māori Health Research Unit: Dunedin, New Zealand.

17 Ibid.

18 ACC (2018). *Statement of Intent* 2018-2022

Figure 5: Number of clients with new sensitive claims per 100,000 of the population

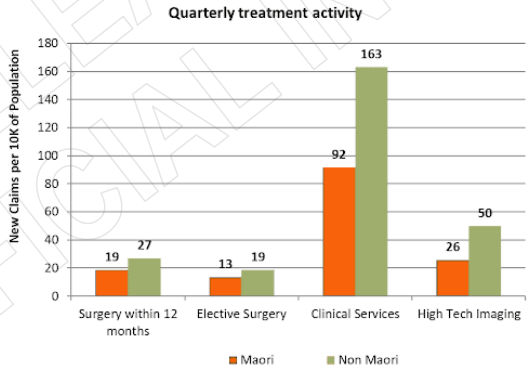


Treatment

Māori are 35% less likely to be referred for elective services than non-Māori.[19] For orthopaedic injury treatment services Māori referral rates are 16% lower than non-Māori.[20]

Māori clients are also less likely to receive clinical services, high tech imaging, and surgery than non-Māori. In comparison to Māori, non-Māori are nearly twice as likely to make a claim that results in physiotherapy treatment.

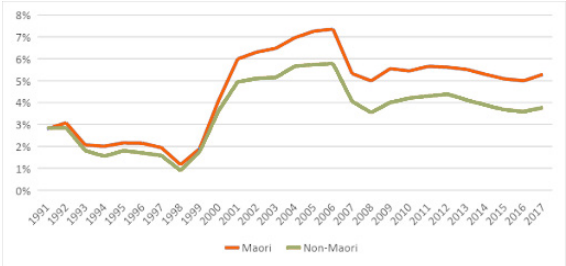
Figure 6: Treatment referral rates by ethnicity and claim type



Māori injury claims

Even though Māori are 25% less likely to make a non-serious injury claim than non-Māori, Māori are more likely to have their claim declined. Approximately 5.3% of Māori claims were declined in 2017, compared to 3.8% of non-Māori claims.[21] In the same year, 35% of the Māori population had an accepted claim compared to 43% non-Māori.[22] This is the result of the combination of reduced claim rates and higher decline rates.

Figure 7: Claim decline rates per year by ethnicity



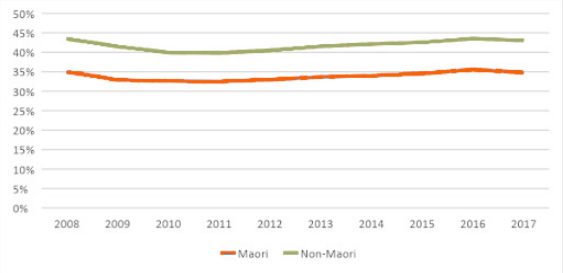
19 Wren, J. (2015). *Evidence for Māori under-utilisation of ACC injury treatment and rehabilitation support services: Māori Responsiveness Report 1.* ACC Research, Wellington New Zealand. August 2015.

20 Gribben, B., Wren, J., and Guevara, A. (2014). *Evidence for Orthopaedic and Other Elective Surgery Injury Treatment Referral Disparities: Results from Analysis of a Random Sample of 56 GP practices.* CBG Health Research, Auckland, and ACC Research Wellington, New Zealand. April 2014.

21 ACC Customer Insights and Experience Team (2019). *Opportunity Scan of ACC Related Data & Research, to Improve Māori Access.*

22 Ibid.

Figure 8: Proportion of the population with a claim accepted each year by ethnicity

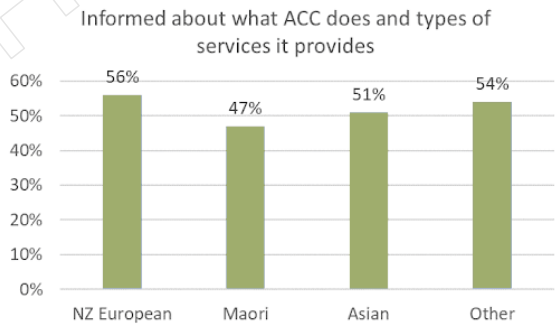


Trust

Māori are less informed about ACC services and have lower levels of trust and confidence than non-Māori. Generally most Māori consider that they received good service from their health professionals.[23] However, a sizable number of Māori patients feel that health workers have negative attitudes towards them.[24] Māori are more likely to state that they will avoid future interactions with providers.[25] Many Māori also report having poor experiences with providers and DHBs who are not culturally responsive or have an element of bias with treatment. This means Māori patients are less likely to return for further treatment.[26]

Māori are more likely to only seek care for a sufficiently high level of health need. If there is a low health need, there is a greater chance the need is outweighed by dissatisfaction and loss of trust and confidence from previous experiences.[27]

Figure 9: Customer levels of understanding about ACC's services by ethnicity

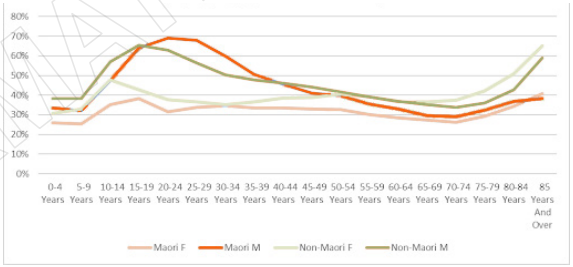


Under-utilisation of services

The evidence for under-utilisation of services is most notable in the referral rate and uptake of elective surgery services, home and community support services, and duration of weekly compensation claims. The differences in service utilisation between Māori and non-Māori vary between 5% and 50% depending upon the type of service, age group and gender.[28]

There are also differences in the likelihood of lodging a claim, with Māori females claiming significantly less than all groups. Figure 8 shows that Māori males are 38% more likely to lodge a claim compared to Māori females. For females specifically, non-Māori females are 35% more likely to claim than Māori females.

Figure 10: 2013 claim rates by age group, gender and ethnicity



To understand Māori under-utilisation of ACC services, the barriers to access, and the evidence for effective interventions, our organisation commissioned the Wren Reports in 2015. The Wren reports found Māori had poorer outcomes, experienced significant under-utilisation of ACC services, and that there was an unmet need for ACC funding. The final Wren report had several insights and recommendations for our organisation to action to improve outcomes for Māori. It stated that mainstream service provision alone is insufficient to address Māori needs, organisational commitment is required to respond to Māori, and that Māori programmes require better funding and longer-term commitment. This is echoed in the recent Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).[29] The final Wren report then recommended that we engage with Māori and Whānau Ora

23 Wren, J. (2015). *Barriers to Māori utilisation of ACC funded services, and evidence for effective interventions: Māori Responsiveness Report 2.* ACC Research, Wellington New Zealand. August 2015.
24 Ibid.
25 Ibid.
26 Ibid.
27 Ibid.
28 Ibid.
29 Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).

providers to design and deliver injury treatment and rehabilitation services. It also recommended that we collaborate with other government organisations including Te Puni Kōkiri, Statistics New Zealand and the Health Quality Service Commission to publish injury statistics, develop Māori health indicators, and develop measures of utilisation. Though we have not fully acted on these insights and recommendations, we have designed and started to implement our Māori strategy, Whāia te Tika.

Since the Wren reports Provider Service Delivery commissioned two Whānau Ora pilots: Vocational and Social Rehabilitation pilot with Te Whānau O Waipareira Trust and a serious injury pilot with Whatever It Takes. Both ended at the term of their contracts and did not continue nor were scaled.[30]

Conclusion

In summary, Māori feature prominently in serious injury and sensitive claim statistics but are significantly under-represented in non-serious injury claims. In the case of serious injury, Māori experience significantly poorer health outcomes resulting in a higher overall cost for ACC.

Māori rates of referral for further services such as elective surgery are lower than non-Māori. Māori generally experience barriers to accessing ACC funding and services in comparison to non-Māori.[31] Māori also do not fully utilise ACC funding and services. This is due to the experiences of providers and DHBs who are not culturally responsive, have an element of bias regarding treatment, and the negative attitudes of health workers. These barriers have been recognised in the Wren reports and were also echoed in the Wai 2575, though the ongoing inequities between Māori and non-Māori remain.

30 ACC (2019). *Financial Condition Report* 2019.

31 Wren, J. (2015). *Evidence for Māori under-utilisation of ACC injury treatment and rehabilitation support services: Māori Responsiveness Report 1.* ACC Research, Wellington New Zealand. August 2015

Tukunga Iho 2: Te taumata tūtohu ki Te Tiriti

Finding 2: Level of compliance to te Tiriti

This section analyses our organisation's compliance to Te Tiriti o Waitangi based on te Tiriti principles of partnership, participation and protection, as stated in Whāia Te Tika. The findings reveal that we have a low level of compliance to te Tiriti, particularly in governance and partnership. The absence of Māori representation is also evident throughout our organisation. We should update Whāia te Tika and the Health Sector Strategy to align with the expanded principles of te Tiriti as recommended in Wai 2575 and immediately take action to increase Māori representation in ACC.

The Waitangi Tribunal stage one report of the Health Services and Outcomes Kaupapa Inquiry

The Waitangi Tribunal released their findings of the first stage of its inquiry into the primary health system, finding that the current system has failed to achieve Māori health equity and is not fit for purpose.[32] The Tribunal recommended that te Tiriti principles for the primary health sector should extend to include the following principles:[33]

1. **Tino rangatiratanga:** the guarantee of self-determination, autonomy, sovereign, and self-government in the design, delivery, and monitoring of primary health care (limited to what is reasonable in the prevailing circumstances).
2. **Partnership:** where one party is not subordinate to the other, and each must respect the other's status and authority.
3. **Active protection:** Crown has a responsibility to actively protect Māori health and wellbeing through providing health services.
4. **Equity:** the Crown has a duty to act with fairness and justice to all citizens i.e. make reasonable effort to eliminate barriers to services that contribute to inequitable health outcomes.
5. **Options:** the Crown must protect the availability and viability of kaupapa Māori solutions in the social sector/mainstream services so that Māori are not disadvantaged by their choice.

The Tribunal further recommended that the legislative and policy framework for the primary health care system embed te Tiriti and its principles, and that the Crown commit itself and the health sector to achieve equitable health outcomes for Māori. As a Crown Entity involved in the health sector, our organisation has an obligation to consider and incorporate the recommendations in its strategy. Consequently, we should consider updating Whāia te Tika, and the Health Sector Strategy, to align with these principles to give effect to our Tiriti commitments.

The Waitangi Tribunal stage two of the Health Services and Outcomes Kaupapa Inquiry

We are part of the second stage of Wai 2575. Our analysis has indicated that we may feature in the following ways:[34]

- Our organisation is failing to deliver its services in ways that result in equitable outcomes between Māori and non-Māori
- We do not support the Crown in its Treaty relationship
- Māori receive a poorer standard of care than non-Māori
- We do not ensure the choice of Māori providers
- We do not support Māori providers to grow and develop in order to be able to service more Māori clients

We must take te Tiriti claims against us seriously and take action to address the concerns raised by Māori.

32 Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).
33 ACC (2018). *Statement of Intent 2018-2022.*
34 ACC (2019). *Reducing barriers to enable successful delivery of commissioning approaches that result in equity of outcomes for Māori.*

Partnership

Our organisation has several cultural and structural barriers that hinder genuine partnership and engagement with Māori and the Māori community. This does not align with our 'good partners' organisation value. The following areas must be progressed immediately, starting with the executive leadership team, through to the entire organisation.

Governance

Though we cannot influence the ACC Board appointments, it is nevertheless important to note that there are no Māori on the ACC Board, nor are there dedicated Māori roles. Our Māori staff previously recognised the lack of cultural diversity on the Board, despite the Board being the final decision-makers.[35] Although there are those who consistently advocate for Māori, having no dedicated Māori roles on the board in alignment with the partnership principle suggests that Māori are not recognised as an equal Tiriti partner.

Leadership

Though our organisation made a strategic commitment to Māori with Whāia Te Tika, Māori do not have tino rangatiratanga (self-determination) over decision making that impacts them. In addition, there is no Māori executive leadership function.[36] As of 2017, 10% of Māori employees were in frontline roles, while 7% were in corporate and frontline support roles.[37] Looking specifically at Provider Service Delivery, two Māori manager tier 4 roles have recently been established in response to the recommendation to embed Māori senior leadership and management into core operations.[38] Despite this, it is clear that we have not established a leadership and decision-making structure to facilitate Māori tino rangatiratanga in health and rehabilitation.

Organisational ownership

The Māori Culture and Capability Team (M&CCT) are responsible for protecting the integrity of Whāia te Tika as kaitiaki and enabling all ACC teams to potentialise it. Currently M&CCT are executing their role to the best of their ability. The team consists of 9 employees.[39] A genuine commitment to Whāia Te Tika by the whole organisation would remove the tendency to leave work to Māori staff, leading to concerns around 'tokenism.'[40] In general, our Māori staff felt that the responsibility of the strategy should lie with all staff, and that our ability to meet whānau needs was grounded in strong leadership from the Board through to frontline staff.[41]

Accountability and responsibility in service delivery

We have little staff guidance on engaging with Māori and whānau. For example, the Home and Community Support Services "Using Natural Supports" policy notes that "Natural supports include family members, friends, neighbours, and community, church, school and social groups," but makes no mention of whānau, hapū or iwi.[42] The internal document "Hui focuses on Māori client and staff experience of ACC" was the only document across our organisation policy sites The Sauce and CHIPS that included one of the words of Māori, Treaty of Waitangi/Te Tiriti o Waitangi, Whāia te Tika, iwi, whānau, iwi, hapū, or cultural capability.[43] Māori staff note that "... if staff members are given the tools, [Whāia Te Tika] could be turned into action."[44]

Resources to support staff to successfully understand Māori and engage with Māori and whānau needs can currently only be found on Kete Matauranga – Basket of Knowledge, which is the M&CCT space.[45] However, we have not actively proposed or implemented a compulsory, staff-wide action to build the cultural capability of staff that are predominantly frontline. Previously we had a Cultural Capability Partner position located in the sensitive claims area but this role has since been dissolved. We can conclude that we rely on our Māori staff to operationalise Whāia Te Tika, limiting the service delivery team's ability to genuinely engage with Māori clients and whānau.

35 ACC (2018). *Wellington Māori Staff Hui.*
36 ACC (2019) *Minister, CEO and Executive* Retrieved from https://www.acc.co.nz/about-us/who-we-are/minister-ceo-executive/
37 ACC Māori and Cultural Capability Team (2017). *A Snapshot: Distribution of ACC Māori Employees.*
38 ACC (2019). *Action on Whāia te Tika recommendations.*
39 ACC (2018). *Whāia Te Tika Stocktake.*
40 ACC (2019). *Action on Whāia te Tika recommendations*
41 ACC (2018). *Wellington Māori Staff Hui.*
42 ACC (2018). *Whāia te Tika Stocktake.*
43 Ibid.
44 ACC (2018). *Wellington Māori Staff Hui.*
45 ACC (2018). *Whāia te Tika Stocktake.*

Measurement

We do not recognise Māori models of health in our measurement of recovery. Mātauranga Māori recognises that as well as the physical consequences, an injury can also have consequences that include wairua, mauri, mana, whānau and other areas.[46] Evidence from the Access to ACC services for Māori pilot programme indicates that these aspects are considered essential dimensions of rehabilitation for many Māori.[47]

For common injuries, such as a twisted ankle, goals are captured at the start and end of the treatment and clinical measures are used to assess recovery. This does not seem to be the case for more complex cases. ISSC, where Māori make up 28% of clients, implemented the outcome measurement models of the Personal Wellbeing Index and the World Health Organisation Disability Assessment Score to "ensure the delivery of flexible recovery services that enable the individual to access the services they need when they feel the need."[48] There is no mention of Māori health principles such as taha wairua or taha hinengaro, or mention of the whānau.

Partnering with iwi

In one particular case, we have shown that we are able to build genuine partnerships with Māori and start to live our organisational value of being 'good partners'. Since 2014, we have had a formal memorandum of understanding with Waikato-Tainui. This was entered into as part of the Māori responsiveness programme. In the last two years, the relationship has been actively managed by an employee of the M&CCT team that has developed a strong relationship with the iwi. We also have a formal memorandum of understanding with Te Whānau o Waipareira, though the relationship has only recently started to be actively managed by us.

We have built a relationship together with Waikato-Tainui by focusing on how we can create value for the iwi. This continues to be underpinned by whanaungatanga, engaging with the key stakeholders in the iwi, and focusing on key areas that are important to the iwi and how they see ACC fitting their needs. By focusing on the needs of iwi and building strong relationships between key iwi stakeholders and our employees, we have an opportunity to establish trust and build genuine partnerships that can improve Māori health and rehabilitation outcomes.

Commissioning

The current funding approach used by Provider Service Delivery does not recognise or give effect to a Māori perspective or Māori models of health. This is an example of institutional racism.Our analysis has shown that:[49]

1. our approach to partner with Māori providers is reflected in the use of short term service prototype contracts that do not allow for continuity of service provision or tino rangatiratanga over intellectual property
2. decision makers that are not authorised by Māori to make decisions on services for Māori, or kaupapa Māori services, make funding decisions
3. we rely on contractual requirements and systems that exclude Māori providers and services from funding
4. we define the requirements and return on investment criteria for Māori services, instead of allowing Māori clients and providers autonomy over such criteria
5. our procurement approach forces Māori service providers into sub-contracting roles
6. we use contractual approaches that describe the need to respond to Māori at a high-level but do not have any meaningful way of driving or evidencing actual change

As a result of the challenges that we have experienced commissioning services for Māori, we are subject to stage two of the Wai 2575 inquiry.[50] In stage one, a clear precedent was set for the primary health and disability sector to make a commitment that goes beyond incorporating a Māori strategy or health action plan. The commitment must recognise and provide for te Tiriti and the five principles (tino rangatiratanga, partnership, active protection, equity and options) should be reflected in all documents of the primary health system. This includes the strategies, plans, and all 'lower-level' documentation.[51] Our current commissioning approach does not align with or

46 ACC (2020). *Policy Governance Committee - Rongoā Māori: clarification of funding guidance.*
47 ACC Customer Insights and Experience Team (2019). *Opportunity Scan of ACC Related Data & Research, to Improve Māori Access.*
48 ACC Board Paper (2017). *Integrated Services for Sensitive Claims (ISSC) Ethnicity Data.*
49 ACC (2019). *Reducing barriers to enable successful delivery of commissioning approaches that result in equity of outcomes for Māori.*
50 Ibid.
51 Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).

embody the five recommended principles. With the learnings from Wai 2575, we now have an opportunity to embed te Tiriti and Whāia te Tika into our strategies, plans, and' lower-level' documentation so that we give effect to these documents, instead of being seen to give them lip-service. [52]

Participation

This section outlines examples where our organisation did not adequately resource kaupapa Māori services, nor hold an appropriate level of accountability for delivering culturally responsive services.

Cultural competency and safety

Cultural competency is "...the acquisition of skills to achieve better understanding of members of other cultures." [53] The goal of culturally competent care with Māori clients is to improve relationships and thereby achieve "better clinical results."[54]

Our organisation does not require all staff to complete dedicated cultural competency training or prove that they deliver culturally appropriate services. We previously developed the Cultural Capability project where all staff were expected to personally develop greater skills in cultural competency.[55] The project failed in the implementation phase because of transitioning issues from the availability of Cultural Advisors to increasing the personal responsibility of staff cultural skills. Some staff felt ill-equipped to deliver a culturally responsive service which led them to avoid those situations.

Funding kaupapa Māori services

In a policy governance committee paper on the clarification of funding for rongoā Māori, it was outlined that the service has not been recognised as a valid rehabilitation treatment for Māori.[56] Rongoā is excluded from the criteria for treatment and vocational rehabilitation under the Act, though it could be included under social rehabilitation. It is also important to note that rongoā practitioners and tohunga are not defined as treatment providers under the Act. Until now, rongoā has only been granted for a claimant as "other social rehabilitation," because it is not considered one of the key aspects of social rehabilitation.Even though a significant number of Māori strongly value and request Rongoā as treatment, we have approved very few requests for the service.[57]

"What is needed by the community is identified by the community, should be prioritised and funded nationally and delivered at the community level based on what will work for that community. Shared (cross government services) funding devolved to the communities, to enable true autonomy. It is the community's money, let 'me' look after the community the way it needs it. Trust us."[58]

– feedback from a Māori health provider, 2019.

Protection

Qualitative interviews of ACC staff suggested that several staff struggle to understand the value of a Whānau Ora and kaupapa Māori service approach compared to mainstream service offerings.[59] This is despite the fact that our focus on these approaches was informed by research demonstrating that ACC funded services were failing to meet the needs of Māori clients.[60]

Some ACC staff struggled to understand why particular service aspects, such as whanaungatanga, were required. This is surprising, as the ACC staff Māori cultural capability review found that over 88% of staff at least slightly agree that they understand why Māori have a special place in NZ, understand Māori etiquette and customs, and have knowledge or understanding of te Tiriti of Waitangi.[61]

52 ACC (2018). *Wellington Māori Staff Hui.*
53 Durie, M. (2001). *Cultural Competence and Medical Practice in New Zealand. Report to the Australian and New Zealand Boards and Council Conference.*
54 ACC (2008). *Guidelines on Māori Cultural Competencies for Providers.*
55 ACC Board Paper (2017). *Integrated Services for Sensitive Claims (ISSC) Ethnicity Data.*
56 St George, S. (2020). *Rongoā Māori: clarification of funding guidance.*
57 St George, S. (2020). *Rongoā Māori: clarification of funding guidance.*
58 ACC (2019). *Improving Māori access to ACC through kaupapa Māori.*
59 Ibid.
60 Ibid.
61 ACC (2018). *Whāia te Tika Stocktake.* Data provided by the Super Diversity Centre as part of the Diversity and Cultural Capability Survey in Dec 2017.

Only 70% of staff are aware of Whāia te Tika.[62] Educating staff about the value and importance of the strategy has been identified as fundamental to getting organisation-wide buy-in for the strategy and to reduce "pushback" to the strategy.[63] This was underscored by the need to present statistics and injury rates to a wide audience so that everyone is on board with Whāia te Tika.[64]

To improve ACC staff understanding of te reo Māori me ōna tikanga, Te Rito Māori courses were set up at the end of 2017.[65] Staff are encouraged to take the courses, but participation and completion are not compulsory. The Whāia te Tika Stocktake report found that 27% of all staff had enrolled in at least one module and 5% had completed all four modules. [66]

Conclusion

Our organisation's level of compliance to te Tiriti is low, particularly in the principle of partnership. We do not recognise Māori as te Tiriti partners, from the Board level with no dedicated Māori roles, no specific Māori positions within the organisation higher than tier 3, and no leadership or organisational ownership of Whāia Te Tika. This can be attributed to our structural, cultural and organisation underlying institutional racism barriers among other things.

Māori clients and providers are unable to fully participate within the ACC system. We do not recognise kaupapa Māori models of care or rongoā Māori, and we do not fully implement or have requirements around cultural safety or competency at a global organisational level as well as at an individual staff level.[67] This relates to addressing Māori needs in a way that is culturally relevant and focused on their needs.

We do not protect Whāia Te Tika because there is very little organisational ownership of the strategy. Only 70% of our staff are aware of the strategy, and there is no co-partnering with Māori to implement the strategy. In line with our obligations to te Tiriti, our entire staff should be aware of Whāia Te Tika. Whāia Te Tika should be embraced as one of our core values both strategically and operationally.[68]

62 ACC (2018). *Whāia Te Tika Stocktake.*
63 ACC (2018). *Whāia te Tika Stocktake.*; ACC (2018). *Wellington Māori Staff Hui.*
64 Ibid.
65 ACC (2018). *Whāia te Tika Stocktake.*
66 Ibid.
67 ACC (2018). *Wellington Māori Staff Hui.*
68 Ibid.

Tukunga Iho 3: Te whakatinanatanga o te rautaki Whāia te Tika

Finding 3: Report on the efficacy of Whāia te Tika strategy

This section examines the implementation and effectiveness of Whāia Te Tika. The findings show that the aspirations of Whāia Te Tika have not translated into tangible outcomes for Māori. This is evident in our current centralised commissioning approach which does not uphold te Tiriti principles of tino rangatiratanga or partnership as it does not recognise or actively enable kaupapa Māori services. Māori providers are continuously voicing concerns that we have a low level of compliance with te Tiriti principles but feel that they are not being heard. In Provider Service Delivery, we have an opportunity to partner with Māori providers to co-design and deliver services to achieve the aspirations of Whāia te Tika and improve outcomes for Māori.

Whāia te Tika

Whāia te Tika outlines the case for change and introduces a set of guiding principles we can work with to achieve change.[69] It does not detail how change should be made, because implementing change is the responsibility of those putting the strategy into action.[70]

As a result of the Wren Reports recommendations, we developed the first phase of Whāia te Tika. This was further developed into a roadmap with three key features:

1. to embed Whāia te Tika in the organisation
2. to deliver transformative change
3. to future proof the strategy's influence

Next Generation Case Management

There are organisational barriers that limit our engagement with Māori. We have no plans or guidelines on when and how to engage in partnership with Māori. This was evidenced in the planning and implementation of the Next Generation Case Management System (NGCM). The business case and project team outline included no mention of Whāia te Tika, the Māori and Cultural Capability Team M&CCT, or Māori.[71] Furthermore, the M&CCT had limited involvement in the design of the NGCM and in the stand up of Launch Pad. M&CCT were engaged late in the design and development of NGCM but had a limited ability to influence the design. The design and integration approach taken on such a large transformational project put unfair and unrealistic expectations on the M&CCT to guide engagement with Māori and did not match their skillset.

The exclusion of Māori in the planning of the NGCM and the expectation for the M&CCT to be able and ready to engage in the design of such a system, and to meet delivery expectations of the constrained timeframe and budget, reflects a need for our organisation to have more Māori in diverse areas of expertise across the whole organisation. It also shows that we need to develop mature kaupapa Māori engagement pathways in our organisation so we avoid missing critical opportunities during the initial planning stages to plan for and include Māori in a meaningful way.

