Tikanga Guidelines

→ Background
→ Whanaungatanga
→ Hauora
→ Whanau Ora
→ Other Important Tikanga Guidelines
→ Te Hononga: Resources
BACKGROUND

MAI TE TIMATANGA (BACKGROUND) TE KAUPAPA (MISSION)

The aim of this booklet is to provide a guideline for working with Maori in primary health care. It will contribute to providing services that are responsive to Maori rights/rites, needs and interests. It is expected that if these ideas are implemented you will contribute to Maori health gain. This guideline is founded on Maori concepts, views of health, Tikanga (Maori values/practices) and Te Tiriti o Waitangi.

This guideline outlines key principles of Tikanga and provides practical guidelines and processes for all members of the general practice team to follow. Central to this guideline is the expectation that all users of health services are treated with dignity and respect. In turn users of health services are expected to behave respectfully.

REALITY OF BEING MAORI

The Maori population is as diverse and dynamic as any other population and can be described and defined in many ways.

In the 2006 census 565,329 (15%) of the total population identified themselves as belonging to the Maori ethnic group. 643,977 people (18%) of the total population indicated they had Maori ancestry. The Maori population is young – 53% are aged less than 25 years. Maori birth rates are higher than non-Maori and well above replacement level, contributing to a growing Maori population, and after a widening gap in life expectancy between Maori and non-Maori over the 1990’s the gap has stabilised and is currently about 7.6 years.

In 2010 Te Tai Tokerau PHO had 60959 registered population with 48% Maori enrolled. Of this one third live in deprivation area 5.

Maori have higher rates of illness and living with disease, yet studies show that Maori access primary care less, have less tests and investigations ordered and less follow up than non-Maori. Maori avoid seeking health care, or present late in their disease process, they miss vital cues to changing health conditions. They are often whakama, shy or unable to articulate their health needs clearly, or they are embarrassed about their poor health circumstance and become fearful and vulnerable to judgement. In summary, Maori have the worst health outcomes of all population groups in New Zealand.

These are all reasons for a sensitive approach and for validating the importance of cultural competence. Awareness of health inequalities should brighten our view of the Maori patient and their whanau, strengthening our resolve to not let them melt into the background.

These guidelines will help you to connect with whanau, be therapeutically effective, and to conscientiously widen the pool of solutions by bridging clinical and social networks in a single visit, in concordance with the patient.

Inequity – is underpinned by social justice. Inequity refers to a lack of fairness while inequality compares groups to each other. Health outcomes for Maori as a population group, indicate that they experience both.
3P FRAMEWORK

The Treaty of Waitangi is acknowledged widely as a platform for building partnerships of integrity between mainstream health providers and Iwi Maori Hauora. The principles of Partnership, Participation and Protection are renowned in health service delivery as a way of connecting the Treaty of Waitangi to clinical practice. Te Tai Tokerau PHO have reconstructed the engagement framework by shifting the practice paradigm from the common three P’s to a new ‘P’ trio – focusing on People, Places and Processes.

Partnership, participation and protection recognise the institutional organisational level and responsibilities towards setting the scene for whanau ora approaches to service delivery. It’s about values, policies and relationships. It’s about working with broader community Maori groups, so that appropriate valuing of relationships within the community can occur. It’s about being open to community feedback with community organisations.

The new 3P trio, brings the high-level principles of Te Tiriti o Waitangi down to the interpersonal level of engagement between the health practitioner and the patient, with emphasis on the People, Places and Processes. It’s about interpersonal and personal encounters, individualised feedback.

This paradigm emphasises consideration for the People, within THE context, or Place where the service is being delivered while utilising best practice Processes that ensure patients receive quality health care.

TIKANGA

Tikanga (noun) is the correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context. Tikanga is about principle, values and spirituality. For keeping this definition in your mind, we could break this down:

‘Tikanga’ – tika -meaning right,

nga- meaning plural or more than one

You could think of Tikanga as: To do many right things (bringing People, Places and Processes) together in the best way.

FTQ or First Time Quality is a quality measure of performance guiding the practice of:

• doing the Rights thing,
• with the Right people,
• in the Right way,
• The first time, every time you engage them.

Maori beliefs, values and concepts are inherited, practices and passed from generation to generation. They comprise the Tikanga or the Right things for the whanau and the Right way.

Te Hononga means the connection, the relationship or bond. In this case we make the reference to connection or joining between people, their important places and their lifestyle through time honored processes, accessing a ‘wellspring’ of unlimited health opportunities.