69 ACC (2019). *Reducing barriers to enable successful delivery of commissioning approaches that result in equity of outcomes for Māori.*
70 Ibid.
71 ACC (2018). *Business Investment Case Next Generation Case Management; ACC (n.d). Project team for next phase of NGCM work*

The Whāia te Tika stocktake found long-term planning needed development

To determine the effectiveness of Whāia te Tika, a stocktake of the strategy was carried out in 2017 with mixed results. The stocktake assessed our organisational progress towards improving Māori experiences and outcomes and recommended future work programmes. It identified that the progress of the strategy implementation was mixed across units, that the strategy currently had a short-term focus and lacked long-term horizon planning.

To address sensitive claims, we commissioned a report to investigate kaupapa Māori pathways in 2018. The ACC Integrated Services for Sensitive Claims (ISSC): Investigating Kaupapa Māori Pathways report provides a descriptive summary of kaupapa Māori approaches and services, progress made within ISSC towards the integration of such approaches and provides a methodology to inform the appropriate investigation and pilot of those services. The report found that there has previously been limited success in progressing a kaupapa Māori pathway for sensitive claims and outlined insights that we should consider when developing a new pathway. This includes establishing strong partnerships and facilitating Māori leadership, collecting and reporting qualitative, quantitative and accurate evidence and communicating clear values throughout the process.

Targeted pilot programmes

In Provider Service Delivery, we developed a range of pilot programmes in partnership with key stakeholders to test new thinking and improve outcomes for Māori. The pilot programmes took a kaupapa Māori approach to service with relative success in delivery and outcomes for Māori. The pilot programmes include: My Home is My Marae: ACC funded home-based injury prevention programme

- Whānau Ora Mō Nga Whānau Hauā: ACC and What Ever It Takes home-based disability support service
- Te Whānau o Waipareira Trust Vocational and Social Rehabilitation Service: a Whānau Ora vocational and social rehabilitation service
- Te Ao Maruiti: Health and Safety Learning Pilot: a tripartite initiative with WorkSafe and Ngāti Porou to meaningfully engage with Māori forestry workers in the Ngāti Porou rohe.

From these programmes, we learnt that our objectives and success criteria are not always aligned with the partners of the pilot programmes. We sometimes use pilots to fund a service for a short period of time and assess its sustainability later, whereas pilot partners see the funding as an opportunity as a 'proof of concept' leading directly into a long-term contract.[72] Also, our success criteria are not clear to partners. This means partners might not fully align with the criteria to prove success and merit scaling the programme. Because of the intermediate length of time of most pilots, we sometimes have staff changes which can lead to losing continuity of resourcing from across the business to support proper evaluation and transition from pilots to business as usual.[73]

Wider organisational response to Māori need

In the wider organisation, we have taken some steps to address inequities within our system for Māori. These Māori-focussed initiatives include:

- Māori Customer Advisory Panel: this Panel was formed to bring Māori ingenuity to the forefront, and to strengthening Māori and whānau to thrive. However, this panel meets quarterly and is only active for 24 months
- Te Rito e-learning modules: this is a Māori cultural competence online learning module which has been available since November 2017. It is one of the key training resources used to improve the Māori cultural competence of staff. Te Rito courses are optional, not compulsory, for all staff
- Workplace Safety and Levies Grants for Māori health and safety frameworks
- Working in partnership with the Health Research Council to research way to improve equity for ageing Māori
- Reporting monthly on our progress to delivering Whāia te Tika, and capturing our progress in our annual report

Though we have taken some steps to improving outcomes for Māori, we have carried out no comprehensive, ACC-wide actions that have had measurable impact on Māori health and rehabilitation outcomes. To embed Whāia te Tika into our organisation, deliver transformative change for Māori, and future proof the influence of the strategy, we must make bold, organisation wide moves that embed kaupapa Māori into our organisation at every level.

72 ACC (2020). *Subject matter expert feedback.*
73 Ibid.

ACC's commissioning model

Our current commissioning model is input based and does not fund Māori providers or kaupapa Māori services in a way that aligns with the needs of the Māori population. Most of our services are funded in three ways. These are:

1. via market rates as defined by our organisation and renewed annually for contracted suppliers
2. via a predetermined payment schedule under Cost of Treatment regulations
3. via direct funding to the Ministry of Health, who fund DHBs for Public Acute services

The bulk of our spend, approximately 67%, is via market rates and is received by contracted suppliers. There are currently approximately 3000 contracted suppliers. It covers things such as elective services, home and community support services, capital expenditure (mobility and adaptive aids) and limited initiatives for Cost of Treatment providers where we are trialling managing outcomes and associated costs with different levers.

Regulated providers that deliver treatment under Cost of Treatment regulations make up approximately 13% of our spend with over 20,000 providers. These are ad hoc transactional services and our relationships with suppliers also reflect this.

The remaining 20% of spend sits in Public Acute services and funding is sent to the Ministry of Health to distribute to DHBs. It is a low contact relationship.

Our organisation has the highest contact with contracted suppliers (lead suppliers) given the direct contracting arrangements. This contact does not necessarily flow through to Māori providers who subcontract to the lead suppliers. In 2018, Māori providers formed a consortium to bid for an ACC contract but were unsuccessful.[74] This is an example showing that for Māori providers to have access to ACC funding, they are dependent on referrals given at the discretion of the contracted supplier. Given we have the tendency to prefer the lead supplier model, well-resourced larger entities tend to be favoured. This contrasts with Māori providers who are often smaller, regional and have difficulty meeting the administrative burden of this commissioning model, such as the effort required in preparing for a Request for Proposal.

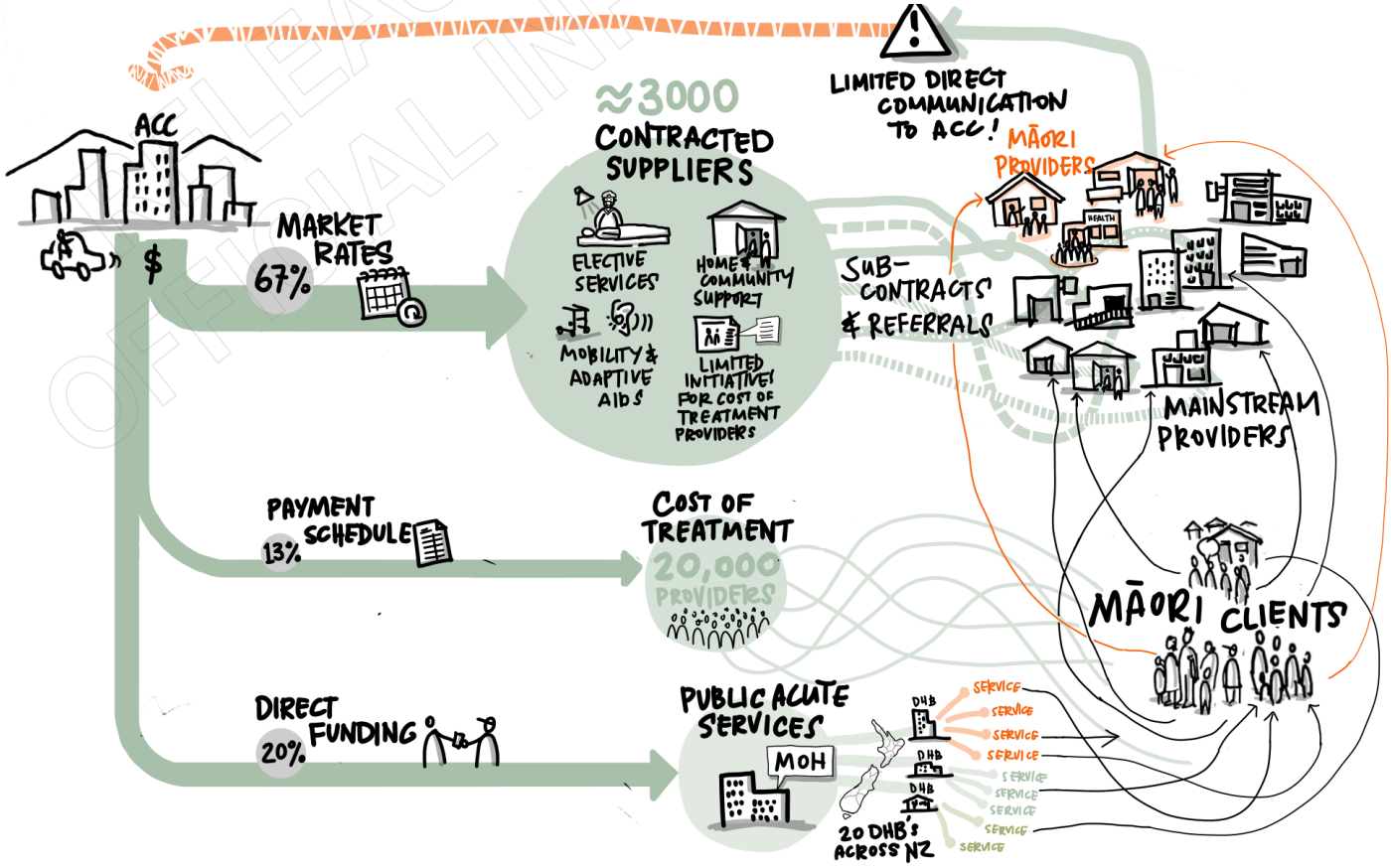


Figure 11: Illustration of the ways ACC services are currently funded

74 Te Kohao Health (2019). *ACC Shutting Out Māori Health Providers.* Retrieved from https://www.scoop.co.nz/stories/GE1910/S00045/acc-shutting-out-Māori-health-providers.htm

When Māori providers are subcontracted, it is also not uncommon for lead suppliers to offload difficult and therefore more costly cases to Māori providers. For example, Te Kōhao Health enrolled 9,000 whānau in 2019, 80% of which were high needs, yet they only had 6 to 10 ACC home support clients at any time because of a lack of referrals.[75]

Providers partnering with ACC to co-design services

Co-design is derived from participatory design and is a form of co-creation that engages users, in this case Māori, to be part of the design team.[76] Wai 2575 clearly states that Māori and the Crown must be co-designers of the primary health system for Māori.[77] The Crown must also work in partnership with Māori in the delivery and monitoring of the system. For us, this means that Māori must be involved in the design, implementation, and measurement of not only services, but also the system as a whole.

The market rates of the centralised commissioning model and our fee-for-service model discourages innovation by not providing funding for co-design with suppliers. This particularly disadvantages kaupapa Māori providers where the principles of service lie in co-design and need to be tailored for communities. Currently providers must go above and beyond their funding to provide a culturally appropriate service. Furthermore, our organisation does not recognise kaupapa Māori and Māori models of health. This lack of recognition of the place of kaupapa Māori in the rehabilitation system means that there is a lack of choice for whānau when it comes to treatment options and providers.

There are examples of our efforts to co-design services with kaupapa Māori providers. In August 2019 we worked with Providers to design Kaupapa Māori options for IHCS to better address the needs of Māori.In August 2019 we worked with Providers to design Kaupapa Māori options for Integrated Home Care Support Services (IHCS) to better address the needs of Māori.[78] While this covers IHCSS, the findings in this hui can relate to the organisation across the board in respect to its dealings with Kaupapa Māori approaches and programmes. The findings included:

- the recognition that a one size fits all model may not be appropriate for the whole country, and it may need to be done at a more regional/local level and whānau centred. This is contrary to the way services are currently funded
- money is not the sole motivator for delivery of services and interactions need to be principles based
- Māori providers relate to and connect with Māori whānau and households through their understanding and application of te ao Māori values and whakawhanaungatanga
- we focus on functional recovery and kaupapa Māori tends to treat the whole person (physically, mentally, spiritually and in the context of whānau)
- kaupapa Māori services are provided in a manner that places priority on ensuring whānau know their options
- we need to look at how we can fit in with a kaupapa Māori service model and not try to make a kaupapa Māori model conform to our organisation
- we need to invest in designing Māori metrics to measure the effectiveness of the initiative and appropriately value mātauranga Māori
- the centralised commissioning model limits the ability to deploy resources and support based on the needs and realities of whānau Māori
- the lack of capacity and capability funding means providers struggle to build their capacity and innovation

Māori have been trying to communicate their need for partnership with us for a long time, but feel that we are not listening.[79] Māori providers have clearly stated that service design should be framed by Māori and based on a clear understanding of Māori needs and outcomes.[80] The design must have kaupapa Māori, whānau, and mātauranga Māori at its core.

75 Te Kohao Health (2019). *ACC Shutting Out Māori Health Providers.* Retrieved from https://www.scoop.co.nz/stories/GE1910/S00045/acc-shutting-out-Māori-health-providers.htm
76 Sanders, E., & Stappers, P. (2008). *Co-Creation and the New Landscapes of Design.*
77 Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).
78 ACC (2019). *Hui with Māori Providers Draft Report.*
79 Carne, S. (2014). *Healing Approaches for Māori Whānau entitled to Access ACC Sensitive Claims Support.*
80 ACC (2019). *Hui with Māori Providers Draft Report.*

Our organisation also needs to determine how to restructure the supply of kaupapa Māori services.

The contracts for IHCS were awarded in 2018 and concerns were raised over the lack of kaupapa Māori models and approaches. A hui was held with the Kotahi Collective on 7 March 2019 to explore these concerns. It was not until 8 August 2019 that Māori providers were brought together to explore what solutions could be designed and implemented over 12 months.

Māori market information gaps

The information we track on the bulk of our suppliers is largely focussed on spend and contract type. We split our providers into four tiers; interactions and the information kept is based on this tier level. Documented plans are only required for tier 1 and 2 providers. This results in knowledge gaps when it comes to Māori providers as they do not tend to fall into tier 1 or 2. These gaps include the ability to identify who Māori providers are, the services or programmes offered, resource levels, capacity, strengths or weaknesses.

There is some limited information in this space based on direct relationships between our staff and the providers or where information may have been collected for a particular purpose. There is no central repository where data of this type is easily accessed. Tier 1 and 2 suppliers are identified as they relate to critical and key strategic relationships for our organisation. This excludes Māori providers and are instead classified as operational/transactional providers.

Conclusion

Whāia Te Tika's implementation and effectiveness within our organisation is limited by our current operations. No kaupapa Māori models or strategies can be implemented under our current commissioning approach. Our approach is also not aligned with, and fails to uphold, te Tiriti. Relationships with Māori providers appear to be the exception rather than business as usual. This is not to say that to uphold our te Tiriti obligations we must always have a direct relationship with Māori suppliers, but the current pathways in established contracts prevents partnering with Māori to co-design and participate in the implementation of Whāia Te Tika.

Ingoingo – Ngā rautaki pai mō te Māori

Aspirations – What works for Māori and why is it so important

This section outlines the findings of a rapid review of models and service approaches that have worked for Māori in the health, education, economic development, and social sectors. The models and approaches were chosen as they embedded te Tiriti principles, such as tino rangatiratanga and partnership. They show that Māori are willing and capable of working in partnership to provide culturally responsive and effective services to the population, resulting in better experiences and outcomes for Māori. Commonalities in each effective approach is that they are by Māori, for Māori, follow te Tiriti principles, and integrate kaupapa Māori from design through to delivery. They are also whānau-centric, integrating measures of whānau engagement, aspirations and achievements into monitoring, reporting and evaluation. There is an opportunity for us to embed the learnings outlined in this section into the draft Kaupapa Māori Health Services Plan, so that we commission for kaupapa Māori services in a way that reflects Māori needs and aspirations and aligns with our te Tiriti obligations and Whāia te Tika.

Ngā Ara Kaupapa Māori

Kaupapa Māori approaches

Whānau Ora

Whānau Ora is a holistic approach to social service delivery that has established genuine partnership in co-design and service delivery and focuses on empowering the individual within the context of the whānau.

Whānau Ora is based on an outcomes framework that supports whānau in identifying and actioning their aspirations to improve their lives. The model guides providers to work collaboratively to co-ordinate and deliver services that help whānau achieve their goals. Whānau Ora is reached when whānau are self-managing, living healthy lifestyles, participating fully in society, confidently participating in Te Ao Māori, economically secure and successfully involved in wealth creation, cohesive, resilient and nurturing, and responsible stewards of their natural and living environments.[81]

"A Kaupapa Māori commissioning process that is inclusive of Māori and whānau, tailored for rohe and tailored for Māori, is much more likely to deliver the outcomes Māori are seeking" [82]

– feedback from a Māori health provider, 2019

To get support directly to the community, the Whānau Ora commissioning agencies were established as independent, non-governmental funding streams.[83] In the Government's most recent review of Whānau Ora, it was found that this commissioning approach results in positive change for whānau, creates conditions for that change to be sustainable, operates in a transparent manner and within a structured accountability system, meeting the system requirements.[84]

Te Kōhanga Reo

Te Kōhanga Reo is a Māori development initiative that started in 1982, aiming at maintaining and strengthening Māori language and philosophies within a cultural framework inspired by Māori elders. It has been heralded as the most significant and effective initiative undertaken by Māori to secure their language and tikanga. What began as a grassroots movement to provide a total Māori language immersion program for tamariki and their whānau has flourished into an established kaupapa Māori educational pathway.

"[Kōhanga Reo] was driven by the recognition that something needed to be done about the state of Te Reo Māori and that this could form the basis for wider whānau development. The initiative came from Māori communities themselves, using the resources they already had in order to place emphasis on ... a cultural approach to learning, rather than from the Crown."[85]

– Dame Iritana Tāwhiwhirangi

81 Te Puni Kōkiri (2016). *the Whānau ora outcomes framework, Empowering whānau into the future.*
82 ACC (2019). *Hui with Māori Providers Draft Report.*
83 Te Puni Kōkiri (2018). *About Whānau Ora.* Retrieved from https://www.tpk.govt.nz/en/whakamahia/whanau-ora/about-whanau-ora
84 Independent Whānau Ora Review Panel (2018). *Whānau Ora Review, Tipu Matoro ki te Ao, Final report to the Minister for Whānau Ora.*
85 Dame Iritana Tāwhiwhirangi (2012). *Brief of Evidence in Support of Application for Urgency, 25July 2011 in Matua Rautia.* The report on the Kōhanga Reo Claim, Pre-publication. Waitangi tribunal: Wellington

The Kōhanga Reo movement is a kaupapa Māori approach that succeeded in providing high quality experiences and outcomes for Māori. Kōhanga Reo have been strongly commended for revitalising and protecting Te Reo by fostering intergenerational transmission of mātauranga Māori. There are now over 450 kōhanga reo across New Zealand, attended by approximately 17% of Māori children enrolled in early childhood education services.[86] After having only about 5% of schoolchildren being able to kōrero Māori in 1975, to 1 in 5 Māori being able to kōrero Māori in 2018, the Te Kōhanga Reo movement has been pivotal in the language revitalisation of te reo Māori.[87]

COVID-19

Iwi, marae, whānau and hapū are leading initiatives and responses to COVID-19. Many are delivering care packages for whānau, checking in on their kaumatua and kuia, administering flu vaccinations, setting up support lines, with some closing iwi borders, and even setting up their own testing stations.[88]

This shows that by Māori, for Māori initiatives empower communities, and proves that with strong leadership, Māori are innovative, have their whānau and community at the forefront of decision making and are now stronger than ever to lead their own affairs.

Conclusion

The success of Whānau Ora, Te Kōhanga Reo and the Iwi response to Covid-19 shows that Māori are more than capable of providing culturally responsive services to the population. More so, these services can provide better experiences and outcomes for Māori individuals, whānau, and hapū.

86 Arapera Royal-Tangaere (2018) . Te Kōhanga Reo. Retrieved from: https://nzhistory.govt.nz/women-together/te-kohanga-reo

87 Williams, D. (2020). *Crown Policy Affecting Māori Knowledge Systems and Cultural Practices.* Wellington (2001). Waitangi Tribunal; Statistics New Zealand (2020) *1 in 5 people speak te reo Māori.* Retrieved from https://www.stats.govt.nz/news/1-in-5-Māori-people-speak-te-reo-Māori

88 Radio New Zealand (2020). *How Māori across Aotearoa are working to stop the spread of Covid-19* . Retrieved from: https://www.rnz.co.nz/news/te-manu-korihi/412680/how-Māori-across-aotearoa-are-working-to-stop-the-spread-of-covid-19; Radio New Zealand *Northland iwi establish coronavirus testing centre* (2020). Retrieved from: https://www.rnz.co.nz/news/te-manu-korihi/413406/northland-iwi-establish-coronavirus-testing-centre

Ngā āhutanga o ngā ara whakatutuki mo te Māori

The characteristics of approaches that work for Māori

Research has identified the characteristics of services and approaches that work best for Māori. It was found that across business, education, health and wellness, there are operational capabilities and organisational structures that are conducive to Māori success, and specific requirements of Māori involvement in programmes that are responsive to Māori needs.[89]

"Success means Māori can live as Māori while accessing and using ACC-funded services, while also being respected, given personal sovereignty through choice and being viewed as a whole person, inclusive of whānau."[90]

– feedback from a Māori health provider, 2019

Centrality of the whānau

What Works for Māori identified the importance of recognising the centrality of whānau as a major influence on whānau members.[91] In support of this, Māori rate themselves and their whānau and/or friends as key sources of return to work decisions.92 Whānau-centric services have also been found to create positive service experiences for both clients and whānau and establish stronger connections between the client and whānau.[93]

The positive effect that Māori clients and their whānau experience as a result of whānau-centric services has also been found to extend out to hapū, iwi, and community organisations.[94] In the My Home is My Marae approach to injury prevention, the capability and confidence of the Kaimahi to deliver the service was supported through a tuakana (older) teina (younger) learning method. Kaimahi worked with whānau using the method, building the capacity of whānau, who could then pass that knowledge on in their community and be facilitators of the programme.[95]

In an example of a pilot creating sustainable change, the Maruiti marae based health and safety pilot resulted in a plan to expand the pilot, as well as the establishment of a community group to enable workers, whānau, and the community to work with the forestry sector and contribute to best practice health and safety, and social and work related decision-making.[96]

Recognition of kaupapa Māori

Kaupapa Māori refers to a "foundational philosophy along with a set of beliefs, ethics and values that guide behaviour".[97] The values of tikanga (customs or practices), wairua (spirituality), whanaungatanga (relationships, connections), manaakitanga (care, respect), and kotahitanga (unity, collaboration) were found to be most referred to.

Whanaungatanga is a relationship, kinship or sense of family connection.[98] This is created through a process of establishing meaningful, reciprocal and

89 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.; Wren, J. (2015). *Barriers to Māori utilisation of ACC funded services, and evidence for effective interventions: Māori Responsiveness Report 2.* ACC Research, Wellington New Zealand. August 2015.
90 ACC (2019). *Hui with Māori Providers Draft Report.*
91 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.
92 ACC (2014). *Return to Work Monitor Survey.*
93 ACC (2018). *Vocational Rehabilitation Service using a Whānau Ora Model Evaluation Report.*
94 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.
95 Hayward, B., et al. (2017). *My Home is My Marae: Kaupapa Māori evaluation of an approach to injury prevention.*
96 Worksafe New Zealand (2018). *Maruiti Marae-Based Learning Pilot Evaluation.*
97 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.
98 Māori Dictionary (2020). whanaungatanga. Retrieved from https://Māoridictionary.co.nz/word/10068

familial relationships in a culturally appropriate way.[99] Whanaungatanga has been found to hold significant importance for Māori and influence their sense of well-being.[100] In light of this, Māori providers and staff invest significant time and resources to develop relationships with individuals and whānau.[101]

Genuine relationships build whānau trust, acceptance, confidence and willingness to engage with staff and with services.[102] Establishing relationships has been found to help providers extend their networks. It increases their knowledge and understanding of other services, improves cross-agency collaboration, creates better understanding of what works for whānau, improves their capacity and capability to support whānau, and contributes to a more streamlined service delivery.[103] It has also been found that as a component of whānau-centred delivery, "building rapport" is strongly related to achieving outcomes such as accessing services, gaining new skills, and developing cultural confidence, which results in improved whānau capability.[104]

Manaakitanga is the process of showing respect, generosity and care for others.[105] At a Māori provider hui, participants noted that a kaupapa Māori approach is more than just a clinical model and does not focus solely on functional improvements. It is focused on family and taking a whole-of-person view.[106] Critical success factors of some approaches were whānau being heard, the mana of the whānau being respected, as well as manaakitanga directly.[107] In the marae justice approach, Rangatahi felt welcome and respected.[108] In the cancer support service, an integrated service delivered with speed and flexibility, where extra hours were worked to ensure the client's needs were met, clients feel like more than just a 'cancer patient'.[109]

Tailoring services to Māori individual and whānau needs

Whānau achieve their potential when whānau needs and aspirations are the central focus of an approach Clients and whānau that participate in services that are underpinned by kaupapa Māori principles are empowered to successfully achieve their goals. For example, participants in a two-year pilot reported outcomes that would be expected to be achieved in 3-5 years (the Whānau Ora Mō Ngā Whānau Hauā home-based disability support service).[110]

Similar findings were reflected in the analysis of the first phase of Whānau Ora, where whānau achieved two-thirds of the goals they set between 2012 and 2014,[111] and in the Kaitoko Whānau advocacy programme, where whānau successfully developed and achieved their goals and experienced coordination of, and access to, social assistance.[112] By Māori, for Māori approaches support whānau to realise their full potential.

A staff member of the Whānau Ora Mō Ngā Whānau Hauā articulated the function of goals in achieving potential:

"When they're wanting to go to, say to, a competition. That's their aspirational goal. And then the incremental steps are actually the day to day stuff....The aspirational goal is for [them] to get to the competition and then everything else will support [them] to get there."[113]

99 Bishop, R. (1996). *Whakawhānaungatanga: collaborative research stories.* Palmerston North.
100 Statistics New Zealand *Ngā tohu o te ora: The determinants of life satisfaction for Māori 2013.*
101 ACC (2019). *Hui with Māori Providers Draft Report.*; Hayward, B., et al. (2017). *My Home is My Marae: Kaupapa Māori Evaluation of an Approach to Injury Prevention.*
102 Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*; Ministry of Health (2011). *Community Cancer Support Services Pilot Project Evaluation.*; Ministry of Justice (2012). *Evaluation of the Early Outcomes of Ngā Kooti Rangatahi.*
103 Baker, M., Pipi, K., Cassidy, T. (2015). *Kaupapa Māori action research in a Whānau Ora collective: An exemplar of Māori evaluative practice and the findings. Evaluation Matters—He Take Tō te Aromatawai, 1.*
104 Te Puni Kōkiri (2015). *Understanding whānau-centred approaches, analysis of phase on Whānau Ora research and monitoring results.*
105 Māori Dictionary. Manaakitanga. Retrieved from https://Māoridictionary.co.nz/
106 ACC (2019). *Hui with Māori Providers Draft Report.*
107 Hayward, B., et al. (2017). *My Home is My Marae: Kaupapa Māori evaluation of an approach to injury prevention.*; Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*
108 Worksafe New Zealand (2018). *Maruiti Marae-Based Learning Pilot Evaluation.*; Kennedy, V., Paipa, K. & Cram, F. (2011). *Evaluation of the Kaitoko Whānau Initiative. A report prepared for Te Puni Kōkiri. Katoa Ltd.*; Hayward, B., et al. (2017). *My Home is My Marae: Kaupapa Māori evaluation of an approach to injury prevention.*; Ministry of Justice (2012). *Evaluation of the Early Outcomes of Ngā Kooti Rangatahi.*
109 Ministry of Health (2011). *Community Cancer Support Services Pilot Project Evaluation.*
110 Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*
111 Te Puni Kōkiri (2015). *Understanding whānau-centred approaches, analysis of phase on Whānau Ora research and monitoring results.*
112 Kennedy, V., Paipa, K. & Cram, F. (2011). *Evaluation of the Kaitoko Whānau Initiative. A report prepared for Te Puni Kōkiri. Katoa Ltd.*
113 Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*

The aspirational goal is one part of achieving potential, and the other part is the daily doing that supports whānau to achieve their potential.

Building the capability and capacity of whānau is a key characteristic of approaches that are successful for Māori. In the Whānau Ora Mō Ngā Whānau H auā Pilot, whānau were supported and enabled to take responsibility in their lives, and utilise their skills, knowledge, experiences and capabilities to benefit themselves and others.[114] Clients in the vocational rehabilitation programme developed vocational skills and tools to help them to obtain gainful employment.[115]

An analysis of the relationship between whānau-centred service delivery and improved outcomes found that the focus on whānau goals and outcomes in the delivery of whānau-centred services is strongly related to improvements of mana (empowerment and self-efficacy) and capability (knowledge and skills). This highlights the importance of focusing on whānau needs and goals to improve capability and capacity, and that this could be a mana enhancing process. [116]

"if there is a single conclusion to our deliberations it is that the potential within whānau has never been greater and unleashing that potential will not only bring benefits to Māori but will add greatly to the nation and to the prospects of future generations."[117]

-Sir Mason Durie

Organisational factors

Generally, services, approaches, and initiatives that work for Māori have been found to have a high level of organisational skill.[118] Leadership is one part of this skill. Effective leadership establishes clear goals, objectives, strategies and processes, fostering a shared sense of responsibility and values within the organisation. In the primary health sector specifically, the Crown has asserted that to address the inequities experienced by Māori and advance Māori wellbeing, strong leadership by the Ministry of Health and collaboration with other Crown agents, such as district health boards, and State sector agencies is required.[119] Furthermore, Wren identified that for us to have an effective organisational response for Māori, it requires clear senior leadership and a long-term organisation wide commitment to enhance trust and confidence and better service delivery.[120]

When looking at the approaches that are successful for Māori, senior leadership, through to governance and operational leaders have been identified as important. Māori leadership has been a characteristic of the transformative change that has happened in te ao Māori.

The whānau support role is an important enabler to improve access to services. The most well-known name of this role is Navigator, though other names included Kaimahi, Kaitoko Whānau, Family Start support worker, and cancer support services. (The term Navigator will be used from here on).[121]

The role of the Navigator includes tasks such as coordination of care for individuals and their whānau, ensuring whānau access to resources and services, engaging other helping agencies, developing individualised plans for whānau and supporting them to meet their goals From a Whānau Ora perspective, the goal of the Navigator is to increase the capacity of whānau to be more self-managing, self-reliant, and to make their own decisions for their future.[122] The Navigator is supportive and helpful, has established

114 Ibid.
115 ACC (2018). *Vocational Rehabilitation Service using a Whānau Ora Model Evaluation Report.*
116 Te Puni Kōkiri (2015). *Understanding whānau-centred approaches, analysis of phase on Whānau Ora research and monitoring results.*
117 Durie, M., et al. (2010). *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives.*
118 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.
119 Waitangi Tribunal *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575).
120 Wren, J. (2015). *Barriers to Māori utilisation of ACC funded services, and evidence for effective interventions: Māori Responsiveness Report 2.* ACC Research, Wellington New Zealand. August 2015
121 Hayward, B., et al. (2017). My Home is My Marae: Kaupapa Māori evaluation of an approach to injury prevention.; Kennedy, V., Paipa, K. & Cram, F. (2011). Evaluation of the Kaitoko Whānau Initiative. A report prepared for Te Puni Kōkiri. Katoa Ltd.; Cram, F. et al. He awa whiria—braided rivers: Understanding the outcomes from Family Start for Māori. Evaluation Matters—He Take Tō Te Aromatawai 4.; Ministry of Health (2011). Community Cancer Support Services Pilot Project Evaluation.
122 Minister for Whānau Ora (Hon Tariana Turia). *Extra Budget support for Whānau Ora navigators* [Press release, May 15]. Retrieved from www.beehive.govt.nz/release/extra-budget-support-wh%C4%81nau-ora-navigators

positive and trusting working relationships with whānau and is successful in increasing whānau access to services.[123]

In an example specific to our organisation, the role of the ACC case manager was found to be fundamental to ensuring that whānau received the services they needed to bring their normal lives as close as possible to their potential lives.[124]

In the Family Start programme, full immunisation rates increased for Māori children who were served by a Māori health provider. Also, primary health organisation enrolment at the age of 1 increased, as well as the likelihood of being fully up to date with immunisations at age 2.[125]

Māori children's mothers were also more likely to access services for treatment of addiction. In one approach, a health worker described the significance of the Navigators role: "The navigators ensure things happen...consumers get what they need, whereas before they were left to flounder ... if it wasn't for them some clients wouldn't be alive today".[126]

In addition to the importance of Māori leadership, and Māori staff members at the client-service interface, the authors of What Works for Māori found that the following characteristics also contributed to operational success:[127]

- an inclusive and participatory style of management
- communication systems that reach all levels of the organisation including partners, stakeholders and the community
- professional development for staff and succession planning
- building and maintain the appropriate resources
- mechanisms for ongoing evaluation

Co-located services support whānau-centric delivery

Co-located services align well with a whānau centred approach to service delivery. The principles underpinning whānau-centred delivery include:[128]

- incorporating a kaupapa Māori approach
- foster connectedness for whānau to engage with their communities and their people
- measure service delivery interventions in terms of the capacity for whānau to determine their own wellbeing
- establish a unified, coherent service delivery based on whānau needs
- acknowledge whānau integrity, accountability, innovation and dignity for wellbeing
- recognise the need for competent and innovative service provision to achieve whānau empowerment and positive outcomes
- allocate resources to attain best results, including indicators to measure outcomes of effective resourcing

Effective co-located services for Māori should be part of a wider strength-based whānau-centred initiative where measures of whānau engagement, aspirations and achievement are included in their monitoring, reporting and evaluation.[129] In service delivery, there must be a focus on whānau wellbeing, strong collaboration and relationships between government, agencies, communities and providers.[130] Importantly, the 2015 New Zealand Productivity Commission report raises the concern that "without integration, a high risk exists that services are ineffective and poor outcomes will persist."[131]

123 ACC (2018). *Vocational Rehabilitation Service using a Whānau Ora Model Evaluation Report.*; Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*; Kennedy, V., Paipa, K. & Cram, F. (2011). *Evaluation of the Kaitoko Whānau Initiative. A report prepared for Te Puni Kōkiri. Katoa Ltd.*; Cram, F. et al. *He awa whiria—braided rivers: Understanding the outcomes from Family Start for Māori.* Evaluation Matters—He Take Tō Te Aromatawai 4.; Ministry of Health (2011). *Community Cancer Support Services Pilot Project Evaluation.*

124 Wai Research (2019). *Evaluation of the Whānau Hauā Pilot Project: Outcome Evaluation.*

125 Cram, F. et al. *He awa whiria—braided rivers: Understanding the outcomes from Family Start for Māori.* Evaluation Matters—He Take Tō Te Aromatawai 4.

126 Ibid.

127 Williams, L., & Cram, F. (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.

128 Ibid.

129 Superu (2015). *What works, Integrated social services for vulnerable people.*

130 Ibid.

131 New Zealand Productivity Commission (2015). *More effective social services.*

From a user perspective, co-located social services can potentially offer seamless and convenient access to services, increased uptake of services, provide better user experiences, holistic and individualised support, faster response times and better outcomes for individuals whānau.[132]

Conclusion

The most effective initiatives at improving Māori experiences and outcomes are tailored and whānau centric with measures of whānau engagement, aspirations and achievement included in their monitoring, reporting and evaluation. High-level organisational skills including leadership and the recognition of kaupapa Māori will enable our organisation to provide a more culturally responsive service. Enabling and incorporating these characteristics and approaches are proven to facilitate better experiences and outcomes for Māori, as evidenced by Whānau Ora and Kōhanga Reo initiatives.

132 OECD (2015). *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*; New Zealand Productivity Commission (2015). *More effective social services.*

Ngā tūtohutanga
Recommendations

Ngā tūtohutanga
Recommendations

This section includes recommendations to commission kaupapa Māori services. In addition to the ACC findings, our recommendations consider the findings of both the first stage of Wai 2575 and the recently released Health and Disability System Review.[133]

The recommendations are sorted under three key themes, all of which contribute to the success of commissioning kaupapa Māori services, and improving health and rehabilitation outcomes for Māori clients and whānau. A draft Kaupapa Māori Health Services Plan (the Plan) to action the recommendations is outlined. In line with the ACC-wide approach taken by the Health Sector Strategy, the actions included in the Plan are ACC-wide and direct us towards meeting our te Tiriti obligations and achieving our Whāia te Tika aspirations.

Establish the authorising environment required to successfully commission kaupapa Māori services

1: Establish Māori specific positions in ACC

Commit to establishing Māori specific Tier 2 positions at ACC to progress Whāia Te Tika and the Kaupapa Māori Health Services Plan.

2: Develop an internal Māori leadership programme

Establish a Māori leadership programme to grow and retain the number of Māori leaders and staff in the organisation. This should focus on growing capability in the spaces most likely to impact both the commissioning of kaupapa Māori services, and the end-to-end Māori client and whānau experience.

3: Establish Māori governance over commissioning

Establish an external Māori governance group to monitor our performance on delivering for Māori. The Māori governance group will have oversight of all decisions related to Whāia Te Tika and the Kaupapa Māori Health Services Plan, and report directly to our CEO.

Commission kaupapa Māori services

4: Design and implement a Kaupapa Māori Health Service Plan

We co-design and implement a Kaupapa Māori Health Service Plan using as our primary guiding document Te Tiriti o Waitangi. The plan will include our ACC Kaupapa Māori Guidelines that are currently in development.

5: Commitment to developing kaupapa Māori capability

We commit to developing kaupapa Māori capability through:

- the commissioning of kaupapa Māori services and approaches
- Māori leadership and decision-making throughout our organisation
- ensuring culturally safe providers
- the co-design of services with Māori from policy through to implementation
- the development of a Māori investment framework
- the testing of the Health Outcomes Framework with kaupapa Māori services, and refinement based on the learnings of the testing
- seeking aid from or working with our kaupapa Māori guidelines that are currently under development
- all staff seeking advice from and consulting with Māori

133 Health and Disability System Review (2020). *Health and Disability System Review – Final Report – Pūrongo Whakamutunga*

Ngā tūtohutanga
Recommendations

6: Develop a monitoring programme
Develop a monitoring programme for the implementation of a commissioning approach for kaupapa Māori services. Report the results publicly and on an annual basis.

7: Develop a Māori database
Expand on the existing ACC database, or develop a central database, to gather information on Māori providers and clients to be used to inform all of our organisation's investment, policy and service decisions by ACC. To support this, establish data safety, sovereignty and confidentiality measures in parallel.

8: Implement recommendations from previously commissioned Māori reports and kaupapa Māori work
Review the recommendations from previous reports that relate to addressing inequity for Māori and improving outcomes (e.g. Wren reports, Whāia te Tika Stocktake) and implement fully where possible.

Build a culturally competent and safe organisation

9: Develop an internal capability programme for ACC staff
Develop a compulsory internal capability programme to develop all staff on cultural safety, cultural competency, Te Tiriti o Waitangi, Whāia Te Tika and the Kaupapa Māori Health Services Plan.

10: Develop a kaupapa Māori operating framework
Co-design and implement an organisation wide kaupapa Māori operating framework that embeds Te Whare Tapa Whā, Whāia te Tika, and Te Tiriti o Waitangi.

He Māhere Hukihuki Rātonga Hauora Kaupapa Māori

Draft Kaupapa Māori Health Services Plan

Aronga
Purpose

The purpose of the draft Kaupapa Māori Health Services Plan (the Plan) is to provide a clear path to action the recommendations in this report.

The Plan will be delivered in three phases across 36 months:

1. Start up (12 months)
2. Deliver (24 months)
3. Scale (36 months)

Te Ahunga Rautaki mō te Māhere
Strategic direction for the Plan

The ultimate goal of the Plan is to improve health and rehabilitation outcomes for Māori. A key component to achieving this is commissioning kaupapa Māori services. This aligns with the Health Sector Strategy, which seeks to improve customer value and value for money by working in partnership with providers to commission for outcomes.

The value that the Health Sector Strategy seeks to create for Māori is outlined in our wider Whāia te Tika strategic aspirations. The Plan aligns with these aspirations:

1. Māori New Zealanders are injured less often
2. When Māori are injured, they receive the right support because they and their whānau are at the centre of decision making about the services they need and how to access them
3. Barriers are removed and there is a reduction in disparities
4. We engage, understand, and respond to needs, expectations, and aspirations of Māori when they interact with ACC
5. We partner with Māori, and other agencies and providers to design and deliver products and services to Māori customers

Ngā Mātapono
Principles

The Plan is underpinned by the te Tiriti principles of tino rangatiratanga, partnership, active protection, equity and options, which were recommended in Wai 2575.

The Plan will be by Māori for Māori, as we know that approaches that are by Māori, integrate kaupapa Māori from design through to delivery, and are whānau-centric, work best for Māori. The following principles will guide us in our implementation of the Plan:

- Whanaungatanga - relationship building through shared experiences
- Āta whakarongo - to listen carefully
- He hua mō te katoa – value for all. That the relationship with the Māori sector is reciprocal and mutually beneficial and brings values to both parties
- Rangatira ki te rangatira – leader to leader
- He ngākau hūmarie - modesty, being of humble heart. This is an engagement or communication style that is humbling of self and honours people
- He ngākau Māori - a Māori heart. The engagement or communications looks, sounds and feels like it is by Māori, for Māori. The language use (including use of English language), protocols of people, linking and building connections and the wairua (spirit) of engagement matters
- Te mita o te reo - thoughtful use of language (English and Māori), including a growing use, visibility and understanding of te reo Māori me ōna tikanga (Māori language and its customs)
- Kanohi kitea – a familiar face. A principle that captures the importance of establishing links and connections, either through whakapapa, whānau, mahi or personal links
- Kanohi ki te kanohi - face to face engagement. Māori particularly value the person to person time to build relationships, noting that this is not always possible or practical, however the formation of a new relationship is generally reliant on this principle

- Tuakana and Teina - older sibling/cousin/relation and younger sibling/cousin/relation. An acknowledgement of working with and in different capacities, we learn from them, they learn from us, as well as working leader to leader, manager to manager

Ngā Hua
Intended outcomes

The intended outcomes of the Plan are:

Outcome 1: Māori individuals, whānau, hapū and iwi exercise their right to improve their health and rehabilitation.

Outcome 2: The ACC system is fair and delivers equitable outcomes for Māori

Outcome 3: The ACC system addresses racism and discrimination in all its forms.

Outcome 4: The inclusion and protection of mātauranga Māori throughout the ACC system.

Ngā mea angitū
Key areas of opportunity

Six key areas of opportunity to initially fulfil the purpose of commissioning kaupapa Māori services have been identified. These areas include:

- Workforce capability for Māori and non-Māori
- Sensitive claims
- Serious injury
- Rongoā Māori
- Remote telehealth
- Health navigation through the Whānau Ora commissioning agencies

We believe in the start up phase that quick wins could be specifically had in the areas of kaupapa Māori ISSC and IHCS services.

All areas will be tested and validated in the start up phase together by whānau Māori and Māori providers.

Ngā kaupapa matua
Priority areas

The three priority areas of the Plan, under which the actions will be outlined, reflect the three themes identified in the recommendations. It is important to note that the priority areas build upon each other. A commissioning approach that commissions for outcomes and is implemented by Provider Service Delivery also requires ACC-wide support to ensure, for example, appropriate resourcing, or cultural competence accountability from staff that are responsible for client facing services.

Establish the authorising environment required to successfully commission kaupapa Māori services

To effectively commission kaupapa Māori services, we will require the appropriate authorsing environment. This environment will include Māori governance and executives, affording Māori tino rangatiratanga over all decisions that impact them. This authorising environment will report directly to our CEO and have the appropriate resourcing to successfully deliver Whāia te Tika and align with te Tiriti.

Commission kaupapa Māori services

Commissioning kaupapa Māori services will require us to partner with the Māori sector to develop, test, refine and scale a community-based commissioning model for kaupapa Māori services. This model should fund community-based services to deliver new and/or more effective services for Māori clients and whānau. To do this, we should provide end to end support for providers in a way that aligns with our principles, and establish a minimum standard of indigenous procurement as a mechanism by which we can gauge our procurement practices in terms of cultural competence or safety.

Build a culturally competent and safe organisation

Our organisation as whole, including our staff and provider staff, must be culturally competent and safe to commission kaupapa Māori services and to achieve the Health Sector Strategy of commissioning for outcomes. If we are to commission for outcomes, we must ensure that ACC and our providers deliver a seamless service experience that treats Māori clients and whānau with respect and affords Māori options to treatment and access to kaupapa Māori services.

1

Actions of the Kaupapa Māori Health Services Plan
Phase 1: Start Up Phase (12 months)

The goals of the start up phase are to prepare our organisation to:

- Align with existing, and implement new, ACC-wide actions that will prepare us to build our kaupapa Māori capability under the Health Sector Strategy and enable the new Provider Service Delivery Māori managers to further progress the commissioning of kaupapa Māori services
- Engage with the Māori sector to identify immediate opportunities (quick wins) to commission kaupapa Māori services
- Maintain existing partnerships, and start to build new authentic partnerships, with the Māori sector
- Prepare for the delivery phase

The following priority area actions should be carried out in the start-up phase:

Establish the authorising environment required to successfully commission kaupapa Māori services

Partnership

Partner with Māori to define what an ACC-Māori partnership is. Use this as a starting point to develop a Tiriti partnership framework to enable executive and operational level decisions that reflect the needs and rights of both Tiriti partners, and embed the framework as BAU. In doing this, commit to a 'high trust' model, where leadership trust Māori and develop capability giving up their position of power. This is about exploring what real partnership means.

Assemble a multidisciplinary team

Establish Matakīrea - a Māori, multidisciplinary task force with an organisation wide focus that covers governance, leadership, and operations. This group will be change drivers in our organisation with an underlying focus on rapid implementation. Matakīrea will be responsible for driving the organisation to establish and maintain relationships with the Māori community and stakeholders as well building our kaupapa Māori understanding capability to be culturally responsive. It will work with and support Māori providers and whānau to design, build, and measure services that address Māori needs and aspirations. Matakīrea will report directly to a Māori Governance Committee.

Authorisation

Before the Matakīrea leadership and the Māori Governance Committee can be set up, the Māori advisor to the CE, Provider Service Delivery Māori Manager, Provider Service Delivery lead, and the SRO will participate in monthly status updates and decision making rounds with the operational arm of Matakīrea, which is described below.

To successfully start up the commissioning of kaupapa Māori services and transition into the deliver phase, we must ensure that people qualified in kaupapa Māori and authorised by the Māori community have tino rangatiratanga over the decisions that effect kaupapa Māori services. This means preparing to shift to the Matakīrea leadership and Māori Governance Committee structure.

Leadership

To support the operational branch of Matakīrea and to establish connections between the Health Sector Strategy, Māori initiatives and its operations, a senior leadership team needs to be established. Creating a dedicated Deputy Chief Executive Māori, Māori executive positions, middle management and front-line team leaders across the organisation where they haven't been before will fill the current leadership gap and actively drive organisational accountability to deliver on Whāia Te Tika.

Governance

As the final part of Matakīrea, our organisation will form a new governance committee. The Governance Committee will report directly to our CEO. The Committee will have decision-making power over Whāia te Tika, influence over all funding streams and will produce Māori impact assessments for all contract negotiations. Our organisation will require the Governance Committee's approval before we can sign off on contract negotiations or new contracts.

Commission kaupapa Māori services

Assemble the operational arm of Matakīrea

Assemble the organisation wide operational members of Matakīrea. Each member will be authorised by the department that they represent to make decisions on its behalf. It is each member's responsibility to consult with their head of department.

Please note that the Plan continued below will be led and carried out by Matakīrea, with invited Subject Matter Experts (SMEs) when required. It is also assumed that each Māori provider and/or consortia will align with a single relationship manager. This manager will ensure that they are supported through the complete commissioning process, from engagement, through to delivery and scaling.

Engage with the Māori sector

The operational arm of Matakīrea is to develop a relationship map to identify who in the Māori sector they could engage with now and in the future. This relationship map will underpin the engagement plan that will guide the engagement with the Māori sector, which will be led and carried out by Matakīrea. The engagement will also be guided by the engagement framework produced by Te Arawhiti.[134]

The engagement will be carried out regionally to identify and prioritise key areas of needs and goals. The insights created from the engagement will be actioned to foster trust in the Māori sector.

Develop a Māori investment framework

A Māori investment framework that encompasses the holistic nature of hauora needs to be developed to support the commissioning of kaupapa Māori services. This is to ensure that kaupapa Māori initiatives can be assessed to drive investment in initiatives and assess their performance objectively. This will remove the disadvantages kaupapa Māori services have in the current procurement process.

There are several existing Health Equity tools and frameworks which can be used as a starting point to rapidly mobilise the development of the investment framework.

The Health Sector Strategy is currently developing the Health Outcomes Framework (HOFW) to align with Māori outcomes. The Māori investment framework and the HOFW should be closely aligned to ensure consistency.

In order to support both frameworks, we will establish a monitoring programme and database to track more information around outcomes and Māori providers, and recognise their strategic position in the ecosystem. The information captured will go above and beyond the minimum to fill out the frameworks for our organisation to be able to use it strategically in the future.

These frameworks will also play a key part in allocating resources to scale initiatives. To ensure sustainability and service continuation, we will ring fence Māori investment and establish a mechanism to adapt the funding in a way that reflects population need.

Establish new contracts for kaupapa Māori services

If we are to continue using the service prototype contract type, we should amend the contract timeline to 3 years. As Māori providers are also more likely to service a higher number of clients with complex cases, the contracts should allow for increases in funding to reflect the need identified by the Māori provider delivering the service.

We will also review the contractual requirements that currently negatively impact Māori and develop a plan or set of requirements that reflect kaupapa Māori.

Start up commissioning for at least four kaupapa Māori services

Following the engagement with the Māori sector, we will aim to commission at least four kaupapa Māori services in the start up phase. This will act as the start up of the commissioning approach for kaupapa Māori services. In this phase we will develop and refine our approach with the providers that deliver the commissioned services, so that we can successfully roll out our commissioning approach to a wider set of providers and/or consortia in the delivery phase.

Before commissioning the services, we will partner with the M&CCT to determine the appropriate resource allocation for tikanga and kaupapa Māori processes in kaupapa Māori services and pilots, and then ensure that we resource kaupapa Māori services to reflect this.

During the commissioning process, we will consider the following criteria for kaupapa Māori services:

1. Positive outcomes for individuals, whānau and hapū
2. Mature and action ready providers and services

134 Te Arawhiti (2018). *Crown engagement with Māori.* Retrieved from: https://tearawhiti.govt.nz/assets/Maori-Crown-Relations-Roopu/451100e49c/Engagement-Framework-1-Oct-18.pd

3. Providers and/or consortia (a group of providers) who can deliver value with a good geographic and cohort reach
4. Test concepts in rural, regional and urban areas
5. Partner with Māori to co-design and co-create kaupapa Māori services

The start up commissioning process will be as follows:

1. Karanga to the Māori sector with EOI/s
2. Procure at least four quick win kaupapa Māori services that address regional needs and goals and align with the above criteria. Those involved in the procurement process should be experts in kaupapa Māori, or invited SMEs
3. Support and resource Māori providers and/or consortia delivering the quick win to carry out rapid co-design with whānau and end users. The kaupapa Māori co-design approach used in the development of a Māori health obesity intervention could be used as a guide [135]
4. Rollout new contracts
5. Start up the kaupapa Māori services using agile methods to service delivery
6. Measure the kaupapa Māori services with support from ACC

Across the start up commissioning process[136], we will consider the use of the learnings derived from the What Works for Māori report. A set of management and operational processes and mechanisms found to be common across many Māori sectors, formed a basis of learning that led to transformative outcomes. This is the goal-directed cycle. A model like this could be used or adapted to guide the start up of kaupapa Māori services.

The goal-directed cycle includes the following steps:

1. The unit (individual, whānau, hapū, iwi, organisation) has a clear aim with a planning process that aligns with short, medium and long-term strategic objectives
2. The unit is positioned and supported to achieve the objective
3. To achieve the objective, the relevant parts of the system are coordinated to create a unified effort for action
4. During and after the implementation phase to achieve the objective, evaluative feedback is used to refine the process of transformation

Innovation fund

The current procurement process for individual services does not foster innovation among providers. Establish a kaupapa Māori innovation fund for Māori providers to create new and improve existing services.

Build a culturally competent and safe organisation

Kaupapa Māori guidelines

The M&CCT is currently developing kaupapa Māori competency guidelines for our staff to be rolled out in August 2020. The purpose of these guidelines is to develop our staff's understanding and capability to execute, with supervised support from kaupapa Māori experts, kaupapa Māori. These guidelines will be incorporated in a way that promotes long-term, sustainable consideration of kaupapa Māori by staff.

Accountability

We will ensure that all departments and heads of departments are accountable to actions and outcomes outlined in Whāia te Tika. This can be started by embedding Whāia te Tika KPIs into all work programmes and plans across ACC, as well as head of department yearly KPIs.

135 Te Morenga, L., et al. (2018). *Co-designing a Health tool in the New Zealand Māori community with a "Kaupapa Māori" approach.*
136 Williams, L., & Cram, F (2012). *What Works for Māori: Synthesis of Selected Literature:* Prepared for the Department of Corrections. Wellington, New Zealand.

2

Phase 2:
Deliver (24 months)

The goals of the deliver phase are to:

- Ensure that we have a robust system to gather Māori provider data to inform our decision making
- Iteratively refine the commissioning approach, Māori investment framework, and HOFW in light of the learnings from the start up phase
- Ensure the consistent measurement of Māori client outcomes by ACC and service providers
- Maintain the successful delivery of established kaupapa Māori services at a regional level
- Increase the cultural competency and safety of ACC and provider service delivery

The following priority area actions should be carried out in the delivery phase:

Establish the authorising environment required to successfully commission kaupapa Māori services

Matakīrea will maintain relationships and support the providers and/or consortia to deliver their services. While doing this, the team will refine the kaupapa Māori commissioning model, HOFW and the Māori investment framework, and start to plan the scaling of the services and the commissioning approach.

Commission kaupapa Māori services

Test and refine

In partnership with Māori providers, use the learnings from the start-up phase to refine the commissioning approach for kaupapa Māori services, the HOFW, and the Māori investment framework

Measurement and monitoring

Partner with Māori to ensure that we have a robust data collection and measurement process to continuously and consistently measure and improve the kaupapa Māori services.

Service progress will be measured against the HOFW, the Māori investment framework, as well as other outcomes that may have been defined by Māori clients, whānau, or providers by this phase. Here, the Whānau Ora Outcomes Framework adapted to injury and rehabilitation could be considered, as it allows for Māori individuals, whānau, iwi and hapū exercise their right to self-determination over their health and rehabilitation.

Commissioning kaupapa Māori services

We will ensure that we secure increased funding to continue to deliver the kaupapa Māori services from the start up phase, as well as work towards increasing our commissioning capacity to reflect population demand. We will use the data from the start-up phase, as well as the IDI and other national databases, to understand the population demand.

When going to market to procure kaupapa Māori services that have been developed with a service prototype contract, we will ensure that people qualified in kaupapa Māori and authorised by Māori are partnered with across the complete procurement process.

Build a culturally competent and safe organisation

Operating

To ensure long term success of commissioning kaupapa Māori services, Māori models of health will be recognised ACC-wide. Therefore, Te Whare Tapa Whā is recommended to be integrated into our operating model. In addition, M&CCT must be sustainably resourced (funding, in-kind support) and given the authority to operationalise Whāia te Tika.

Learning and training

We recommended that some form of compulsory organisation-wide cultural competency and safety training in conjunction with the kaupapa Māori guidelines be introduced at all organisational levels. The training must promote understanding of other cultures and highlight the impact one's own culture can have on their own perceptions and on others. Providers are already required to undertake cultural responsiveness training to better serve clients.

There are existing government procurement resources that could be used as a starting point for our staff (e.g. the Social Services Procurement Wānanga being run for social services agencies staff). We will explore which training is best suited for the organisation and take action to incorporate training into staff development. There are already courses available in the public sector which could be our first step.

To support this, we will build a network to utilise the skills and knowledge of Māori staff throughout ACC, provide comprehensive, mainstream, resources to support staff to successfully understand and engage with Māori and whānau, and establish flexible 1-hour training times across the week. To deliver this, trainers must have flexible timetables and be able to offer ACC staff several options to embed their learnings into BAU.

Accountability

As an organisation, we will increase the funding and resourcing of the M&CCT to reflect the priority of Whāia te Tika.

We will also introduce a kaupapa Māori capability standard at every level of the organisation to hold the organisation accountable for staff progression. This must be measured as a KPI with a positive obligation to show staff progression in kaupapa Māori understanding and capability. Introducing kaupapa Māori guidelines and cultural competency and safety training treated by our organisation as continual professional development will improve our staff capability.

We will also improve capability to align with legislation being introduced in 2020. The current government is replacing the State Sector Act 1988 with a new Public Service Bill which includes ACC. The bill has a focus on strengthening the Māori/Crown relationship and puts positive obligations on public sector organisations to improve capability to engage with Māori if passed.

3

Phase 3
Cultural safety and competency

The goals of the scale phase are to:

- Roll out successful kaupapa Māori services to have a wider geographic and cohort reach
- Scale kaupapa Māori provider and service learnings within ACC
- Ensure that the commissioning of kaupapa Māori services aligns with the population demand
- Ensure that all ACC and provider services are culturally competent and safe for all

The following priority area actions should be carried out in the scale phase:

Establish the authorising environment required to successfully commission kaupapa Māori services

The start up and deliver phases would have established strong leadership and governance throughout our organisation. This will continue to be supported In the scale phase and beyond.

Commission kaupapa Māori services

In this final phase of the Plan, the impact of the wider kaupapa Māori commissioning model should be assessed and opportunities to scale identified and followed. By collecting and analysing data over the start up and deliver phases and combining this with hapū and iwi level data, what works well will be well understood. This information can then be used to prepare and support providers and/or consortia to scale their services.

Operations

Partner with Māori to co-design and implement a kaupapa Māori operating framework. Within this, define what ACC and Māori get to decide. This will take a by Māori, for Māori approach.

Services focusing on hauora and whānau

To ensure that whānau are embedded into service provision, we will build new requirements and extend our existing ones to take a whānau approach to service access and provision. We will provide holistic services similar to Whānau Ora by collaborating with other agencies to provide integrated services for whānau of injured clients. This could also manifest in our active participation of emergent whole-of-government approaches such as the Joint Venture.

For specific services, we will ensure that:

- whānau access ACC funding available to them for home support care, and that they can access support to deliver home support for their injured whānau member
- we build on our work and funding guidance for rongoā Māori

Scale the commissioning approach

By the scale phase we would have learnt a significant amount about commissioning kaupapa Māori services. This final phase of the Plan will allow us to scale the commissioning approach to ensure that we commission kaupapa Māori services in a way that reflects population need. To do this, we will:

1. ensure that the funding capacity of the commissioning approach reflects population need
2. review and scale the approach in partnership with Māori
3. ensure Māori health gain and equity are both fundamental decision criterions in all ACC decisions
4. make use of Whānau Ora and other community-based commissioning model to co-design and implement a community-based commissioning model for kaupapa Māori services, in partnership with Māori
5. determine ways to get resource directly under Māori control to commission the services that Māori identify as best for Māori
6. establish a mechanism to increase resources (funding or in-kind support) for kaupapa Māori services when need is shown. The need will be defined by Māori, not by ACC

Build a culturally competent and safe organisation

In this final phase, Matakīrea will support the scaling of the services from the provider and/or consortia level, and spread the service learnings within ACC to create the new BAU.

By this time, we will require all internal and provider staff to attend cultural safety/competency training and to yearly renew this training. We will resource the M&CCT with increased FTE and funding to deliver this training. Role descriptions and responsibilities of all staff will be changed to include performance measures and accountability of delivering culturally competent and safe services. This will include performance measurement against cultural safety and competency KPIs and Whāia te Tika KPIs.

Provider and lead supplier contracts will also integrate cultural competency and safety metrics. Lead suppliers will be required to undergo an audit every 2 years to ensure that they, and their sub-contracted providers, are delivering culturally safe and competent services to all staff.

Finally, we will utilise M&CCT to operationalise mātauranga, tikanga, and kaupapa Māori across the organisation. To do this, an increased number of FTE will be approved.

Ngā Kupu Āpiti
Appendices

Appendix 1: Method

Process

We followed a rapid evaluation approach to develop the report. This approach was chosen due to the following criteria and constraints:

- The short, eight-week timeframe to develop the report
- The use of mixed methods
- The use of an iterative approach
- A combined ACC PwC multidisciplinary team
- The requirement to tailor the report to drive fast operational decisions and organisational improvements

The report aims to:

1. understand the current ACC-wide experience for Māori clients and providers
2. identify barriers to, and opportunities to improve, health and rehabilitation outcomes for Māori
3. determine ACC's level of compliance to Te Tiriti o Waitangi
4. evaluate the efficacy of Whāia Te Tika
5. understand what approaches Māori are most responsive to, and why
6. develop a draft Kaupapa Māori Health Services Plan for commissioning kaupapa Māori services that is underpinned by the findings of the report

The data foundation for the rapid evaluation was established through an iterative process to identify key areas and build an evidence base. Based on the Scope of Work, which is positioned under the Health Sector Strategy, we assessed our data requirements. We developed a data request, which was sent to the ACC lead of the report to distribute to key SMEs. The data was collected, and then sent to and received by the PwC members of the working group.

The PwC members also completed a desktop review to collect relevant secondary research that aligned with the Scope of Work.

The data received by PwC and found during the desktop review was then analysed using the framework described in the analysis section below. The analysis was carried out by the PwC team, and the findings were validated with the working group and key SMEs. Note that building the data foundation and our data analysis followed an iterative process and was carried out simultaneously to fit within the short time frame.

Following the analysis, the draft Kaupapa Māori Health Services Plan was developed by PwC in collaboration with the wider working group.

Data foundation

Multiple components of data were used to establish the data foundation, to support the draft Kaupapa Māori Health Services Plan with evidence that reflected the lived experience of Māori and Māori providers. The data components included a combination of quantitative data, qualitative data and published literature. This approach was based on that taken by the Ministry of Health in their research on young Māori women that smoke.[137]

Insights were developed from quantitative data gathered through a desktop review of public reports, internal ACC reports, a brief literature scan, analysis of Statistics New Zealand data, and analysis of internal ACC data. Published literature was used to contextualise the quantitative data, build our understanding of each group's experiences and determine what approaches were successful for them. Finally, qualitative data from interviews, surveys, hui, workshops and wānanga was used to gain insight directly from Māori and Māori providers to understand their lived experiences.

Data Analysis

The data foundation was analysed to:

- identify key themes in the Māori client and supply data
- evaluate to what extent we are fulfilling Whāia te Tika and our te Tiriti obligations
- better understand the characteristics of approaches, initiatives, and programmes that work for Māori

137 Ministry of Health and NOOS Consulting (2017). *Young Māori women who smoke: technical report* Ministry of Health, Wellington New Zealand 2017.

Analyses

We carried out a population need analysis using quantitative data to answer the following questions:

- Are Māori claiming enough when injured?
- Are Māori getting injured too often?

We carried out a supply analysis using ACC data of suppliers and providers to answer the following questions:

- What are the dynamics of our provider market?
- What potential exists for us to influence the market?
- What is the appetite and ability of the market to work differently with us?

We completed a thematic analysis of the approaches that were responsive for Māori to determine:

- What approaches are responsive for Māori?
- What are the shared characteristics among approaches that work for Māori?

Limitations

While we developed this report to the best of our abilities, we faced some limitations in the production and development of the report.

COVID-19

A kaupapa Māori approach requires extensive Māori stakeholder engagement through hui and whakawhanaungatanga. This is a cultural practice called 'Kanohi ki te Kanohi.' COVID-19 lockdown levels from March to May 2019 prevented the practice of Kanohi ki te Kanohi as a component of the report. The PwC project team adapted to COVID-19 lockdowns by organising virtual meetings with key Māori stakeholders. Some virtual meetings were held with Māori stakeholders, but the overall level of engagement with Māori input into the project was reduced.

Data

PwC submitted a data collection request to ACC on 16 March 2020, which was carefully prepared by PwC after consultation with ACC. Whilst PwC received information and data from ACC to review, some information was not made available to PwC until after the report's completion. The data request from PwC to ACC was not fulfilled completely. This limited the report's findings and recommendations.

Examples of information not received include:

- ACC's CEO and several senior executives, as well as Māori providers from across the country and kaumatua were present at the Māori Providers hui in early 2020 to discuss improving Māori experiences and outcomes with ACC. PwC did not receive information about the Māori Providers Hui held in early 2020
- The KPMG Health Check was not provided
- Māori Customer Advisory panel meeting minutes

The working group

Lastly, the small working group included SMEs from Provider Service Delivery and M&CCT. This allowed for the rapid evaluation to maintain the timeline. However, the comprehensiveness of the report could have been increased had there been increased FTE to produce the report, and increased FTE for SMEs to support the development of the report.

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Document 2

Appendix 1

ACC
PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

KAUPAPA MĀORI

Operational guidelines for ACC

The development of the Kaupapa Māori Guidelines was made possible by the drive and goodwill of Dr Kathie Irwin who cowrote this guideline in partnership with ACC's Māori and Cultural Capability Team (Jason Kurei, Huia Kopua, Turei Ormsby, Bonnie McLean, Hazel Scandlyn, Callum Raumati and Benji Strickland), and ACC staff who shared their knowledge and experiences. ACC staff voices consisted of Dr. Ella Cullen, Monique Tupai, Maria Williams, Eldon Paea, Stephanie St George, Sherilee Kahui, Allison Bennett, Nicky Birch, Te Miri Rangi, Janette Thompson, Selina Burt, Linda Shepherd, Nell Husband and Beatrice Abbott.

RĀRANGI TAKE
CONTENTS

MIHI

WORDS OF WELCOME

Whāia, whāia whāia te tika
Whāia te pono
Whāia te aroha
Mō te oranga tangata
Kia puta ki te whai ao
Ki te ao mārama
Haumi e
Hui e
Tāiki e!

Striving to do what is right
Undertaking to act justly
Being considerate of everyone
That it may improve the lives of all

E ngā reo, e ngā mana
E ngā reo, e ngā mana
Tēna koutou katoa.
He mihi whānui tēnei ki a koutou e awhi nei i tēnei kaupapa.
He putanga tēnei mahi rangahau nā koutou.
Nō reira, e rau rangatira mā tēna koutou, tēna koutou, tēna koutou katoa.

To the many voices,
and authorities.
Salutations to you all.
Thank you, to all those who have contributed to this document. This work is the product of your in-depth research.
I acknowledge you all.
Thank you.

KUPU WHAKATAKI
FOREWORD

It's been four years since we introduced Whāia Te Tika, ACC's Māori Strategy. During this time, we've been transforming our business to make it better for the people of Aotearoa. For Māori, we continue to strive for increased access to ACC, improved experiences with us and better outcomes. As Treaty partners, we must strive for excellence in how we serve and work with Māori communities, whānau and individuals. Kaupapa Māori is a by Māori, with Māori, for Māori approach. Embedding kaupapa Māori is integral to achieving our Whāia Te Tika aspirations and making a positive difference to the lives of our customers. It takes courage to start working and thinking in a different way, taking steps towards equity for tangata whenua. Ultimately, this will benefit us all.

Scott Pickering
Chief Executive, ACC

I'd like to thank the Māori and Cultural Capability Team and everyone else who has worked so hard to bring these guidelines together. This is a significant moment in our Whāia Te Tika journey. It's a journey of discovery and learning. I urge everyone to join me in becoming familiar with these guidelines, to discussing them in your teams, and to applying the fresh thinking they will offer to many of us, to our work. All of us can bring a Māori-centric approach underpinned by kaupapa Māori to our work, whatever we do, wherever we're doing it in the organisation. These guidelines are our handbook for doing that. The most important thing is to keep learning, talking, asking questions and having the courage to take a risk, to do something differently to how you might have done it before. He waka eke noa – we're all in this together.

Emma Powell
Chief Customer Officer, ACC

Whāia te iti kahurangi: ki te tūohu koe, me he maunga teitei

Strive for excellence: if you must bow your head, may it be to a lofty mountain

KUPUTAKA
GLOSSARY

hapū	subtribe
iwi	tribe
kanohi ki te kanohi	face to face discussion
kaupapa Māori	the recognition that there are Māori ways of doing things, values unique to Māori, and ways of seeing the world unique to Māori. Can be expressed as a 'by Māori, with Māori, for Māori, as Māori' approach.
Kōhanga reo	Māori language preschool
kōrero	To talk, discussion
kotahitanga	unity, togetherness
Kura kaupapa Māori	Māori-language immersion schools
mahi	to do, work
manaaki	to care for
manaakitanga	the process of showing respect, generosity and care for others
mārama	to understand
māramatanga	enlightenment, understanding
mātauranga Māori	Māori knowledge
mihi whakatau	official welcome speech
mōhiotanga	knowledge, knowing
pōwhiri	welcome ceremony on a marae
rangatiratanga	chieftainship, right to exercise authority
rangatira ki te rangatira	chief to chief, matching with somebody of the same authority
rongoā Māori	traditional Māori healing
Te Tiriti o Waitangi	Treaty of Waitangi
tino rangatiratanga	Self determination
utu and koha	reciprocity (payment or gift exchange to restore balance)
Whāia Te Tika	ACC's Māori Strategy – Pursue what is right
whakapapa	genealogy, context
whānau	extended family, family group
whanaungatanga	relationship, a sense of family connection

TĪMATANGA KŌRERO
INTRODUCTION

We're introducing a Māori-centric way of working across ACC, underpinned by kaupapa Māori. Kaupapa Māori:

- will help us deliver on our organisational purpose – improving lives every day.
- is a systemic approach led by Māori that better supports Māori to self-determine their pathway to thrive
- is a strengths-based approach that will support ACC employees to think, learn, grow and work in different ways
- supports all of us to work in a way that places Māori at the centre.

Participation 'by Māori, with Māori, for Māori, as Māori' will bring to the forefront kaupapa Māori approaches to enable, embrace and potentialise Te Tiriti o Waitangi, with the ultimate goal of achieving equitable health outcomes for Māori.

Participating in kaupapa Māori creates alternative options that can be added to the current options that are available for New Zealanders to access. Kaupapa Māori creates choice.

Whāia Te Tika

We've stated that we must do better for Māori (Statement of Intent, 2018-2020). This intention is supported by ACC's Māori Strategy, Whāia te Tika, meaning 'Pursue what is right'.

Whāia Te Tika is founded on a Treaty-based approach:

- committing the Crown to partner with Māori to create better outcomes (Article One)
- drawing inspiration from mātauranga Māori in the design of new services and programmes (Article Two)
- ensuring full participation and successful outcomes through the provision of equitable services by the Crown (Article Three).

Whāia Te Tika is designed around three focus areas: improving customer focus, building partnerships for excellence and developing capability over the short and long term. The positioning of Whāia Te Tika is critical at the centre, where it has a chance to be embedded in every part of the organisation, from governance to talent, from management to finance and reporting, from strategy to communications.

Whāia Te Tika also includes an aspiration that mātauranga Māori will be a source of innovation and creativity at ACC. For example, by affirming the use of rongoā Māori in recovery from injury, ACC is making progress towards this central aspiration of Whāia Te Tika and enabling mātauranga Māori to become a tool for recovery not only for Māori, but also for clients of all ethnicities.

ME PĒHEA TE MAHI TE PUKA NEI

HOW TO USE THIS GUIDE

These guidelines will help you grow your cultural capability and confidence through better understanding of:

- **yourself**
- **kaupapa Māori, including as a social movement**
- **why we need kaupapa Māori at ACC**
- **Te Tiriti o Waitangi.**

Growing your cultural capability will support the development of your critical thinking and help you to start taking a Māori-centric approach to your work and activities. Start your journey here:

- Open yourself to trying a new way of thinking. Be positive, make mistakes, build on your lessons and continue to be positive and excited. You will get there.
- Test your understanding of why kaupapa Māori realises our commitment to Te Tiriti and Whāia Te Tika
- Ask yourself questions associated with Te Tiriti o Waitangi principles to help you work out how to incorporate kaupapa Māori into your work and with your team. If in doubt, seek advice from an ACC kaupapa Māori champion
- Check out the examples and resource links on how to apply Māori-centric approach to your work
- Dedicate time to regularly discuss and learn about kaupapa Māori at team meetings or planning sessions
- Prioritise kaupapa Māori learning as part of your personal and professional development plan.
- At the end of the guidelines there is a list of resources for you to work through. They will help you think about your own growth and self-awareness.

Karawhiua – give it heaps!

KIA MĀRAMA TŌNA AKE KŌRERO

UNDERSTANDING YOURSELF

This guideline encourages you to understand a Māori worldview. An essential part of achieving that is to first be aware of how your own background, experiences, and cultural environment influences the way you see the world. This helps us to recognise any bias we might have in how we interact with others.

Below are some suggestions about how to acknowledge and address bias, which support the mahi you will be doing through this guideline:

- Slow down your decision making as this gives you time to self-reflect on any potential bias
- Educate yourself on racial injustice. We've started a resource centre to increase understanding of racial and social discrimination
- Monitor each other for bias. Don't be a bystander, call out bias as it happens. Call out others' unhelpful behaviour with empathy and curiosity: "When you said that, what did you mean?" or, "How do you know that is true?"
- Actively be inclusive at work. Empathise with those that are underrepresented. Take positive action if you come across exclusive behaviour.

It's important to recognise that we all have biases which will continue to evolve, even when we confront them. Continued self-reflection and self-awareness of our own biases will help us to better embed the learnings of this guideline.

MĀRAMA KEHOKEHO ANA KI NGĀ KAUPAPA MĀORI

UNDERSTANDING KAUPAPA MĀORI

Approach/ worldview

Kaupapa Māori is a way of operating or an approach that is consistent with Māori values and philosophies, informed by a Māori worldview.

Kaupapa Māori is strengths-based. It promotes connection, a sense of belonging, respect and empathy. Creating an environment with these strengths-based principles will foster positive critical thinking and behaviour by all our people.

Kaupapa Māori acknowledges that Māori think, act, and make decisions differently. It also acknowledges that within the Māori population there are important regional and individual differences to consider.

MĀRAMA KEHOKEHO ANA TE NEKENEKE Ā IWI KI NGĀ KAUPAPA MĀORI

UNDERSTANDING KAUPAPA MĀORI AS A SOCIAL MOVEMENT

A working definition of kaupapa Māori social movement for this guideline could be:

"A group of Māori disrupting, advocating, or pushing a Māori cause forward to cause positive change for Māori".

The past 40 years have seen the rise of Māori political consciousness (Harris, 2004). The cornerstones of Māori protest – land, the Treaty, te reo, mana Māori motuhake and tino rangatiratanga – have stood firmly throughout the history and the Māori experience of colonisation. Māori protests have been driven and led by Māori and have attracted many friends of Māori (such as Pākehā and Asian people) who have a shared consciousness of injustice, inequity and racism. The following is a list just a few of the many significant actions of the past 70 years:

1950s	Māori Women's Welfare League question lack of te reo and Maori history in schools
1960	No Maoris, No Tour campaign against All Black tour of South Africa
1960s	Maori Organisation on Human Rights (MOOHR) active
1970	Ngā Tamatoa petition on inclusion of te reo in schools
1972	Māori Language Day established, later to be Te Wiki o te Reo Māori (Māori Language Week)
1970s	Te Ataarangi community-based programme for te reo Māori learning began
1981	Te Whare Wānanga o Raukawa established
1982	Kōhanga reo established
1985	Kura kaupapa Māori established
2004	Māori party established in response to Government taking possession of foreshore and seabed
2015	Ihumātao and the social media movement.

HE AHA TĀ TĀTOU E HIAHIA AI I NGĀ KAUPAPA MĀORI I ACC

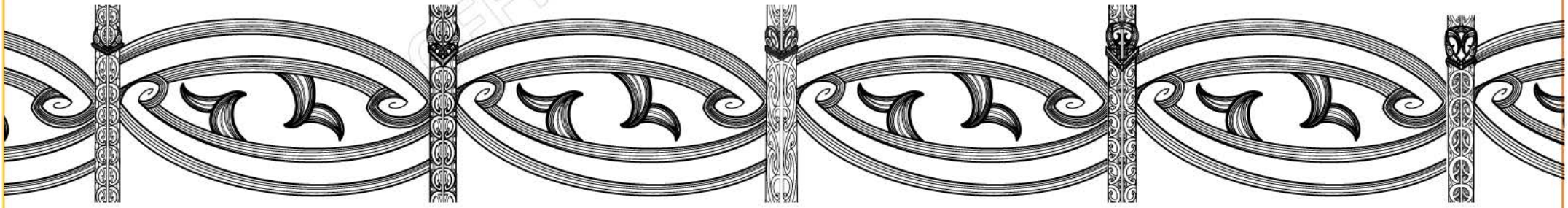
UNDERSTANDING WHY WE NEED KAUPAPA MĀORI AT ACC

Māori are continually trying to access support from a health system that is institutionally racist and therefore disadvantages them (Waitangi Tribunal, 2019).

Our own data and data from Ministry of Health shows that:

- Māori live shorter lives and do so with a relatively greater proportion of injury and disability
- Māori have the highest evidenced rate of disparities
- Māori experience lower access to services including appropriate options for services
- Reducing known disparities reduces the burden on New Zealand's economy, including the ACC Scheme

It's clear that we need to act more responsibly and be accountable for improving access and outcomes for Māori. By doing this we'll make a positive difference specifically for Māori – and for all New Zealanders.



ME PĒHEA RĀ TE WHAKATUTUKI KI NGĀ KAUPAPA MĀORI KI TĀU MAHI

HOW TO APPLY A MĀORI-CENTRIC APPROACH ACROSS YOUR WORK

When initiating or embarking on any activity there are many opportunities to apply an approach that is underpinned by kaupapa Māori from the beginning. This is of importance at the early preparation stage and at initial meetings.

Consider key concepts and the five principles of Te Tiriti o Waitangi as set out below.

Key concepts

A kaupapa Māori approach includes the following concepts:

- **whakapapa** – genealogy, context
- **whanaungatanga** – relationship, a sense of family connection
- **manaakitanga** – the process of showing respect, generosity and care for others
- **kotahitanga** – unity, togetherness
- **rangatiratanga** – chieftainship, right to exercise authority
- **mōhiotanga** – knowledge, knowing
- **māramatanga** – enlightenment, understanding
- **kanohi ki te kanohi** – face to face discussion
- **utu and koha** – reciprocity (payment or gift exchange to restore balance).

Here are some more detailed explanations on how to explore these concepts:

Whakapapa (context)

Explore the history and context leading up to why an activity is being considered. What is the Māori understanding of that history? What are the kaupapa Māori levers that were or were not identified? Previous interactions with ACC will shape how Māori will respond, irrespective of the value of the activity.

Whanaungatanga (relationships)

In the early stages of an activity whanaungatanga is an important kaupapa Māori value alongside pono (to be genuine), tika (to be fair and true) and aroha (to show empathy). Building strong relationships will make all activities more effective. Relationships should be seen as long-term investments and may be more important than achieving short-term outputs.

In terms of our work with Māori clients, the relationship we form with them encompasses other people (whānau centred view). We focus on the whole person, not just the injury. The person is part of a whānau and hapū. The relationship may include the whānau, and larger groupings of people not directly involved with ACC. At a slightly different angle, a ‘respectful’ relationship is encouraged when we have the right people in the room. A fair and constructive kōrero cannot occur if we don’t have the right authority (on both parties) to push the kaupapa or rangatira ki te rangatira.

Utu and koha (reciprocity)

Relationships are sustained through reciprocity. This means that each party in the relationship recognises the value each brings to the activity and respects the other’s contribution.

KIA MĀRAMA NGĀ MĀTĀPONO O TE TIRITI O WAITANGI

UNDERSTANDING OF TE TIRITI O WAITANGI (TREATY OF WAITANGI)

As the founding document of our country, Te Tiriti o Waitangi provides a framework for kaupapa Māori.

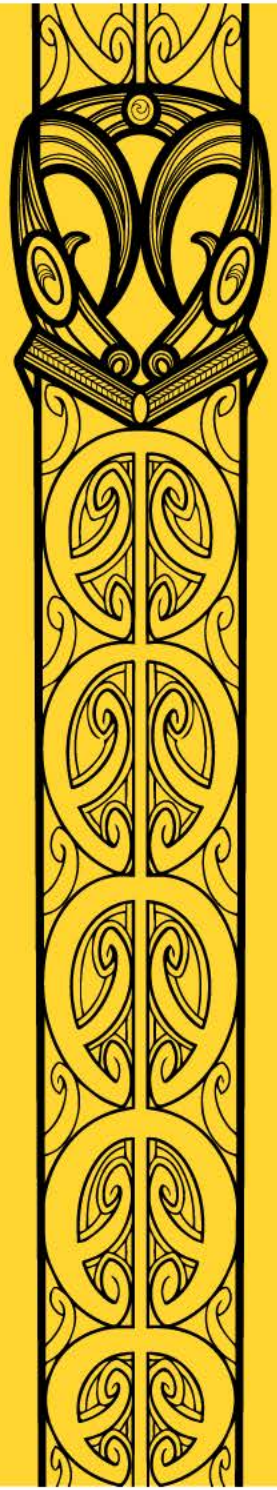
We acknowledge the Treaty in Māori was deemed to convey the meaning of the English version, but there are important differences, and this has been subject to much debate to today.

Te Tiriti o Waitangi comprises of five principles:

- partnership
- active protection
- tino rangatiratanga
- equity
- options.

When initiating an activity, it's important to acknowledge that, if Māori is the audience, you will need kaupapa Māori experts. They should be included as subject matter experts of the activity (internal staff and customers) and as part of the governance to steer and make the decisions.

When starting an activity that involves Māori or Māori interests, ask yourself the questions in the following pages to frame your thinking from a Te Tiriti o Waitangi perspective and respond accordingly in your activity planning.



WHAKAMANA WAKA HOURUA
PARTNERSHIP

Te Tiriti gives Māori the right to be partners with the Crown. How can the principle of partnership be applied to an activity?

- What do we know of Māori interest in the activity? What do we need to do to learn about the Māori interest?
- Is that interest different for whānau, hapū, iwi or Māori organisations?
- What are we doing to ensure the Māori voice is included?
- What are we doing to ensure Māori voices are present in the leadership and decision-making functions?
- How are we engaging Māori?
- Are there perspectives of whānau, hapū or iwi that may differ within an activity? How will we resolve those differences?
- Who in our team is appropriate to engage with Māori?
- Will this activity be co-designed with Māori? How do we ensure a level playing field (fair resourcing, fair number of decision makers) between hapū, iwi and ACC to demonstrate true co-design?
- Are there power differences amongst the participants that limit the development of partnership? How can we minimise these differences?
- How will we know that Māori experience this activity as a partnership?

Example:

When initiating an activity, it's important to acknowledge that, if Māori is the audience, you will need kaupapa Māori experts to lead and support the activity. They should be included as subject matter experts of the activity (internal staff, and customers) and as part of the governance to steer and make the decisions.

Authentic engagement is foundational to a beneficial partnership. Include the customer experience for Māori and seek to partner with whānau, hapū, iwi, Māori organisations as appropriate to your activity.

Review the evidence and ACC research for insights, taking in any previous work in this area, before engaging with Māori.

WHAKAMANA TIAKITANGA
ACTIVE PROTECTION

Te Tiriti requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. How can you ensure that equitable health outcomes for Māori is a central focus?

- Is there explicit recognition of Māori in the processes?
- Have we centred Māori as integral or as an added extra?
- What is the extent of Māori ownership and decision making?
- Have the desired outcomes been agreed upon with Māori?
- Has the Waitangi Tribunal covered issues related to this activity? If so, what lessons can we bring?
- Will Māori wellbeing be promoted?
- Will there be protection of Māori against adverse effects of colonisation and not contribute to disparities in health outcomes?
- Will there be sharing, learning and executing of mātauranga Māori as a credible source of innovation?

Example:

Equitable health outcomes for Māori can be realised through the following activities:

- Mātauranga Māori is a source of innovation at ACC. It has engaging qualities to enhance a narrative and story that connects all people. This can be demonstrated through communication or imagery.
- Mātauranga Māori has the fundamentals that connect to Māori wellbeing. Applying mātauranga Māori in a programme design is highly likely to connect with Māori.
- Applying a kaupapa Māori approach of "by Māori, with Māori, for Māori, as Māori" in the process, from design to implementation, creates an entirely different service - one with a high chance of connecting with Māori.

Pōwhiri and mihi whakatau are examples of practice that underpins mātauranga Māori, which is a process of welcoming people and connecting them with each other. This promotes inclusivity and acknowledges the Māori worldview.

WHAKAMANA TINO RANGATIRATANGA
SOVEREIGNTY

Te Tiriti granted Māori the right to self-determination. How can that right be exercised thoroughly?

- How can we enable Māori to lead the design process of an activity?
- Are we partnering with Māori in the delivery and monitoring of injury prevention and rehabilitation?
- Are you creating the space for Māori to determine their own processes and outcomes?
- Does the design of this activity support Māori to exercise self-determination?

Example:

When drawing on the aspirations of Māori, get together with kaupapa Māori champions and learn about what Māori self-determination looks like.

Self-determination will require ACC to enable Māori in decision making, the design process and engage Māori in the delivery and monitoring of injury prevention and rehabilitation.

WHAKAMANA TAURITETANGA
EQUITY

Te Tiriti o Waitangi gives Māori the right to expect equity in their dealings with the Crown. How can this activity ensure Māori are treated equitably?

There is a difference between being treated equally and being treated with equity. Treating people with equity so that the outcomes are equitable may require treating some differently.

- Is the desired outcome equitable for Māori?
- How does the proposed approach deliver an improved outcome for Māori?
- Have the desired outcomes been agreed upon with Māori?
- Have Māori judged the experience and outcome to be equitable?
- How will outcomes that benefit Māori be ensured?
- Are additional resources needed to support Māori communities to deliver the service or product instead of ACC?
- Is the solution sustainable from a whānau capability perspective without impacting on income or other necessary capabilities?
- Are whānau being fully included in agreeing, designing, implementing and then evaluating a solution or solutions?
- Are whānau being equitably remunerated for their contribution?

Example:

This principle expresses that time, money, resource and expertise must be distributed equitably by the Crown between all people, with Māori being held as a priority. This principle also expresses that this is the right of Māori.

Consider when undertaking an activity how the allocation of time, money, resource and expertise can be distributed to promote and return equitable outcomes.

Appropriately acknowledge everyone's contribution of time. Where equity doesn't exist for Māori, use that insight for change. Expect support from leaders to increase your commitment to uplifting cultural competency and capability.

WHAKAMANA MANA MOTUHAKETANGA
OPTIONS

Māori have the right to choose their own health, social and cultural path in accordance with tikanga Māori.

- How will we present Māori with options to health services?
- How will we present Māori with an option to health services that align with kaupapa Māori?
- How will we ensure kaupapa Māori services are available for Māori?

Example:

Māori have a right to determine their injury prevention and rehabilitation pathways by being given options that are suitable to their needs and strengths. This requires that along with mainstream services, kaupapa Māori solutions are also made available so as to not disadvantage Māori through lack of choices that work best for them.

HE KORERO WHAKAMARAMA ANO

MORE INFORMATION

Over the next few months, you'll have an opportunity to take part in a workshop tailored for your area of our organisation.

- You can read more about kaupapa Māori in our Kaupapa Māori Learning Resource for Staff [https://acclearning.acc.co.nz/pluginfile.php/79064/mod_resource/content/2/Final_Kaupapa%20Māori%20Learning%20Resource_Oct%202020.pdf]
- Find out more about Whāia Te Tika, our strategy for Māori – [https://acclearning.acc.co.nz/pluginfile.php/79094/mod_resource/content/1/Whāia%20Te%20Tika.pdf]
- You can find information on data relating to Māori in the ACC Whāia Te tika Stocktake 1 July 2017 – June 2018 [http://thesauce/team-spaces/maori-cultural-capability-team-mcct/team-news/access-to-maori--better-outcomes-pilots/wh-ia-te-tika-stocktake-2018/index.htm]
- Insights from ACC's regional Māori Staff hui 2018 can be found here [http://thesauce/team-spaces/maori-cultural-capability-team-mcct/team-news/access-to-maori--better-outcomes-pilots/maori-staff-hui-2018/index.htm]
- To read up on how to tackle racism, check out this link [http://thesauce/%20team-spaces/meacc/diversity--inclusion/me--acc---our-survey-results/%20diversity-and-inclusion-resources/index.htm]

TĀTAUIRATIA TE TIRITI: TĀIA MAI O WHAKAARO

TE TIRITI TEMPLATE: JOT DOWN YOUR IDEAS

Partnership

Te Tiriti gave Māori the right to be partners with the Crown. How can the principle of partnership be applied to this activity?

Active Protection

Te Tiriti requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. How can this activity ensure that equitable health outcomes for Māori is a central focus?

Tino rangatiratanga

Te Tiriti granted Māori the right to self-determination. How can that right be exercised throughout this activity?

Equity

Te Tiriti gave Māori the right to expect equity in their dealings with the Crown. How can this activity ensure Māori are treated equitably?

Options

Māori have the right to choose their own health, social and cultural path in accordance with tikanga Māori.

acc.co.nz

Board Paper - Guidance for commenting on Section Two requirement to consider how proposal aligns with Whāia Te Tika

When writing a Board paper, there is a requirement to comment on how the proposal aligns with one or more of ACC's approved strategic intentions.

As part of this, consideration of how the proposal aligns with Whāia Te Tika is now a requirement.

Background

ACC's Māori strategy outlines three areas of focus for improving Māori customers' outcomes and experiences of ACC.

The three focus areas are:

1. Te Arotahi Kiritaki (Customer focus): Actions seek to improve customer access, experience and outcomes
2. Kia Hiranga Te Mahi Ngātahi (Partnering for excellence): Actions focus on strategic engagement and partnering to improve outcomes
3. Whakawhanaketia Te Kaha (Developing capability): Actions seek to improve cultural capability and how we deliver.

As an organisation we will measure our progress in relation to improving Māori customers' outcomes and experiences of ACC in five areas:

1. Prevention of Injuries: Our injury prevention initiatives recognise and actively target the particular risks faced by Māori in all settings
2. Improving Access: Disparities and barriers are identified and removed so that Māori can access our services at similar rates to the general population
3. Rehabilitation Outcomes: Māori consistently achieve similar rehabilitation outcomes to those achieved by the general population
4. Trust and Experience: Māori experience our services in a way that is appropriate for, or tailored to, the unique needs, expectations and aspirations of Māori
5. People and Capability: Our workforce reflects the diversity of our customers.

Guidance

The table below outlines a number of questions to consider in relation to Whāia Te Tika as part of your proposals:

General Questions	
Do I understand the <u>impact</u> that this proposal could have on Māori either directly or indirectly?	▪ Explain/provide evidence about how the proposal will impact Māori (or not) ▪ If you are unsure– you can talk to the Cultural Capability Team and/or the Strategy, Policy & Research team
Have the <u>needs and/or experiences</u> of Māori been considered as part of this proposal?	▪ If they haven't - you can talk to Cultural Capability Team , and/or the Strategy, Policy & Research team for advice on how to approach this or who to talk to

Specific questions	
Does the proposal support an <u>improved customer focus</u> for our Māori customers? (Te Arotahi Kiritaki)	Does the proposal seek to improve customer access, experience and outcomes? For example, does the proposal involve: ▪ Injury prevention initiatives focused on Māori audiences? ▪ Promoting awareness of ACC support in Māori communities and considering ways to improve access? ▪ More effective purchasing for outcomes for Māori? ▪ Improving the responsiveness of rehabilitation services for Māori?
Does the proposal support <u>partnering for excellence</u>? (Kia Hiranga Te Mahi Ngātahi)	Does the proposal support strategic engagement and partnering to improve outcomes? For example does the proposal: ▪ Improve how we engage and partner with Iwi and Māori community organisations? ▪ Improve the voice of Māori in our customer advocacy groups? ▪ Involve working with others to co-design services to address disparities?
Does the proposal support <u>developing capability</u>? (Whakawhanaketia Te Kaha)	Does the proposal support improved cultural capability and how we deliver? For example does the proposal: ▪ Support cultural capability as part of recruitment, professional development and performance requirements? ▪ Ensure the resources of the Cultural Capability Team are applied to growing cultural capability across the organisation? ▪ Build cultural considerations into business planning, service design and procurement processes?

Ngākau Mōhio- Analysis of Māori Engagement on ACC's draft Heath Outcomes Framework

First Report

Authors: Sharon Shea & Michelle Atkinson, 16 July 2020

Shea Pita & Associates

CONTENTS

TABLES AND FIGURES

TEAM

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Michelle Atkinson, Qualitative Data Analyst

Lawna Kani, Administrator

CITATION

Shea, S and Atkinson, M. (2020) Ngākau Mōhio - Analysis of Māori Engagement on ACC's draft Heath Outcomes Framework. First Report. ACC: Wellington

DISCLAIMER

Kuputaka/Glossary

Māori	**English**
He Arotahi	Domain
He Tā Tai	Indicator
Hinengaro	Mind, Mental health and wellbeing
Kaupapa Māori	A Māori way of being, thinking, owning and doing
Kanohi-ki-te-kanohi	Face-to-face
Kapa Haka	Māori performing arts
Kupu	Word or words
Koroneihana	The annual commemoration of the current Māori King or Queen in the Tainui region/rohe
Mana Motuhake	Autonomy
Mātauranga Māori	All forms of Māori knowledge systems
Mauri ora	Healthy individuals
Ngā Hiahia	Objective
Ngā Hua Tautika	Outcome
Ngākau Mahi	The name of the second report, a companion to this report. Literally means work from the heart.
Ngākau Mōhio	The name of this report. Literally means knowledge from the heart. Also means in this context, Understanding.
Pae Ora	Healthy Futures for Māori.
Pakeha	European
Pūrākau	Māori creation stories
Rangatiratanga	Authority
Tangata	Person
Te reo me ona tikanga	Māori language and customs
Te Tiriti o Waitangi	The Treaty of Waitangi
Tinana	Body, Physical wellbeing
Wai Ora	Healthy environments
Wairua	Spiritual essence
Whāia Te Tika	Pursue what is right, ACC's Māori Strategy
Whakamaua	The Ministry of Health's current Māori Health Action Plan
Whakapapa	Genealogy
Whānau	Family
Whānau Haua	Māori families who are living a disability
Whānau Ora	Family Wellbeing/Healthy Families
Whenua	Land

WAHANGA TUATAHI: INTRODUCTION AND OVERVIEW

Purpose of this Report

The name of this report is *Ngākau Mōhio*. In this context, these kupu (words) mean Understanding[i]. Ngākau Mōhio is supported by the following whakatauki (proverb):

Tēnā te ngaru whati, tēnā to ngaru puku

There is a wave that breaks, there is a wave that swells

For us, the metaphor in this whakatauki speaks to the continual ebb and flow of understanding, in that it is a process of learning that is multidimensional and continuous. The content of this report supports this metaphor as the taonga (precious gift) of knowledge that Māori stakeholders have shared with the Accident Compensation Corporation (ACC), outlines both the complexity and simplicity of views about outcomes for Māori.

ACC commissioned Shea Pita & Associates to engage with a range of Māori leaders (stakeholders). The engagement was designed to support stakeholders to provide feedback and constructive critique of ACC's draft Health Outcomes Framework (HOF). It was also designed to signal ACC's commitment to developing an outcomes approach that understands and treats with integrity, the Māori view of what matters the most and why.

Two key questions were asked of stakeholders:

1. What are the health outcomes that matter for Māori and why?
2. What would an ACC framework look like that incorporated Māori health outcomes that matter the most?

Thirty-four stakeholders were interviewed online during the month of May 2020.

This report sets out key themes and recommendations from the engagement. It is the first of two reports. *Ngākau Mōhio* is about understanding the feedback. The second report, *Ngākau Mahi,* outlines options and processes to action key themes and recommendations.

Dual critique of the draft HOF and of ACC

During the engagement, all Māori stakeholders offered critique of the draft HOF and unsolicited critique of ACC. The critique of the HOF focused on framing, outcomes definition and embedding features that support implementation excellence. The critique of ACC focused on perceived lack of effectiveness for Māori and the requirement for more overt means (strategy, policy, service and enablers) to achieve improved Māori specific ends (outcomes).

Reputational risk for ACC

Overall, there was very strong critique of ACCs current lack of response to Māori needs and this critique was aimed at multiple levels i.e. from governance through to practical delivery and engagement. We were surprised by the strength of the universal negative criticism of ACC and the consequent poor reputation ACC has amongst senior Māori stakeholders.

Based on our analysis of the feedback, the calibre of the stakeholders interviewed, and the consistency in the responses, we suggest that ACC has significant reputational risk with respect to its (under)performance for Maori. We encourage immediate attention to this risk.

The confluence of dual critique and ends vs means – turning negatives into positives

There is a positive related to the duality of the critique (of HOF and ACC) provided by Māori stakeholders. In our view, ACC can use the critique to not only improve the final HOF but to also inform how the framework can be translated into practice through a more overt range of means. In our view, this feedback is the first of several valuable inputs into finalising a fit for Māori purpose HOF and understanding the most suitable range of implementation actions (means) linked to achieving a refined set of Māori specific outcomes (ends).

Analysis and key themes

Stakeholder feedback is analysed based on three questions and thematic analysis. The first two questions are based upon the original questions that framed the engagement (which are focused primarily on ends/(outcomes). A third question was added by Shea Pita to analyse ACC-specific critique and is focused primarily on means (strategies, policy, services and enablers).

A summary table of the questions and themes is outlined below:

Table 1: Summary of stakeholder feedback by ends vs. means, themes and key issues

Q1: What are the health outcomes that matter for Māori, and why?	
Main Theme	**Issues**
Multidimensional outcomes are important to Māori, at multiple levels	Kaupapa Māori driven – reflecting Māori values
	Outcomes are identified by the person and their whānau according to their concept of wellbeing
	Outcomes should reflect that Māori live in a whānau ecosystem– they are collective and not just about the individual
	Outcomes are holistic, not compartmentalised by singular domains
Equity matters	Equity is important
	Equity of outcome is important
	Equity of access is important
	Equity of experience/quality is important
A great experience matters - what poor experiences currently look like and what great experiences might look like in the future	Poor experiences range from a system and services that fail to address Māori need through to a system that does not enable whānau to express mana motuhake, is overly complex, hard to navigate and lacks targeted information and supports for Māori
	Great experiences may include (for example) positive relationships and partnerships with frontline staff and providers; anti-racist and discriminatory services and self-determined, person and whānau-driven goals and pathways
Q2. What would an ACC framework look like that incorporated the Māori health outcomes that matter most?	
Main Theme	**Issues**
Framing and consequent design incorporates a Māori worldview and prioritises what matters the most to Māori	Framing incorporates six key principles: • Te Tiriti o Waitangi • Rangatiratanga and Mana Motuhake • Kaupapa Māori and Mātauranga Māori • Equity • Tangata, whānau, hapū and iwi aspirations • Whānau Ora
Multidimensional outcomes at multiple levels are	See earlier under Question 1.

designed to prioritise rangatiratanga and mana motuhake	
Features that support implementation success are clarified and embedded	Action-oriented
	Accountability for performance
	Accountability to Māori
	Co-designed
	Co-monitored
	Applies across sectors
	Builds on existing outcomes frameworks
	Builds on Indigenous models, frameworks, definitions, and measurement of outcomes
Q3. What means (strategies, policy, services or enablers) were suggested by stakeholders to support successful implementation of a Māori health outcomes framework?	
Main Theme	**Issues**
Service-level means that support improved health and experience outcomes	Easy to understand information
	Easy to access ACC and service providers
	Relationships and partnerships with frontline staff and providers matter
	Trust matters
	Fund a broad range of support and healing options
	Fund kaupapa Māori supports, including Rongoā Māori
	A focus on prevention and programmes delivered by Māori providers
System-level means that support improved health and experience outcomes	Te Tiriti o Waitangi Partnerships
	Māori Leadership at all levels of ACC
	Integrity and accountability
	Innovative commissioning – invest in kaupapa Māori solutions and devolve service delivery with barrier-free contracting
	Holistic models that are kaupapa Māori and mātauranga Māori driven
	Māori workforce development
	Address institutional racism, bias and discrimination
	A culture of change that supports Māori outcomes

Recommendations

The draft HOF has many strengths. It seeks to outline what good looks like for people– the ends. It also seeks to drive what ACC might do in the future to achieve agreed outcomes – the means. It does incorporate and reference some specificity for Māori, and it has incorporated some Māori perspectives. For example, a specific outcome is Client and Whānau-centred Care, Māori staff within ACC have been engaged in the design, Māori consumer/client input is continuing to be gathered and many of the universal outcomes, such as, Preventable Harm and Deaths, Holistic Care and Experience of Care, would require targeted Māori specific interventions and actions to achieve the same.

However, based on external stakeholder feedback, the current draft HOF does not go far enough in terms of Māori being able to 'see themselves in it'. At present, it does not yet resonate with an external Māori audience.

The Health Insights & Intelligence Team were aware of this possibility and indeed, the purpose of the engagement was to seek this type of constructive critique in order to inform future design.

Accordingly, we make the following recommendations to ACC regarding future design and implementation:

1. **Consolidate** the information in this report with other sources to inform the next steps.
2. **Continue** to engage genuinely with Māori stakeholders to seek constructive critique of the next iteration of the HOF and its value for Māori.
3. **Consider** a rapid co-design approach with Māori (internal and external) to support the next iteration of the HOF for Māori.
4. **Distinguish** Ends from Means and use this to clarify future design.
5. **Acknowledge and adopt** Māori stakeholder advice about reframing the HOF to incorporate Te Ao Māori (a Māori worldview). This includes prioritising framing linked to Te Tiriti o Waitangi, kaupapa Māori, mātauranga Māori, rangatiratanga, mana motuhake, equity, Māori aspirations and whānau ora.
6. **Acknowledge and adopt** Māori stakeholder advice about the conceptual design of appropriate outcomes for Māori (ends) and what a future framework might look like.
7. **Acknowledge and consider** Māori stakeholder advice about ACC reputational risk and take action to mitigate the same. This is an urgent issue from our perspective.

Finally, we note that in this report, we have incorporated data or published facts that speak to what ACC is doing, aligned with some of the criticisms. These facts were based on publicly available and provided information. However, it is outside the scope of this report to 'answer' or refute critique about ACC.

This report will be submitted to the Head of Health Intelligence and Insights for consideration. The second report (Ngākau Mahi) will be submitted in July-August 2020.

WAHANGA TUARUA: OVERVIEW OF THE STAKEHOLDER ENGAGEMENT PROJECT

An Outline of the Māori Stakeholder Engagement Project

In February 2020, Karina McHardy, Head of Health Intelligence and Insights, ACC commissioned Shea Pita & Associates Ltd to support the team to implement a Māori stakeholder engagement project. The term of the project was from February 2020 to May 2020. Chad Paraone, Strategic Advisor to ACC, also provided advice and input to this project.

Purpose of the engagement

The purpose of the engagement was to gain Māori insight into ACC's draft HOF. It also signaled that ACC was taking Māori perspectives and voice seriously with respect to the emerging HOF.

Two questions were asked of stakeholders:

- What are the health outcomes that matter for Māori and why?
- What would an ACC framework look like that incorporated Māori health outcomes that matter the most?

Health outcomes and wellbeing

ACC defines a health outcome as "as a change in health status as a consequence of care or other intervention, such as an injury prevention intervention".[ii] Health outcomes are viewed as a subset of wider ACC customer outcomes.

ACC recognises there is commonality and uniqueness between health outcomes and wellbeing. It is acknowledged that health outcomes and wellbeing positively reinforce each other. However, wellbeing is greater than health and incorporates concepts such as prosperity, purpose, life satisfaction, and cultural wellbeing. Measures of wellbeing generally represent high-level 'point in time' assessments compared to an outcome or consequence of one or multiple interventions. Therefore, health outcomes and wellbeing are aligned, but they are also distinct.

The Draft ACC Health Outcomes Framework

Based on ACC communications about the draft HOF[iii], the framework is designed to support ACC to:

- Understand and improve value (defined as health outcomes that are achieved for a definable cost)
- Support an outcomes-based approach to commissioning care and rehabilitation services
- Maximise the coordination and collective impact of the organisation's work in health
- Reduce inequities in health by highlighting unwarranted variation in access and outcomes
- Support the goals of ACC's Health Sector Strategy which include partnering with providers, new models of care, and better use of good quality data.

The following definitions and a diagram of the draft HOF is outlined below:

Term	Description
Ngā Hiahia - Objective	The long-term, big picture change at a population, society or place level. For ACC these are our Strategic Outcomes. *Why we are here.*
He Arotahi - Domain	Domains help achieve our Strategic Outcomes. Domains are the high-level impacts that the outcomes produce. *What we will prioritise.*
Ngā Hua Tautika - Outcome	A desired and/or intended future state or condition that can be shown to be attributed to - or caused by - an intervention. Outcomes must be measurable. *What we want to see.*
He Tā Tai - Indicator	The measurable aspect of the outcome. Measuring this aspect helps assess the size and direction of the outcome (or change in conditions). *What we will look at.*

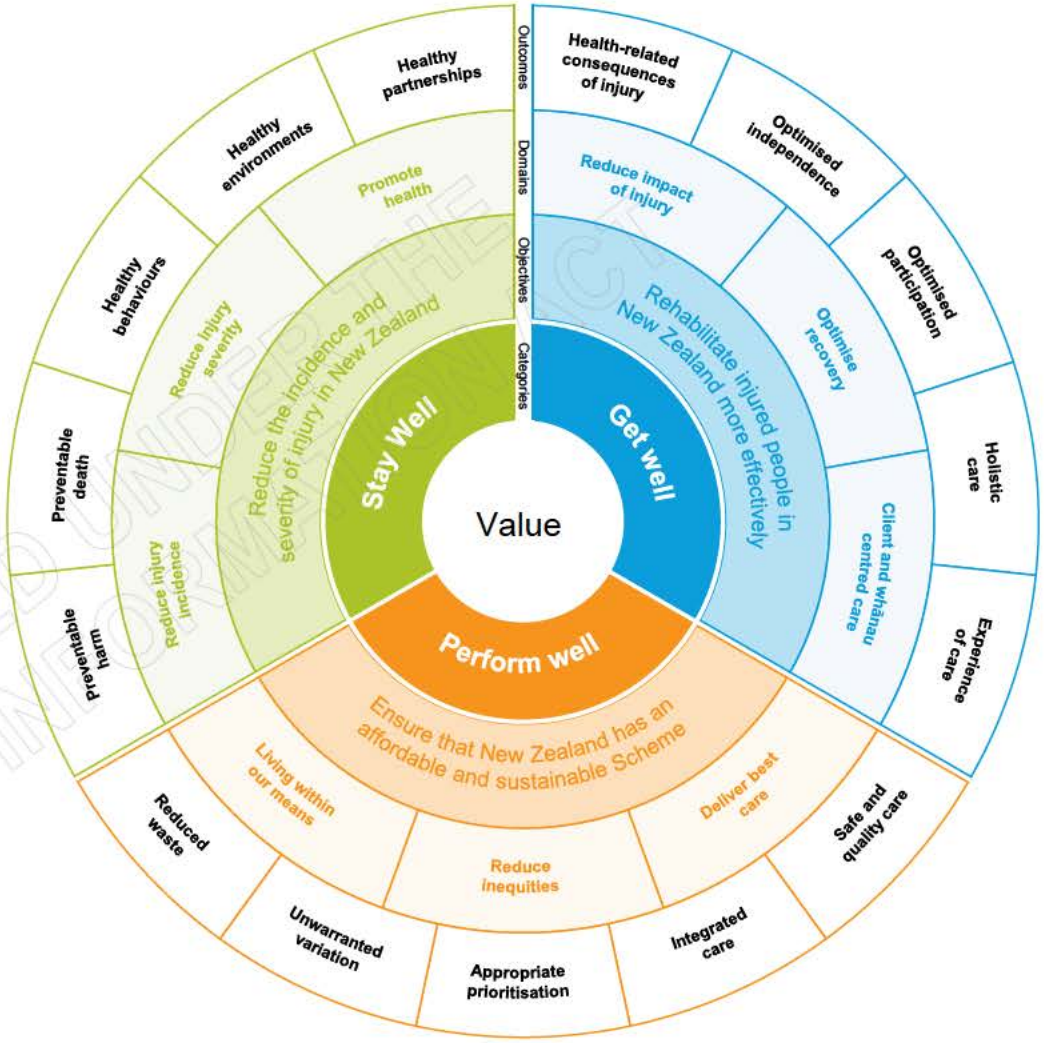


Figure 1: Draft ACC Health Outcomes Framework (Source: ACC Presentation, 23 January 2020)

Approach

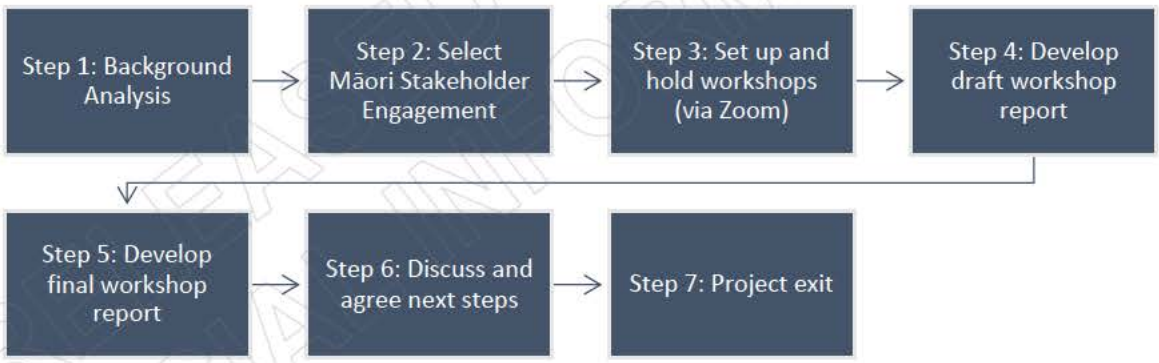
Shea Pita define a Kaupapa Māori approach as a Māori way of being, thinking, owning and doing. We also define a Kaupapa Māori investment approach as one that values, prioritises and invests in Kaupapa Māori to support intergenerational wellbeing.

For us, Kaupapa Māori:

- honours Te Tiriti o Waitangi (Articles and Principles)
- embeds mātauranga Māori (a system of Māori knowledge, values, customs and behaviours that reflects, and is expressed, through our indigeneity)
- generates mature conversations and practices that proactively support tino rangatiratanga (authority) and mana motuhake (autonomy)
- prioritises whānau rangatiratanga – which for us means ensuring that the voice of whānau (inclusive of iwi and hapū) is preferred as part of direction-setting and agency; and whānau are not viewed passive recipients of services or systems
- is owned, operated and governed by Māori.

As part of our norm, we conduct Māori engagement using a Māori worldview which incorporates appropriate use of te reo me ona tikanga (Māori language and customs). We also apply a Māori worldview lens as part of our data analysis and facilitation.

For this assignment, Shea Pita adopted a 7-step process.



Key points to note are:

- engagement slides were co-developed and approved by ACC
- stakeholders were invited to participate, participation was voluntary, and informed consent was obtained
- kanohi-ki-te-kanohi (face-to-face) hui were planned but due to COVID-19, all engagements were conducted online using Zoom (Zoom hui referred to as 'zui')
- all engagements were conducted by the Lead Author
- with consent, the majority of engagements were recorded via Zoom, with notes taken and salient quotes then transcribed by the Qualitative Data Analyst[iv]
- data was coded using NVivo12 by the Analyst and themes were constructed, which were then peer reviewed by the Lead Author
- draft reports were peer reviewed by the Analyst and submitted to ACC for feedback

Summary of Māori stakeholders engaged

Thirty-four stakeholders from across Aotearoa/New Zealand provided input into this report. They were engaged primarily based on their recognised position as leaders and experts in Māori health and development, whānau, hapū and/or iwi development, ACC system/service issues, and/or outcomes frameworks. Leaders were engaged from iwi, government agencies (Ministries and DHBs), Non-Government Organisations (NGOs), Whānau Ora (NGOs) and National Māori Workforce Organisations. Some stakeholders were also Whānau Haua (Māori families who are living a disability)[v] or clients of ACC.

Alongside their expertise, stakeholders have considerable influence at national, regional and local levels linked to their professional qualifications and leadership positions. Stakeholder qualifications ranged from professors and doctors (medical and post-graduate) through to allied health professionals, senior management, researchers and evaluators, specialist governance members, and of course lived experience as Whānau Haua or ACC service users,

A synopsis of the stakeholders is outlined below:

# of Tangata	Agency and Status	Category	Region
1	Tier 2, Ministry of Health	Agency	National
1	Tier 3, Ministry of Health	Agency	National
3	Tainui Health Governance	Iwi	Waikato
3	Tainui Health Governance	Iwi	Waikato
1	Researcher, specialist in Rongoā	NGO	National
1	Rongoā Practitioner Member Te Kāhui Rongoā (National Collective of Rongoā Māori Practitioners)	NGO	Auckland
1	Tier 2, Cancer Control Agency	Agency	National
1	Tier 1, Regional Cancer Society	NGO	Waikato
1	CEO, South Island Maori NGO	NGO	Invercargill
1	GM, South Island Mataa Waka NGO	NGO	Christchurch
1	CEO, Maori NGO	NGO	Gisborne
4	Leadership and staff at Whānau Ora Commissioning Agency (formerly, Te Pou Matakana)	NGO	North Island
4	Te Manawa Taki Regional Governance Group Iwi Leaders representation from Te Arawa, Tuwharetoa, Taranaki, Tairāwhiti, (TMTRGG)	Iwi	Midland region
1	CEO, National Māori NGO	NGO	National
1	Psychiatrist, Nurse, Provider, Academic	NGO	National
2	Māori Leader, Tae Ora Tinana (Māori partner of Physiotherapy NZ)	National Māori Workforce Body	National
1	CEO, large North Island DHB, Chair, Health Agency, Expert Māori Advisor	Agency	Auckland National
1	Academic, Researcher, Nurse, Expert Advisor	NGO	Northland, Auckland, National
1	Leader, Te Ohu Rata o Aotearoa, Academic, Researcher, Expert Advisor, Medical Doctor	National Māori	National

# of Tangata	Agency and Status	Category	Region
		Workforce Body	
1	CEO, Māori NGO	NGO	Auckland
1	CEO, Māori NGO	NGO	South Auckland
1	CEO, Māori NGO	NGO	South Auckland
1	Māori Leader, Ngā Kaitiaki o te Puna Rongoā	National Māori Workforce Body	National
1	Researcher, Evaluator, Expert Advisor	NGO	National
1	Leadership, Te Pūtahitanga o Te Waipounamu	NGO	South Island
1	Māori GM, Medium-sized DHB	Agency	Auckland/Northland

In the analysis, quotes are labelled by the type of group the stakeholder belonged to (NGO, Agency, Iwi, or National Māori Workforce Body).

Feedback to stakeholders

To acknowledge the time and expertise of the stakeholders, it was agreed that stakeholders would receive a summary of this report. This will be distributed by Shea Pita.

Companion reports

Two reports will be produced as part of this project. This is the first report – Ngākau Mōhio. The second report - Ngākau Mahi - will be submitted in July-August 2020.

Background: a brief overview of ACC and why this project is important

What does ACC do?

The Accident Compensation Corporation (ACC) is a Crown entity. It was established and is governed pursuant to the Accident Compensation Act 2001. It is responsible for delivering injury prevention initiatives and no-fault personal injury cover for all New Zealanders and overseas visitors.

ACC is a large organisation and has significant influence[vi]:

- Its annual revenue is $9.5b (47% from levies and 53% from investment management)
- It has 25 offices across New Zealand
- It has approximately 3,500 permanent and temporary staff
- In 2018-2019, it managed over 2m registered claims in 2018/2019 and 1.7m medical-fees-only claims
- In 2018-2019, it paid out $1.3b in weekly compensation, $833m in medical treatment, $789m in social rehabilitation, $514m in public health acute services and $371m for elective surgery (hospital treatment).

How is success measured?

A sample of metrics currently used (2018-2019) to measure ACC performance include:

- The rate of serious injury was 81.2 (the target was 73.8)
- The client net and Māori client net trust scores were 24 and 25 respectively (the target scores were 30.6 for both)
- The Public Trust and Confidence Score was 61% (the target was 65%)

- 77% of clients stated that ACC was focused on the best possible outcomes for clients given their situation
- 92.4% of clients were returned to work within 9 months (the target was 93.3%)
- 88.9% of clients who were not in the workforce, returned to independence (the target was 86%)
- 80% of clients had surgery and were successfully rehabilitated within 12 months (the target was 85%).
- Reduction in weekly compensation days paid was -3.2 days (the target was +0.5 days)
- Employee net promoter scores (see later in this report)
- Proportion of Māori staff (new measure introduced in 2018-2019) – 12% (target was 8%)
- Asset performance measures (e.g. average claims management system transaction times)
- Financial measures (e.g. return on investment ratios, investment management costs, levy setting and collection, actual vs expected revenue and costs, deficit/surplus tracking and others).

We refer to some of the Māori specific metrics, later in this report.

What does the data say about Māori and equity?

Based on a snapshot of data, the following key messages are clear:

The burden of injury is distributed disproportionately, particularly for Māori compared to non-Māori - It is recognised globally that the burden of injury is distributed unequally, and vulnerable population groups are most at risk[vii]. New Zealand is not immune to this global trend. According to the Ministry of Health, the age-standardised mortality rate (deaths per 100,000 people) due to unintentional injury in 2012-2014 was 23.1 for Māori and 12.1 for non-Māori, a statistically significant difference[viii]. The age-standardised rate of hospitalisations for unintentional injury in 2014-2016 was also statistically significantly higher for Māori, at 1534.6 per 100,000 compared to 1256.6 for non-Māori[ix].

There are persistent inequities between Māori and non-Māori - the unintentional injury hospitalisation rates for Māori adults increased between 1996 and 2014, as did the equity gap between Māori adults and non-Māori adults[x]. While unintentional injury mortality rates decreased for Māori aged under 65 between 1996 and 2014, the equity gap remained[xi].

In 2012-2014, Māori children had a significantly higher unintentional injury hospitalisation rate than non- Māori children (RR 1.12, CI 1.10-1.15)[xii], which followed an increase in the equity gap between these groups in the previous years[xiii].

Provisional 2018 data suggests that Māori ACC claims for work-related injury accounted for only 12.4% of claims, despite Māori making up 15.75% of the population[xiv], suggesting a disparity in access.

Māori access to ACC is a recognised challenge - According to published ACC data[xv], Māori are:

- 2.5x more likely to have a serious injury
- Between 5-50% less likely to use ACC services
- Around 35% less likely to be referred for elective surgery[xvi]

In Wren's report (2015) on Māori underutilisation of ACC funded injury treatment and rehabilitation support services, he states that:

"…overall Māori are substantively under-represented in receipt of a range of services in the context of their proportion of the population. In some cases the information suggests Māori are over-represented in receipt of some services. This approach assumes Māori have the same injury experience as non-Māori. The assumption is invalid as other ***research has consistently shown that over many years the Māori experience of injury and associated burden of health loss is significantly higher compared to non-Māori.***

In this context, it is argued that the levels of service use are still too low given the size differences in the injury experience and associated health loss between the two population groups. Consequently, in the context of the Māori burden of injury and related health loss the conclusion is that ***there is a substantive case for under-utilisation of a range of ACC funded services by Māori, and in health terms, the underutilisation represents substantive inequality and inequity in ACC service uptake."*** *(p.7)*

In summary, Māori are more likely to experience injury and when they do, there are barriers to both access and support from the current ACC funded system.

ACC's current strategy and delivery response for Māori

ACC's Position on the Treaty of Waitangi

ACC recognises the Treaty of Waitangi as a founding document of the government in New Zealand[xvii]. It seeks to support the Crown in discharging is obligations to Treaty of Waitangi relationships and to deliver services that enable outcomes for Māori.

ACC's Māori Strategy - Whāia Te Tika

Whāia Te Tika (2016-2020) translates as 'pursue what is right'. It is fully endorsed by ACC. The strategy seeks to improve ACC experiences and outcomes for Māori:

Whāia Te Tika – 'Pursue what is right' – Strategy on a page

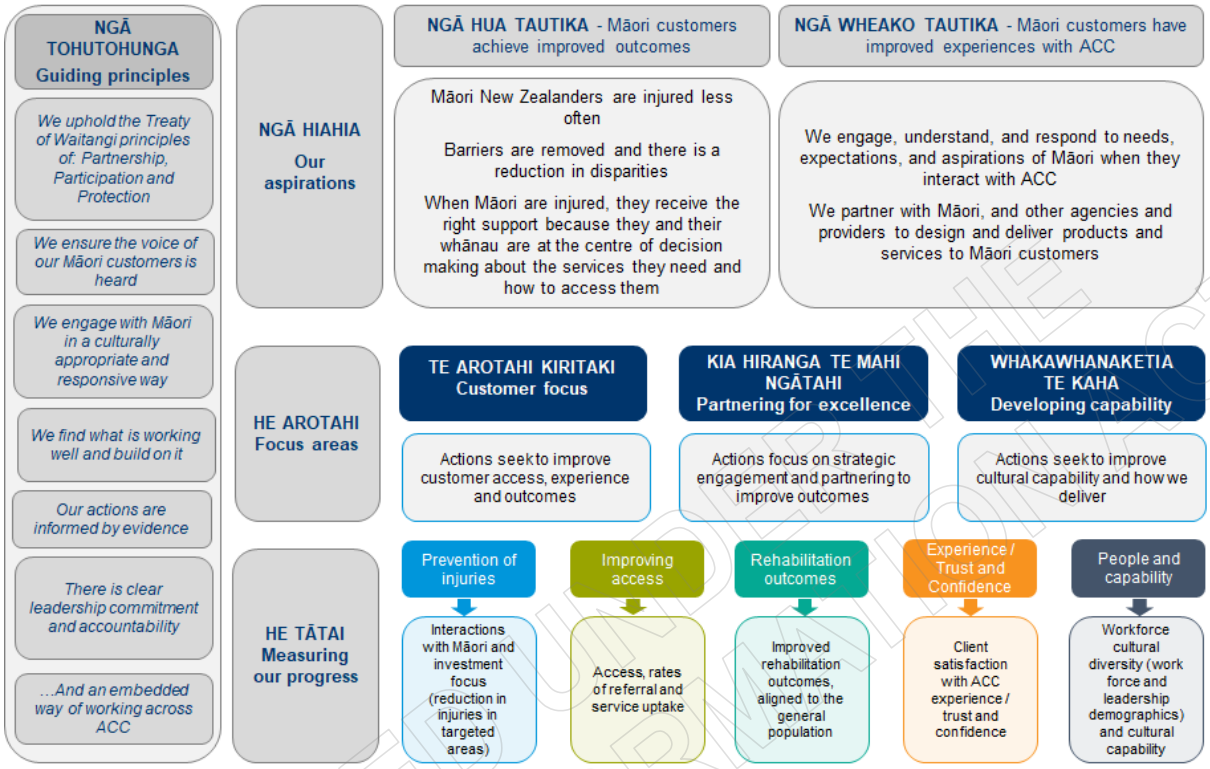


Figure 2: Whāia Te Tika - Strategy on a Page (Source: ACC)

Implementation of ACC's Māori Strategy and Commitment to the Treaty of Waitangi

ACC provided examples of what and how it seeks to effect is commitment to the Treaty of Waitangi and implement its Māori strategy. These are outlined below:

- **Ministerial Accountability** - The Letter of Expectations for 2020/21 from the Minister of ACC, specifically references Whāia Te Tika, noting that improving services and outcomes for Māori is a priority area of focus. The Minister receives reports on performance measures (via the ACC Service Agreement) to enable him to monitor progress against Whāia Te Tika. ACC also keeps the Associate Minister for ACC (Hon. Willie Jackson) updated throughout the year on how Whāia Te Tika initiatives are progressing and the outcomes they are achieving.
- **Governance** - a recent advertisement for new ACC Board members (May 2020) specifically identified skills and experience required in one or more of four areas: legal, commercial, governance, and "*strong connections with Māori or involvement with Māori health outcomes*".
- **Operational Leadership** - ACC has a dedicated Māori and Cultural Capability Team. In addition, growing critical Māori leadership in ACC is a priority. In 2019/20, additional senior Māori roles established including with one in Injury Prevention and two in the Provider Services team (which manages ACC's health service strategy and purchasing/contracting) were enacted.
- **Rongoā** - Rongoā is now an available option for ACC clients receiving treatment for an injury.

- **Iwi Relationships** - ACC has a Memorandum of Understanding in place with Waikato-Tainui, under which a range of activities and initiatives are agreed and delivered each year with the iwi. There is a similar agreement in place with Te Whānau o Waipareira in West Auckland.
- **New Māori Models of Care** - ACC funded a 2-year whanau ora-oriented model of care with a Māori NGO home-based rehabilitation service. Primarily focussed on individuals/whānau requiring high-end complex care, 24/7, the care was independently evaluated using a whanau ora assessment framework and rated very highly. Learnings from this initiative are helping shape ACC's approach to commissioning kaupapa Māori services.
- **Digital delivery to Māori** - ACC jointly funded, with the Ministry of Health, a 2 year trial of the iMoko service, primarily focussed on tamariki in remote or high needs areas. The aims included assessing the ability of 'virtual' models of care to improve access (and outcomes) for Māori, as well as learning about the potential of the model (and virtual/digital channels) in terms of raising awareness and injury prevention.
- **Māori Sponsorship** - ACC has been supporting both Te Matatini (national Māori kapa haka/performing arts festival and competition) and IRONMĀORI events, with a presence at both and some sponsorship, as a means of reaching out and connecting with Māori individuals and whānau about ACC.
- **Attendance at special Māori hui and events**- ACC regularly have a presence at special events such as the Tainui Games and the Koroneihana (Māori).
- **Kaupapa Māori services** - In October 2019, ACC funded a 2 year kaupapa Māori water safety programme (Kia Maanu Kia Ora), involving a wide range of kaupapa Māori initiatives aimed at preventing Māori drownings.
- **Māori Customer Voice** - In 2019/20, ACC established a Māori Customer Advisory Panel to provide a more direct source of input, guidance and feedback from a customer perspective
- **Kaupapa Māori Commissioning** - In early 2019, ACC committed to exploring commissioning of kaupapa Māori service options for ACC claimants. Hui with Māori providers explored the potential, and also identified challenges with current ACC service procurement approaches.
- **Kaupapa Māori programme of work** - A dedicated programme of work is looking to implement kaupapa Māori service commissioning in 2020, among a suite of initiatives that include a focus on:
    a. creating kaupapa Māori pathways for Sensitive Claims (those involving mental or physical injuries caused by some criminal acts, e.g. injuries caused by sexual violence) and Serious Injury
    b. creating a dedicated Injury prevention investment fund for Māori as well as growing initiatives that are built on kaupapa Māori models and designed/delivered by Māori
    c. enabling targeted initiative with Māori businesses, and those that employ large Māori workforces
    d. investing in ACC's cultural capability development and Māori workforce development
    e. raising the bar in terms of expectations of 'mainstream' provider performance for Māori claimants
- **Investment funding** - ACC has a large investment management function, overseeing investment funds of over $40 billion. The Investment team now actively explores opportunities for co-investment with iwi and Māori entities, such as a recent deal whereby ACC supported Te Kawerau a Maki to acquire several school properties that had been tagged as part of their commercial redress in their Treaty settlement.
- **Māori Research** - ACC also teamed up with the Health Research Council to launch a research RFP in June 2020, investing $1.5 million in innovative kaupapa Māori research that will contribute evidence to address inequity and contribute to improved outcomes for ageing Māori through injury prevention, service access and/or injury rehabilitation initiatives.

WAHANGA TUATORU: DISCUSSION ABOUT MĀORI HEALTH OUTCOMES

This section analyses stakeholder feedback. During the engagement, all Māori stakeholders offered dual critique of both the draft HOF and ACC. The critique of the HOF focused on framing, drivers and outcomes definition. The critique of ACC focused on its perceived lack of effectiveness for Māori and the requirement for more overt strategy, policy and practice to achieve improved Māori outcomes, equity and wellbeing.

The dual critique was anticipated by Shea Pita for two reasons. First, in our experience, the 'face' of an organisation in the Māori community, alongside its reputation and the perceived effectiveness of how it delivers its strategy and services to Māori, will impact upon how stakeholders respond to any questions about what it proposes to do. Second, ends (outcomes) and means (strategy, policy, services) are distinct and interconnected. Therefore, discussion about outcomes or ends, is generally paired with discussion about implementation.

Means conversations are significantly influenced by how Māori stakeholders and clients experience ACC (perceived or real). Further, experience will also influence views about ACC's integrity and commitment to improving positive future states for Māori. If the experience or relationship with ACC is negative, then stakeholders are more likely to question whether ACC will invest in the necessary means in order to achieve Māori specific ends (i.e. improved Māori outcomes, equity or wellbeing (even if ACC thinks it will).

ACC has reputational risk

Overall, there was very strong and substantial negative critique of ACCs current response to Māori rights (as Te Tiriti partners) and needs (as clients of ACC). This critique was aimed at multiple levels of ACC i.e. from governance through to practical delivery and engagement.

Prior to engaging with stakeholders, we did not anticipate the strength and scope of the universal negative criticism of ACC. We were surprised by the extent of ACCs poor reputation amongst senior Māori professionals and experts. In some cases, the desire to share critique about ACC, 'overtook' the primary purpose of the engagement which was to critique the draft HOF.

Based on our analysis of the feedback, the calibre of the stakeholders interviewed, and the consistency in the responses, we suggest ACC has reputational risk to manage regarding its performance for Māori and that this is a major risk for ACC. We encourage immediate attention to this risk.

Optimising the confluence of dual critique – from a negative to a positive

There is a positive however, related to the dual critique. In our view, ACC can use the critique to not only improve the final HOF but to also inform how the framework can be translated into practice through a wide and overt range of system, service and ACC-specific improvements.

There is also a confluence between Ends (outcomes) and Means (strategy, service, policy and process). ACC will need to invest in means that support HOF implementation. In our view, this feedback is the first of several valuable inputs into finalising a fit for Māori purpose HOF and delivering the most suitable range of means to improve Māori specific outcomes.

Analysis of Feedback – the importance and relationship of ends vs. means

Feedback is analysed according to three questions, which have been grouped according to ends vs means. The first two questions are those agreed with ACC at the beginning of the engagement and

these questions reflect an ends-specific conversation. The third question has been developed by Shea Pita as part of the analytical framework, to reflect the ACC specific feedback and this question reflects a means-specific conversation.

The questions are:

Ends	1. What are the health outcomes that matter for Māori, and why? 2. What would an ACC framework look like that incorporated the Māori health outcomes that matter most?
Means	3. What means (strategies, policy, services or enablers) were suggested by stakeholders to support successful implementation of a Māori health outcomes framework?

Feedback Summary

The table below summarises themes and issues by question. Themes are not mutually exclusive:

Table 1: Summary of stakeholder feedback by ends vs. means, themes and key issues

Q1: What are the health outcomes that matter for Māori, and why?	
Main Theme	**Issues**
Multidimensional outcomes are important to Māori, at multiple levels	Kaupapa Māori driven – reflecting Māori values
	Outcomes are identified by the person and their whānau according to their concept of wellbeing
	Outcomes should reflect that Māori live in a whānau ecosystem– they are collective and not just about the individual
	Outcomes are holistic, not compartmentalised by singular domains
Equity matters	Equity is important
	Equity of outcome is important
	Equity of access is important
	Equity of experience/quality is important
A great experience matters - what poor experiences currently look like and what great experiences might look like in the future	Poor experiences range from a system and service that fails to address Māori need and whānau not able to express mana motuhake through to a complex and hard to navigate system which lacks targeted information and supports for Māori
	Great experiences may include positive relationships and partnerships with frontline staff and providers; anti-racist and discriminatory systems and services and self-determined, person and whānau-driven goals and pathways
Q2. What would an ACC framework look like that incorporated the Māori health outcomes that matter most?	
Main Theme	**Issues**
Framing and consequent design incorporates a Māori worldview and prioritises what matters the most to Māori	Framing incorporates six key principles: • Te Tiriti o Waitangi • Rangatiratanga and Mana Motuhake • Kaupapa Māori and Mātauranga Māori • Equity • Tangata, whānau, hapū and iwi aspirations • Whānau Ora

Main Theme	Issues
Multidimensional outcomes at multiple levels are designed to prioritise rangatiratanga and mana motuhake	See earlier under Question 1.
Features that support implementation success are clarified and embedded	Action-oriented
	Accountability for performance
	Accountability to Māori
	Co-designed
	Co-monitored
	Applies across sectors
	Builds on existing outcomes frameworks
	Builds on Indigenous models, frameworks, definitions, and measurement of outcomes
Q3. What means (strategies, policy, services or enablers) were suggested by stakeholders to support successful implementation of a Māori health outcomes framework?	
Main Theme	**Issues**
Service-level enablers that support improved health and experience outcomes	Easy to understand information
	Easy to access ACC and service providers
	Relationships and partnerships with frontline staff and providers matter
	Trust matters
	Fund a broad range of support and healing options
	Fund kaupapa Māori supports, including Rongoā Māori
	A focus on prevention and programmes delivered by Māori providers
System-level enablers that support improved health and experience outcomes	Te Tiriti o Waitangi Partnerships
	Māori Leadership at all levels of ACC
	Integrity and accountability
	Innovative commissioning – invest in kaupapa Māori solutions and devolve service delivery with barrier-free contracting
	Holistic models that are kaupapa Māori and mātauranga Māori driven
	Māori workforce development
	Address institutional racism, bias and discrimination
	A culture of change that supports Māori outcomes

A detailed analysis of feedback and each question is outlined below.

Question 1: What are the health outcomes that matter for Māori, and why?

Multidimensional outcomes are important to Māori, at multiple levels

A very strong theme among stakeholders was that health goals and outcomes for those accessing ACC support should be person and whānau centred. This meant outcomes and goal setting needed to be agile, not pre-defined based on agency needs, and customisable to whānau preferences.

"Part of looking at equity is to not assume that we have a narrow subset of singular, defined outcomes that have been put through a very non-Māori, very physiological lens as a way of measuring the outcomes." Agency

"Health as a way of being, not the absence of injury or sickness." National Māori Workforce Body

Person and whānau identified outcomes were described as having the following characteristics:

Kaupapa Māori driven – reflecting Māori values

Stakeholders recommended that ACC start with a person and whānau lens when designing a framework. This was contrasted with a global systems or whole population lens (that did not seem to reflect whānau rights, needs or aspirations):

"[Māori] want to be respected for who they are, where they're at, and where they need to be. And that's lost in a system that's driven by numbers." NGO

Person and whānau wellbeing were viewed as kaupapa-driven – based on Māori values, such as aroha (love, compassion) for people, manaakitanga (care and nurture), whanaungatanga (family, relationships), mana motuhake (autonomy) and tino rangatiratanga (authority). The whānau-centred lens was acknowledged as supporting the mana motuhake of people seeking support – their different goals, needs and ways to wellbeing. It recognised that Māori accessing ACC were diverse – some had short term injuries, while others had long term disabilities that required a different approach. A whānau-centred lens also supported an intergenerational outlook:

"I would demand ACC look at enduring models of care for Māori delivering to Māori that look 100 years in the future." Iwi

Outcomes are identified by the person and their whānau according to their concept of wellbeing

Important outcomes included people and whānau exercising their mana motuhake (agency, self-determination). Examples ranged from healing and recovery from injury through to mitigating trauma or difficulties, achieving whānau aspirations and intergenerational wellbeing:

"It needs to be left in the hands of whānau to make that decision… of what they're wanting to achieve. It's not up to any government department to make that decision for whānau." NGO

"What would happen if we were given the freedom to... design it from the whānau end up about what works for them, what they need, what they actually really value?" NGO

Outcomes should reflect that Māori live in a whānau ecosystem – they are collective and not just about the individual

Goals and outcomes for an individual sit alongside goals for wider whānau wellbeing. The wellbeing of the individual and the whānau are recognised as intertwined and interdependent:

"That person sits in that network, in that whānau, and the recovery needs to acknowledge and think about that." NGO

"You've got to deal with the whole whānau. You can't isolate and individual and say, 'fix that individual'." NGO

Outcomes are holistic, not compartmentalised by singular domains

There should be an opportunity to set goals across a number of domains such as wairua, hinengaro, tinana, cultural identity, social participation and citizenship:

> *"If things haven't come down right from wairua into hinengaro into tinana, it starts to express itself in the tinana. Things aren't right in tinana, it cascades back up into wairua." NGO*

Some stakeholders noted that Māori do not prioritise going back to employment first, they prioritise their whānau wellbeing. However, as noted by a stakeholder:

> *"That contradicts the Pākehā world view that if you are well, you can work." Iwi*

One NGO stakeholder put it simply:

> *"Whānau supporting whānau." NGO*

Another suggested that:

> *"It comes back to belonging… Taking your place, your whole whakapapa... the relationships that you have with everything... environment, your whenua, tangata." NGO*

Equity Matters

Achieving Māori equity was a constant and important issue raised by stakeholders. Equity was a non-negotiable framing of any future ACC health outcomes framework.

Equity of outcome is important

According to stakeholders, equity of outcome is very important. Discussion points included: equitable rates of the incidence and severity of multiple forms of injuries and reduced (unintended) deaths in the workplace and/or community settings:

> *"Equity isn't just a secondary counting process to measure the differential impact." Agency*

Equity of access is important

Examples of equity of access and improved accessibility noted by stakeholders included higher and equitable rates of Māori engaging with ACC (based on needs and rights) and engaging in support or treatment offered.

A stakeholder noted the importance of distinguishing between equity and equality:

> *"Equal access does not deliver the same outcomes." NGO*

A great experience matters - what poor experiences look like

> *"The whole kaupapa around ACC has not worked for us." NGO*

Stakeholders consistently stated that Māori have poor experiences of ACC. Views included:

- a system and services that do not understand Māori:

"My experience with ACC is they don't get it, or they don't want to get it." NGO

- whānau did not feel that their mana motuhake was supported, instead experiencing a paternalistic, compliance-based approach
- a system that contributes to lower than anticipated access rates, poor experiences and inequitable outcomes
- a difficult to navigate system (and in some cases, there were expressions of anger and frustration)
- insights that Māori were more likely to be declined cover than others
- due to lack of information, access to support is heavily reliant on case managers and not all case managers were considered to be culturally safe or competent:

"The whānau that talk to me about their difficulty with ACC is the way it makes them feel personally, so they'd rather not bother, the time it takes to get a result, and the frustration with how they feel with trying to wade through [paperwork] and nobody's listening to the kind of rehabilitation they want, they're just trying to get them back to work quickly and off their books." NGO

"Because ACC are so challenging to deal in terms of what Māori hold dear, which is not to erode the mana of the individual, I feel that the [HOF] doesn't reflect the style or the method that Māori like engagement around... that means there's heaps of opportunity for change." NGO

Whānau experience affects engagement and access, and good experience is an enabler of better health outcomes. As Doyle et al (2013)[xviii] state:

"…patient experience is positively associated with clinical effectiveness and patient safety and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare." (p.1)

A great experience matters – what great experiences might look like

The following experience outcomes are identified as important by stakeholders.

Supportive and respectful interactions

Stakeholders suggested that for Māori to have a positive overall experience, whānau must have a warm, supportive experience with frontline staff. People and whānau must be treated with respect and treated fairly.

Accessing ACC and support should be 'easy' and not increase stress levels or create a sense of pressure to get back to work:

"All I want is a fair part of the pie. I want to be treated respectfully, I want to have access to the services I need in order to be well again, to return to work, to return to a full life." NGO

"Can you tell me what the menu of options is so I can get out of this quicker?' So active participation... I want to feel intact at the end of it." NGO

"In terms of relationships and what we need to engage meaningfully... we need to know that we've got those trusted relationships, that our korero is going to be

heard, respected, honoured, and our needs, cultural needs in particular, are going to be appreciated, understood, and met." NGO

Anti-racist and discriminatory systems and services

Respectful interactions are the antithesis of racist or discriminatory service delivery. Stakeholders stated that services should be delivered in ways that respected cultural and personal boundaries. Stakeholders talked about the prevalence of institutional racism in systems and services and the need for a workforce that delivered culturally safe care:

"People know they have a racist system but [are] not connecting it to poor clinical outcomes." NGO

Self-determined, person- and whānau-driven goals and pathways

Stakeholders identified that improving the experience of ACC included people and whānau feeling supported to identify their own wellbeing goals and pathways to achieving the same. They must have access to a wide range of supports, including supports outside of the Western medical model such as Rongoā Māori. Whānau should also be able to choose who delivers the support they are looking for. If this were the case, the mana motuhake of people and whānau would be respected and enhanced:

"It's around self-determination and rangatiratanga over your tinana, your whānau, your community, your environment, having some control over that bigger stuff... being able to access support, resources without having to beg for them." NGO

It would be the opposite of this experience:

"There's no authority in there, there's no choice in there, there's no option. It's not an easy to follow process." NGO

Question 2: What would an ACC framework look like that incorporated the Māori health outcomes that matter most?

Framing and consequent design incorporates a Māori worldview and prioritises what matters the most to Māori

A question asked during the engagement was how best to frame the ACC HOF from a Māori perspective. Several framing principles were discussed. The following list is a summary of five framing principles that seemed to resonate the most with stakeholders:

1. **Te Tiriti o Waitangi** – The recent Wai 2575 report recommended five principles for the primary health care system.[xix] The principles are applicable to other systems in Aotearoa. The five principles include[xx]:
    - i. **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of *health and disability services*.
    - ii. **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
    - iii. **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for

Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

iv. **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

v. **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

The Articles of Te Tiriti o Waitangi were also briefly discussed in the engagement, but most attention was paid to the Principles in the engagement phase.

2. **Rangatiratanga and Mana Motuhake** – these two kupu (Māori words) and principles are linked to Te Tiriti and are also used in their own right. They reflect a wide variety of meanings. For the purpose of this report, they were (simply) discussed as Māori authority (Rangatiratanga) and autonomy (Mana Motuhake) to exercise what is required to improve Māori equity (access, experience and outcomes) and wellbeing. These principles also include the primacy of tangata, whānau, hapū and iwi voice.

3. **Kaupapa Māori and Mātauranga Māori** – similar to Rangatiratanga and Mana Motuhake, these two kupu (Māori words) and principles are linked to Te Tiriti and used in their own right. For the purpose of this report, kaupapa Māori is defined as a Māori way of being, doing, thinking and acting. Mātauranga Māori is defined as Māori knowledge systems. Both principles are inter-connected and mutually reinforcing.

4. **Equity** – the Ministry of Health definition of Equity was discussed the most. It is:

> *"In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."*[xxi]

Equity is also characterised by three components: access, experience/quality and outcomes[xxii].

5. **Tangata, whānau, hapū and Iwi aspirations –**often referred to as the heart of the framework, Māori aspirations were deemed central to ensuring the framework was built upon what matters the most.

6. **Whānau Ora** – literally interpreted as family wellbeing, Whānau Ora was also associated with the approach endorsed and invested in by government through the Whānau Ora Commissioning Agencies and associated Whānau Ora policy. The importance of whānau as a collective, and wellbeing contextualised by whānau as part of a broader ecosystem, was important to all stakeholders.

It was agreed by stakeholders that the current HOF framing and general outcomes design did not resonate with them nor was it likely to resonate with whānau, hapū and iwi. Stakeholders suggested

that the framing of the draft HOF could be improved to align with kaupapa Māori and mātauranga Māori. As one stakeholder noted:

"If we erode [Te Tiriti principles] away, we just become more invisible." NGO

Stakeholders considered partnership with Māori as fundamental to the HOF's success:

"I think an ACC framework would start with who's in the governing positions, all that influence stuff, feeling like a Treaty partner as opposed to subservient in the relationship." NGO

"What's driving the framework - the statutory obligations, or the outcomes to their clients?" NGO

They also noted the disconnect between the framework and Māori health aspirations:

"I don't see any sign that Māori aspirations are there... there's no link back… that whole framework doesn't work." Agency

Some stakeholders stated that language and perspective of the HOF appeared to be paternalistic and too centred on compliance.

"[The language is] too paternalistic. Is it any wonder that people don't engage?" DHB

Another very strong theme was the need for a paradigm shift, which aligned with the themes presented for Question 1.

Multidimensional outcomes informed by a Māori worldview

As noted in Question 1, Māori stakeholders stated that outcomes should be multidimensional and informed by a Māori worldview. This point is reiterated here to reinforce its importance to what a 'good' ACC framework would look like for Maori. See Question 1 for more details.

Features that support implementation success are clarified and embedded[1]

Action-oriented

As described previously, stakeholders wanted to see ACC take action:

"It's usually not the health outcome framework that's the problem. If they did anything at all... it would be an improvement on what they're doing at the moment." National Māori Workforce Body

Outcomes and pathways to achieve results must be specific:

"There has to be more specificity about what they mean – otherwise the system can use ignorance as a reason to do nothing. They have to start clearly… and break it right down... to a granular level." Agency

[1] Note that some of the features also align with Question 3.

A framework must be accompanied by a meaningful action plan with short, medium and long-term goals in order to change institutional culture and behaviour:

> *"I'm much more interested in how you flow [a framework] through to create some real change within the services." NGO*

> *"You can have all the frameworks in the world, but [you need to know] 'what does that actually mean in application, what is it that I should be expecting, what is it as my role as a funder [in ACC] to help enable those providers?' NGO*

The framework's logic must be sound, with achievable goals.

> *"Unless you know how you're going to get to that health outcome, don't put it in just because it's Māori and it looks good... make it realistic." NGO*

Meaningful action and the ability to measure progress and impact required an excellent understanding and use of data around outcomes and drivers of inequity. A stakeholder stated that it would be better to do this properly in just one area rather than do it poorly across several areas:

> *"[They could show] 'this is what happens when you truly break it down and actually really do an equity assessment'." Agency*

ACC's accountability for performance is clear

The need for accountability throughout ACC was a theme in the data. This included the responsibility for leading and implementing the HOF:

> *"[This outcomes framework] really needs to be driven from a governance level... [they should] monitor it at every level right down to what whānau experience is." NGO*

There must also be leadership accountability for progress against the plan.

> *"Whose head's going to actually roll if we don't improve? It's not like any of this stuff is new... I haven't seen anything to give me that confidence that [current strategy] isn't just the same as it was 20 or 30 years ago." National Māori Workforce Body*

> *"Tie those outcomes to KPIs." Iwi*

Monitoring against the framework must result in change and adaptation where results are poor, followed by continued measurement and review. This use of data and change cycles should apply at all levels, including frontline and governance.

> *"I would like hard, measurable outcomes in terms of prevention, partnered, in terms of measurable time differences, not five years... in their annual reporting, what they had done... and when they hadn't achieved them, what strategies they would put in place to rectify the deficit of the year before." Iwi*

ACC's accountability to Māori is clear

Stakeholders also emphasised the importance of accountability to external Māori bodies:

> *"ACC has an opportunity here to take a really novel and therefore successful approach… if they ensure that they set themselves up to be accountable to Māori. At the moment the system is accountable to the system. The people who measure it are within the system." NGO*

Suggestions included a Māori Commissioner and a Māori peer national governance group:

> *"It's notorious and it's been notorious since... 1975. It needs a Māori peer national governance [group] as well, because they can't be trusted to do all this stuff." Iwi*

There was also room for Māori organisations to provide a framework, support implementation, and monitor against it:

> *"Here's a framework - go off and find a way to do this, and we'll sit here with you and monitor it." National Māori Workforce Body*

Co-designed

In accordance with adopting the person and whānau as a starting point, a meaningful framework would be co-designed by Māori and whānau who use ACC services.

> *"We need the people themselves so that their needs are not translated... based on the bias of the intermediary." NGO*

Co-monitored

The framework should also be designed and monitored by Māori experts and leaders who understand Te Ao Māori, kaupapa Māori, mātauranga Māori, and medical model interventions.

> *"[There must be a] paradigm shift… so that things are not defined what's best for Māori by those who don't know what Māori want." Iwi*

> *"We need to make sure that the KPIs for Māori are agreed with Māori." NGO*

Working across sectors

> *"What are the enduring features of this particular ACC framework that's going to join in with all the other areas that Māori are involved with, intergenerationally going forward?" Iwi*

The holistic nature of wellbeing and the need for a joined-up approach suggest that an ACC Māori HOF should work alongside and in conjunction with other government agencies:

> *"The premise is that health outcomes are derived from other outcomes... to be able to achieve a health outcome... there needs to be a concerted effort on whānau ora... within a framework of looking after whānau as the smallest [unit]." NGO*

Consequently, the framework should align with relevant strategies and documents such as Wai 2575 and the Ministry of Health's *Pae Ora* (Healthy Futures for Māori) framework and Whakamaua (the Māori Health Action Plan).

However, stakeholders also cautioned that if other strategies were considered to be 'top down' or paying 'lip service', it was better for the ACC framework to differ.

Indigenous models, frameworks, definitions, and measurement of outcomes

Definitions and data

An outcomes framework for Māori health requires definitions and data that are sensitive to indigenous specific results and approaches, as well as 'what works' for Māori in general:

"If we measure it in Pākehā ways, of course we're going to find flaw in it." NGO

A variety of frameworks and models were also mentioned during the engagement. Examples include:

Whānau Ora

The Whānau Ora outcomes framework, measures and ways of analysing data was favoured by many stakeholders. As noted earlier, Whānau Ora is described as an approach which supports whānau to achieve their aspirations. Whānau self-direct decision making as individuals within the context of their whānau. It is a strengths-based and abilities framework aimed at maximising whānau potential[xxiii]. The seven outcomes domains include:

- Self-managing;
- Living healthy lifestyles;
- Participating fully in society;
- Confidently participating in Te Ao Māori (the Māori world);
- Economically secure and successfully involved in wealth creation;
- Cohesive, resilient, and nurturing; and
- Responsible stewards to their living and natural environment.

Stakeholders stated that framework and measures are flexible, in order to support mana motuhake:

"Because the outcomes are really wide and broad, we can fit things under each of those outcomes." NGO

"The measures will change depending on the kaupapa our whānau set." NGO

There is a focus on the quality of outcome in order to improve wellbeing:

"It's not just about getting them into a job, it's getting good jobs that are sustainable." NGO

In addition to measuring the achievement of outcomes, there are tools for measuring progress towards them (such as building confidence as a progress goal):

"It's making sure that when whānau identify their own success, that can be reported, as well as some of the measures that they might not even self-reflect as 'I've achieved the goal', but they're actually progressing toward that." NGO

The Whānau Ora Outcomes Framework is outlined below:

Figure 3: Whānau Ora Outcomes Framework (Source: Te Puni Kōkiri)

Stakeholders considered the Whānau Ora model was a "good fit" for ACC as it was a flexible kaupapa Māori approach that was easy to use, widely accepted, and was an existing outcomes framework:

"It's not a foreign approach to anybody." NGO

Te Whare Tapa Whā

Stakeholders described this in similar ways to Whānau Ora – an existing kaupapa Māori model that was widely known among government agencies, whānau, providers and easily understood. 'Te Whare Tapa Whā' means the four 'cornerstones' or 'sides' of Māori health. There are four domains of wellbeing:

- Taha Wairua (Spiritual Health)
- Taha Hinengaro (Mental Health)
- Taha Tinana (Physical Health)
- Taha Whānau (Family Health)

The model was developed by Professor Sir Mason Durie in 1994 and is widely recognised in New Zealand as a wellbeing model in health and more broadly.

Recently, a fifth cornerstone has been introduced – Whenua. Whenua represents one's connection to Land, which is recognised by Māori as part of identity and wellbeing[xxiv].

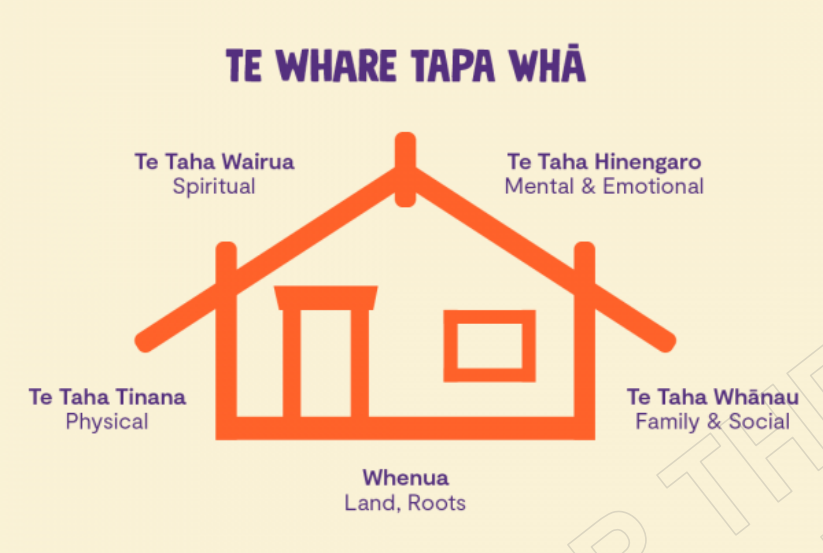


Figure 4: Te Whare Tapa Whā (Source: Mental Health Foundation).

Other frameworks

Stakeholders also mentioned the following as outcomes frameworks, strategic approaches and/or models of care, that ACC might find useful with respect to drafting a Māori outcomes approach:

- ***Waitangi Wheel*** – a self-assessment measurement framework for identifying and measuring personal or whānau goals[xxv]. The Wheel is customised to Te Whare Tapa Whā and has a Likert scale of 0-10. Whānau self-rate their progress linked to the four domains of wellbeing and the kaupapa (purpose) they are working towards. In the example shared during this report, the kaupapa was linked to a health promotion topic.
- ***Whānau Rangatiratanga framework*** - an outcomes framework published by Superu which captures wellbeing from a Te Ao Māori perspective, including wellbeing posited within the context of a wider social structure. Whānau Rangatiratanga principles include Whakapapa, Manaakitanga, Rangatiratanga, Kotahitanga, and Wairuatanga.
- ***Te Pae Māhutonga*** - is based on the Southern Cross Star Constellation. It is a health promotion framework developed by Professor Sir Mason Durie in 1999[xxvi].

  The four central stars of the Southern Cross represent four key tasks of health promotion:

  - Mauriora (cultural identity)
  - Waiora (physical environment)
  - Toiora (healthy lifestyles)
  - Te Oranga (participation in society)

  The two pointers represent Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy).

- ***Mahi a Atua*** - is described as a strategic framework that is based on indigenous knowledge, learning and feedback (https://www.mahiaatua.com/). It is designed to effect systemic change and it is also an intervention framework which uses pūrākau (Māori creation stories) to engage with and support whānau to achieve improved mental, health and cultural wellbeing outcomes. Mahi a Atua was designed by Di and Mark Kopua. It has also been described as "using knowledge of Māori deities to make sense of a situation"[xxvii].

The framework is informed by three mātāpono (principles):

- Hongi te wheiwheiā (embrace negative feedback)
- Ka mā te ariki ka mā te tauira (remain an active learner)
- Tēnei te po nau mai te ao (indigenise your spaces)

The framework prioritises addressing institutional racism and unconscious bias.

A point of difference of the approach is that it emphasises the practitioner or mātāora's (change agent) capability and skillset to deliver whānau outcomes. It uses 'negative feedback' to enable whānau to continually and honestly tell the practitioner how they are finding the process – as a cornerstone implementation process.

The framework uses *myoutcomes.com* to measure whānau outcomes. Based upon the premise of feedback-informed treatment by Scott D. Miller, it uses two scales to evidence outcomes: Outcome Rating Scale (ORS) and Session Rating Scale (SRS). As noted on the myoutcomes.com website:

> *"Using four visual analog scales, the ORS is an ultra-brief outcome measure that enables clients to provide feedback on their perceptions of their progress in achieving their therapeutic goals. Specifically, the four scales allow the client to provide a quantifiable measure of how they are functioning on a personal level, in their interpersonal relationships e.g., friends and family, their general social interactions, as well as a more global measure of their overall functioning that captures any critical areas not directly measured on the other scales. MyOutcomes® automatically plots each session's ORS on a continuous graph so that the therapist can determine if the trajectory of change is on course."*[xxviii]

Di and Mark Kopua designed a mental health and wellbeing model called Te Kuwatawata in the Gisborne area, using Mahi a Atua. Te Kuwatawata was heralded as a ground-breaking model which offered a kaupapa and mātauranga Māori inspired approach to mental health service delivery. As Dr Kopua states:

> *Mātauranga enables us to move away from only using western ideology to categorise distress while staying critical in our thinking as health professionals. We are not abandoning western psychiatric approaches: we are just putting other principles – such as relationship and community voice – forward as an immediate response. This helps us to respond quicker, closer to where people live and most importantly this makes people feel connected, rather than disempowered."*[xxix]

- ***Te Hiringa Matua*** – is a support programme for hapū (pregnant) women and families with children under 3 years of age. It is for whānau with serious addiction issues, which are usually intergenerational. Aligned with Mahi a Atua, three Māori health providers in Gisborne deliver this service funded by Hauora Tairawhiti[xxx].
- ***Pae ora – Healthy futures for Māori*** – is the Ministry of Health's framework[xxxi]. It is described as "the Government's vision for Māori health"[xxxii]. Pae ora – healthy futures, comprises three interwoven components:
  - Mauri ora – healthy individuals
  - Whānau ora – healthy families

- Wai ora – healthy environments.

Pae ora is used by the Ministry of Health as a core platform for its Māori health strategy. It is supported by a recently developed *(yet to be published)* Māori Health Action Plan 2020-2025 (Whakamaua).

Whakamaua is framed by Tiriti o Waitangi Articles, Principles, Pae ora (vision), four high level outcomes and four objectives. The high level outcomes and objectives are summarised below:

Four high-level outcomes

- Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
- The health and disability system is fair and sustainable and deliver more equitable outcomes for Māori.
- The health and disability system addresses racism and discrimination in all its forms.
- The inclusion and protection of mātauranga Māori through the health and disability system.

Four objectives

- Accelerate and spread the delivery of kaupapa Māori and whānau-centred services
- Shift cultural and social norms
- Reduce health inequities and health loss for Māori
- Strengthen system settings

- ***Te Wheke*** – designed by Rose Pere in 1997[xxxiii], uses the octopus as a metaphor for whānau health. The octopus head denotes the whānau and the eyes represent waiora (total wellbeing for the individual and family). The eight tentacles are health domains, which are interconnected:
  - Te whānau – the family
  - Waiora – total wellbeing for all
  - Wairuatanga – spirituality
  - Hinengaro – the mind
  - Taha tinana – physical wellbeing
  - Whanaungatanga - extended family
  - Mauri – life force in people and objects
  - Mana ake – unique identity of individuals and family
  - Hā a koro ma, a kui ma – breath of life from forbearers
  - Whatumanawa – the open and healthy expression of emotionxxxiv

Question 3: What means (strategies, policy, services or enablers) were suggested by stakeholders to support successful implementation of a Māori health outcomes framework?

Service-level means that support improved health and experience outcomes

Stakeholders discussed multiple ways that ACC could change the way it funds, delivers or acts towards Māori to improve outcomes. Discussion about enablers are included in this report to support dialogue about better experiences:

"What they really want to do and need to do is turn the system on its head." NGO

Easy to understand information

According to stakeholders, the ACC system is difficult to understand and navigate. Māori require easy-to-understand and easy-to-find information about ACC and entitlements:

> *"ACC needs to be more user friendly, more visible." NGO*

Easy to access ACC and service providers

ACC and service providers need to be easier to contact and respond in timely ways to whānau. Processes must be easy to navigate, with fewer forms and 'jumping through hoops':

> *"Shift it away from... the form you write at the doctors, and truly transform the experience whānau are having." NGO*

Relationships and partnership with frontline staff and providers matter

> *"We don't want handouts; we want to be part of the answer." National Māori Workforce Body*

As noted earlier, stakeholders suggested that frontline staff at ACC and service providers must build warm, genuine, supportive relationships and partnerships with people and whānau, to support improved experience outcomes. Staff must also be aware of bias and institutional racism, and practise in a culturally safe manner.

If this were the current state, whānau experience would be the opposite of these statements:

> *"They [whānau] don't say to me 'they're culturally incompetent'. They might go 'they're rude', they might go 'that person was helpful, but they leave all the time'." NGO*

> *"Our challenge was working with... some of the case managers. [Some] really understood it, [others had] an ingrained, old school mentality... who put lots of barriers up for us until they started seeing the outcomes, then they started to come on board... two years wasn't long enough, nothing came of it." NGO*

Meaningful partnerships between ACC and Māori, including iwi, hapū, Māori professionals and health leaders, Rongoā Māori practitioners, and kaupapa Māori organisations was deemed important:

> *"If under this framework there was greater expectation to work with kaupapa Māori providers, it would give whānau even more of a choice". NGO*

Trust matters

Trust and partnership were noted as foundations for exploring whānau goals and pathways to achieving the same. It was stated that trust and partnered ways of working also supported whānau and ACC to identify and articulate things that were not working.

In addition to enabling improved health and experience outcomes, stakeholders noted that the relationships themselves had the potential to heal and motivate:

"A lot of it comes down to relationships and being able to support [whānau] to build themselves up and give themselves a voice. Once they do, they're off." NGO

"My understanding from whānau [is they] just want a quality encounter. They want it to be real and have a proper outcome. They want to be valued and listened to and heard in that exchange." NGO

With respect to trust, the net trust score for Māori and non-Māori clients is outlined below:

Key Measure	Actual 2017-2018	Target 2018-2019	Actual 2018-2019	Target met?
Client net trust score	+25.0	+30.6	+24.0	No
Client net trust score (Māori)	+17.0	+30.6	+25.0	No

Table 2: ACC Client Net Trust Scores, 2017-2019 (Source: ACC Annual Report, 2019).

Fund a broad range of support and healing options

"All the kaumatua I've ever talked to are very, very clear that there is no one way only to good health." NGO

Stakeholders believed there should be a range of providers to choose from and the delivery of support should be more flexible; enabling whānau to choose ways to access services, who provides their services, and how long they receive services for. At present, choice is limited and is experienced as the opposite where entitlements are dictated. Agencies and providers were viewed as inflexible barriers to whānau achieving their goals:

"It's about us driving our own outcomes from our own ways and being who we are to … agencies are merely a tool, a support mechanism that is supposed to be behind us to do that." NGO

Suggestions made included individualised funding to allow whānau to access support outside of contracted providers, or to invest in ways to wellness that would not traditionally be considered 'interventions' such as accessing basic resources, or returning to their marae to learn their whakapapa, reo, and heal their wairua:

"Your prescription is 6 months off work, go back to your own marae, learn your whakapapa, learn how to korero Māori, learn how to weave, kapa haka... rather than 'here's a nicotine patch to try to get off cigarettes'." National Māori Workforce Body

"My worldview expects this to happen, but the clinical view says [something else], and I'm having to fit my worldview into this." NGO

Fund kaupapa Māori supports, including Rongoā Māori

Stakeholders suggested that options available should include kaupapa Māori services for both currently funded supports (such as home help and physiotherapy), other supports to meet wellness

goals (such as a supportive team of community members), integrated kaupapa Māori/medical model approaches, and Rongoā Māori.

Rongoā Māori may include wairua practitioners, mirimiri, and sessions with a kaumatua:

> *"What's happened to you to get to this state? Have you had a bit of a break down in your life... the wairua's going... and now your back's given out? Let's get you to see a Māori practitioner and they can work on the stuff that falls outside our scope as medical people." National Māori Workforce Body*

It was also suggested that governance and oversight of approaches that are currently not funded, including Rongoā Māori, must be designed and monitored by experts in that field:

> *"If [ACC] consult with [Māori] and we could be a partner at the table and defining what that might look like, I'm sure they would end up with much more and it would be a lot richer than [saying] 'we're now going to put massage therapy on the list'." NGO*

ACC completed a study in 2019 to understand access issues experienced by Māori and new approaches to "future-proof" improved Māori access. The study found that 76% of respondents reported they would use Rongoā Māori if it were available through ACC[xxxv].

A focus on prevention and programmes delivered by Māori providers

A system with good outcomes included high quality, kaupapa Māori, safety and accident prevention programmes. These programmes should be targeted to areas and work environments where Māori were disproportionately negatively affected:

> *"Often because of the kind of work [Māori] find themselves in, the areas of safety and preventable injury [are] outside of their control." NGO*

High quality programmes addressing safety factors associated with deprivation and stress, such as preventing domestic violence, were also described as necessary to reduce the incidence and severity of injuries to Māori:

> *"The model has been [to] employ Māori to deal with them under the construct of a government organisation... I think this is an opportunity to develop our own organisations to work with us in the ACC space." Iwi*

Devolution to Māori

> *"Is there a devolvement process that can be incorporated into this framework?" Iwi*

A strong theme in the data was the potential to devolve services and prevention programmes aimed at Māori, and fund local iwi and Māori organisations to deliver them (as noted earlier). Māori organisations were stated as being agile, adaptive and locally relevant.

Several stakeholders noted how agility was demonstrated by the ability of iwi, Māori stakeholders and providers to reach and engage with Māori communities during COVID 19.

"If you don't have the ecosystem it doesn't matter what you do, it's not going to support the practice that you need that's going to help engage with whānau... [ACC] is a very toxic culture and environment. It's not about people, it's about profit. It's business driven. Those things are antithetical [to a kaupapa Māori approach]. Give us our money so we can look after our own... let Māori look after Māori. With Whānau Ora we've proven we can look after our own." Iwi

"Everyone put their hands to the wheel when we had a single kaupapa. It was kaupapa-driven, not about 'us here, us there'." Iwi

System-level means that support improved health and experience outcomes

Stakeholders discussed multiple ways that ACC can change its structure and leadership settings to improve outcomes. Discussion about enablers are included in this report to support dialogue about better experiences:

"The system is prohibitive, it's not right." NGO

"ACC should be a system that serves everyone across the board... and should be able to accommodate the aspirational desire of everybody... that doesn't happen." NGO

Te Tiriti o Waitangi Partnership

ACC's Annual Report (2019) stated that ACC recognises the Treaty of Waitangi as a founding document of government in New Zealand. ACC confirmed that it supports the Crown in its Treaty of Waitangi relationships to deliver services and support equitable outcomes for Māori (p.69).

A strong theme from stakeholder data was the importance of a Te Tiriti o Waitangi partnership between ACC and Māori. Stakeholders noted that Te Tiriti relationships were noticeably absent in ACC (particularly when compared to activities in other government agencies):

"There's a whole relationship with Māori that's absent and has been for ages." NGO

"We need to develop a partnership that governs the way that we work together." National Māori Workforce Body

Te Tiriti relationships were noted as a common success factor for system-level change that improved the experience and outcomes of Māori.

"There needs to be a greater articulation of the type of relationship that ACC wants to have with Māori, and how they go about doing that." NGO

At an organisational level, stakeholders supported ACC partnering, and sharing power with:

- Iwi and hapū (and by default, whānau)
- Māori professional groups and sector leaders
- Kaupapa Māori organisations

Māori leadership at all levels of ACC

A meaningful sense of partnership with Māori required Māori leadership at every level within ACC:

> *"There's not enough influence in their structure. It doesn't matter how much you hear from the people… [ACC needs] senior Māori leadership at the table to influence, at least keep the stuff on the agenda." Agency*

Stakeholders also suggested that there must be a role for external leaders. A suggestion was to establish a Māori Commissioner or devolve to Māori the ability to commission ACC services:

> *"If you're sitting on the Board... there's a set of expectations and practices which relate to governance functions... it's not a Treaty based partnership. It's a function, it's a role.... but it's not quite what a partnership is." National Māori Workforce Body*

> *"I do agree that ACC needs its own commissioner, the same as health. So that in every sector we're going to have a Māori health commission or agency." Iwi*

Stakeholders identified that leaders and advisors on Māori health must be the right people and in the right place. Relevant factors included:

- being nominated to represent hapū or iwi
- sector knowledge
- wide networks into the community
- diverse and collective experiences
- institutional knowledge to give nuanced advice
- lived experience

Regarding the latter, several stakeholders stated the voice of Whānau Hauā (whānau with disabilities) is currently absent in ACC, in contradiction to the NZ Disability Strategy and Action Plan 2019-2023[xxxvi]:

> *"These decisions are being made often by able-bodied Māori who might have a health background but who have no understanding of disability… We've got the direct experience, we're the experts around disability because we live it, our whānau live it, we should have that voice, and we should be mandated by [iwi] to be that voice." Iwi*

Hickey and Wilson (2017)[xxxvii] suggest that:

> *"Policies for determining the rights of disabled persons need to include a Māori worldview of wellbeing and disability to better meet the needs of whānau hauā. Whānau Hauā offers a uniquely Indigenous approach for disabled Māori." (p.13)*

At the frontline, ACC staff and health/support professionals (including Rongoā Māori practitioners) must work together as a team to provide a joined-up approach. A partnership relationship between frontline staff and whānau was also deemed essential (as outlined earlier).

Integrity and accountability

"Too much hui, not enough mahi." National Māori Workforce Body

Integrity (or the lack of it) was a strong theme in stakeholder data. Stakeholders reported that Māori had already provided decades worth of advice about strategies to improve Māori wellbeing yet there was a lack of implementation:

"Māori have already done this work. We've already put together a framework. We know what the issues are... how many times do we have to keep doing the same piece of work over and over again?" NGO

"Is our advice not reaching you?" NGO

Stakeholders suggested that advice provided by Māori has been consistent but is often reworded to fit current institutional trends. However, the fundamental position is lack of action which has meant that Māori have had to repeat their advice which is frustrating and, in many cases, disheartening:

"Words change the emphasis but when you peel back the layers, it's really quite simple." NGO

One implication of this is that partnerships with Māori must be honoured and treated with integrity:

"[ACC] do a generic model, then they fit Te Tiriti o Waitangi into that model." Iwi

Another key suggestion was that internal and external Māori partners, leaders and representatives must have decision making power and mechanisms to hold ACC to account.

Innovative commissioning: Invest in kaupapa Māori solutions and devolve service delivery with barrier-free contracting

A strong theme among stakeholders was that improving Māori health outcomes required financial investment:

"To engage Māori sensibly using Māori networks and assessments in ways that will optimise care and outcome… will mean a radical redistribution of resources... the worried well will not get the same amount of resource." Iwi

"There's something about serious resourcing, serious commitment." NGO

Stakeholders suggested that if ACC's aim was to achieve equity (of access, experience/quality, and outcomes) and to "pursue what is right" (Whāia Te Tika), ACC's structure and the way in which providers are contracted must be reviewed. This required genuine partnership rather than lip-service:

"They have to review it with a sense of trust and respect." DHB

Stakeholders indicated that there is sufficient capacity and expertise in the sector to deliver more support services and prevention programmes to Māori. Stakeholders said Māori want to partner with ACC and government agencies in a more meaningful way but have struggled to do so:

"The Māori world is exploding with creativity, the need to have agency, we talk about rangatiratanga... but we've got no-one to partner with... that's why the Treaty is so important." National Māori Workforce Body

Māori organisations were viewed as having a better sense of what whānau really need:

"The [ACC] Injury Prevention team are too disconnected from people's reality." Agency

If more services were to be devolved or commissioned, stakeholders suggested it should be done in a flexible way with a sustainable funding framework. Processes needed to recognise that kaupapa Māori services often 'go the extra distance', providing support that is additional to what they are funded for. Often, this commitment can be at high organisational or personal costs; sometimes threatening the organisation's sustainability and placing unfair burdens on staff:

"A lot of the time with outcome frameworks, it misses all of the effort that goes into developing relationships." NGO

ACC processes also needed to recognise that kaupapa Māori approaches prioritise relationships over 'ticking the box'. For example, the time taken to build whanaungatanga and the importance of engagement consistency was not necessarily recognised in contracting processes and therefore not factored into contracts. Contractual reporting and outcome frameworks generally failed to capture these value-based approaches and outcomes:

"They're trying to run the Māori world view within the Pākehā way of getting paid." NGO

"If you're trying to do a Stay Well or promotional kaupapa, you can't maintain it within a structure that is really driven by so many rules." Agency

The standard approach of funding short term contracts (one or two years) also threatened provider and service sustainability, prohibiting long term planning and working in opposition to the local, relationship-based approach that is inherent in kaupapa Māori:

"The idea of purchasing a unit by itself is a short-term methodology." Iwi

Some stakeholders also commented on the perverse consequences of the lead or preferred provider contracting model in ACC. They stated it placed a disproportionate amount of power in the hands of large-scale, non-Māori providers who then subcontracted to smaller, local and sometimes comparatively vulnerable organisations. This was viewed as reducing the flexibility of options available to people receiving support from ACC.

One stakeholder identified the harm caused when kaupapa Māori organisations were not able to deliver truly kaupapa Māori services:

"I had to leave. For me... the fact that they were partnering with ACC and they were allowing these things to happen... it was really against my own values... It

says here this and this, but it's not real… If Māori don't get it right for Māori, then that makes us look even worse." Iwi

Holistic models that are kaupapa Māori and mātauranga Māori-driven

The use of holistic models of health, particularly those that are specific to kaupapa Māori (Māori ways of being) and mātauranga Māori (all forms of Māori knowledge), were viewed by stakeholders as what should be the 'norm' in New Zealand. Whāia Te Tika acknowledges the importance of Māori views of health and wellbeing to ACC's success. Hayward et al (2017)[xxxviii] evaluated an ACC Māori injury prevention programme called 'My Home is My Marae'. They acknowledged key success factors were based upon the practical expression of Māori leadership, Māori values and approaches such as mana tangata (reputation, respect and credibility), manaakitanga (showing care for people), kanohi-ki-te-kanohi (face-to-face approaches) and capacity building for kaimahi (workforce), whānau and providers. This included:

"…a more holistic approach to health that better aligns with Māori approaches and understanding of health and wellbeing." (p.7)

According to stakeholders, ACC and the majority of health services they fund currently operate according to a medical model that compartmentalised issues within an individual framing, and divorced that person from their whānau and the context they live in:

"Just to address one side and not address the other is the problem." NGO

According to many stakeholders, ACC must do more to combat perceived institutional racism, bias, and discrimination. Effort must be cascaded throughout all levels of ACC and the ACC system, with a focus on the frontline (delivered by or contracted by ACC):

"The whole institutional racism, bias, discrimination comes because we are compartmentalising wellbeing and health." Iwi

"It doesn't represent a safe place to engage for Māori at the moment." NGO

Stakeholders identified the necessity of meaningful implementation of a whānau-driven, holistic model for frontline workers to use with people and whānau to achieve their goals. Māori models and frameworks that were discussed are outlined throughout this report.

Delivery and funding approaches were also described as requiring collaboration and should be joined up at the frontline (e.g. between ACC case workers, health professionals, and Rongoā Māori practitioners) and at leadership and funding levels (such as between ACC, Ministry of Health, and Whānau Ora Commissioning Agencies):

"We've got an opportunity here to be one side of that bridge, with our traditional healers being the other side, and work for the better of Māori and improve those outcomes, but also show off to the world and to New Zealand how good indigenous healing and culture can be." National Māori Workforce Body

Māori workforce development

Stakeholders suggested that Māori were underrepresented in the ACC workforce, lending to its image as a monocultural organisation. According to stakeholders, Māori staff were (officially or unofficially) tasked with representing Māori within the organisation and were viewed as a lone voice, whose work to advance Māori wellbeing was often not honoured:

> *"It's [expletive] hard work when you're the only one as well... you're a cog in that wheel of... propping them up to continue doing what they're doing." NGO*

> *"I think about the Māori workers working in there, like many other agencies, it seems to be a constant struggle to the level of resourcing that's required, so those equity issues, equitable resourcing, that whole understanding of value, of the contribution, Māori worldviews." NGO*

Between doing their jobs, dealing with institutional racism, and often putting in extra effort to promote Māori outcomes, staff in the system were viewed as have limited energy to devote to their own hauora and cultural identity. While there were now more Māori health professionals, including Māori in clinical leadership positions, they were viewed as having minimal time and energy to mobilise and collaborate with their peers to advance Māori wellbeing:

> *"Even when we've got fabulous Māori leaders they don't stay, and generally there are a minimum amount of them." NGO*

Stakeholders suggested that ACC could recruit in different ways to attract Māori. The organisation could support its Māori workforce by acknowledging the stressors on the staff (including institutional racism), providing time and resource for Māori staff to access support they identified as useful, to provide more opportunities for staff to come together, honouring their voice and contribution, and offering a safe, kaupapa Māori space in the organisation.

The ACC Annual Report (2019) states that 12% of its ~3.500 permanent and temporary staff are Māori. This equates to ~420 Māori staff. The proportion of Māori in New Zealand's population is 16.5%[xxxix].

Address institutional racism

Stakeholders identified that institutional racism presented barriers to Māori at every level of society. In relation to ACC and support services offered, stakeholders noted the following perceived impacts of institutional racism:

- Difficulty for Māori to 'get in the door' to access ACC and funded/delivered services
- Interpersonal interactions when accessing services:

> *"Somewhere along the line, communication is being lost, or being ignored, not so much by the ignorant, but the arrogant, so how does that make me feel as a Māori? Am I being compromised because of my condition... because I'm Māori... or is it a combination of both?" Iwi*

- Not knowing about entitlements
- Funded supports are not holistic, or culturally safe or relevant:

"The models of care can't be divorced from recognising colonisation and racism."
DHB

- Health professional reticence to refer to Māori organisations due to non-Western approaches:

"If your mumbo-jumbo doesn't fit our science, then you're not credible." Agency

- Māori are not being taken seriously, contributing to a difference in assessments, diagnosis, and funded supports. The impact of racism on clinical decision-making leads to poor outcomes for Māori. One stakeholder described twelve years of advocacy before somebody finally received an MRI that diagnosed Multiple Sclerosis, because:

"Māori don't get MS." Iwi

Stakeholders were clear that starting to address institutional racism required more than staff training – that the culture of ACC required radical change:

"If racism was a psychiatric diagnosis... then the treatment is for the system, not for the whānau. We spend so much time on patient and population factors as if they're the problem when we know that the system is racist. So treat the system."
NGO

A culture of change

To break the rigidity of institutional thinking and build a genuine understanding of Te Ao Māori that is evident throughout ACC, stakeholders stated that a culture where reflection and change were constant and embraced, should be built. This culture would openly acknowledge institutional racism; be self-reflective at systems, team, and individual levels; adapt according to feedback and outcomes; embed Te Ao Māori and prioritise relationships.

WAHANGA TUAWHĀ: RECOMMENDATIONS

This section provides recommendations for ACC to consider. It is acknowledged that there is a considerable amount of information outlined in this report for ACC to digest.

Based on the findings in this report, we recommend that ACC:

1. **Consolidate** the information in this report with other sources to inform the next steps.
2. **Continue** to engage genuinely with Māori stakeholders to seek constructive critique of the next iteration of the HOF and its value for Māori.
3. **Consider** a rapid co-design approach with Māori (internal and external) to support the next iteration of the HOF for Māori.
4. **Distinguish** Ends from Means and use this to clarify future design.
5. **Acknowledge and adopt** Māori stakeholder advice about reframing the HOF to incorporate Te Ao Māori (a Māori worldview). This includes prioritising framing linked to Te Tiriti o Waitangi, kaupapa Māori, mātauranga Māori, rangatiratanga, mana motuhake, equity, Māori aspirations and whānau ora.
6. **Acknowledge and adopt** Māori stakeholder advice about the conceptual design of appropriate outcomes for Māori (ends) and what a future framework might look like
7. **Acknowledge and consider** Māori stakeholder advice about ACC reputational risk and take urgent actions to mitigate the same.

We note that we have incorporated data or published facts that speak to what ACC is doing, aligned with some of the criticisms. These facts were based on publicly available and provided information. However, it is outside the scope of this report to 'answer' or respond specifically to critique about ACC.

This report will be submitted to the Head of Health Intelligence and Insights for consideration. A key message is that a high-quality, Māori-specific HOF, with concomitant resourcing and a clear implementation roadmap, will be a positive step forward for ACC.

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[xiv] Statistics New Zealand (2020). *National ethnic population projections, by age and sex, 2013(base)-2038 update.* Accessed 20 May 2020, from http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7935&_ga=2.95936985.454645565.1590983925-1587887952.1590983925#. Statistics New Zealand A. (2020a). *Table 4: All claims for work-related injury by district health board 2018 (provisional).* Accessed 20 May 2020, from http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7935&_ga=2.95936985.454645565.1590983925-1587887952.1590983925#

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[xvii] Annual Report, 2019, p.69.

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