Te Puna Waiora is this metaphorical ‘wellspring’. Puna – pool/ pond, Waiora – wellbeing. Four key relationships exist in this puna.
• Mana Atua (Gods, or higher power)
• Mana Tangata (other people – iwi, hapu, and Whanau)
• Mana Whenua (land)
• Mana Tupuna (ancestors)

**Mana** (noun) prestige, authority, control, power, influence, status, spiritual power, charisma often referred to as authority;

**Mana** (verb) binding, effectual or valid. The strength of binding.

**Mana** in the context of Te Hononga, acknowledges that there is a ‘power in the bond’ between us and our God, ourselves and other people, ourselves to our land and ourselves with our ancestors. These relationships are vital in maintaining balance and empowering individuals and whanau throughout their life journey. The strength of this bond, or binding is effectual upon relationships of trust. Where there is great trust, there is a great bond, reliability, and relationship.

Stephen Covey in his work ‘7 habits for Highly Effective People’ presents that relationships of trust are built on individual trustworthiness. He says that an emotional relationship account is comparable to a financial bank account where you can make both deposits and withdrawals. Six major deposits contribute to the type of engagement in relationships that earns respect, trust and MANA.

1. Understand an individual- seeking to understand another person is probably one of the most important deposits you can make, and it is the key to every other deposit

2. Attending to the little things- little kindnesses and courtesies are so important. Small discourtesies, little unkindness’s, little forms of disrespect make large withdrawals. In relationships the big things are the little thing.

3. Keeping commitments – or a promise is a major deposit, breaking one is a major withdrawal. In fact, there’s probably not a more massive withdrawal than to make a promise that’s important to someone and then not to come through.

4. Clarifying expectations –The deposit is to make the expectations clear and explicit in the beginning. This takes a real investment of time and effort up front, but it saves great amounts of time and effort down the road. When expectations are not clear and shared, people become emotionally involved and simple misunderstandings become compounded, turning into personality clashes and communications breakdowns. Clarifying expectations sometimes take a great deal of courage. It seems easier to act as though differences don’t exist and to hope things will work out than it is to face the differences and work together to arrive at a mutually agreeable set of expectations.

5. Showing personal integrity – personal integrity generates trust and is the basis of many kinds of deposits. Lack of integrity can undermine almost any other effort to create high trust accounts. People can seek to understand, remember the little things, keep their promises, clarify and fulfil expectations, and still fail to build reserves of trust if they are inwardly duplicitous. Integrity includes but goes beyond honesty. Honesty is telling the truth – in other words, conforming our words to reality. Integrity is conforming reality to our words- in other words, keeping promises and fulfilling expectations. This requires an integrates character, a oneness, primarily with self but also with life.

6. Apologise sincerely when you make a withdrawal. – When we make withdrawals from the Emotional Bank Account we need to apologise, and we need to do it sincerely. Great deposits come in the sincere words:

   ‘I was wrong’

   That was unkind of me’

   I showed you now respect
I gave you no dignity and I’m deeply sorry
I embarrassed you in front of your ... and I had ...

It takes a great deal of character strength to apologise quickly out of one’s heart rather than out of pity. A person must possess himself and have a deep sense of security in fundamental principles and values to genuinely apologise. Sincere apologies make deposits; repeated apologies interpreted as insincere make withdrawals. And the quality of relationships reflects it. It is one thing to make a mistake and quite another thing not to admit it. People will forgive mistakes, because mistakes are usually of the mind, mistake of judgement. But people will not easily forgive the mistakes of the heart, the ill intention, the bad motives, the prideful justifying cover-up of the first mistake.

RITUALS OF CONNECTION

These are the specific engagement activities for rapport building. In the world of Maori these include ceremonies of welcome, greetings and language. They can be simple rules that guide practices of respect while also offering sound reason for process.

The purpose of a ‘ritual of connection’ is to maintain integrity in these four key relationships.

- Mana Atua (Gods, or higher power)
- Mana Tangata (other people – iwi, hapu, and Whanau)
- Mana Whenua (land)
- Mana Tupuna (ancestors)

Te Tatatau pounamu is ‘the way in’. It’s a beginning. It is the door through which other journeys begin and progress. Living by ‘tikanga’ provides a rite of passage to these relationships holding the power of knowledge and strength to lead families confidently to places of wellbeing.

Example: Formal rituals of connection can be observed in the process of powhiri – formal welcome onto a marae. Engaging the right people to perform the right tasks, in the right way, is essential. Informal processes of welcome, requires similar consideration. In a much less formal way, we maintain the purpose to facilitate health - joining and connection, through the best process.

TIKANGA GUIDELINES

Many Tikanga are commonly understood and shared across Te Ao Maori (the world of Maori). These general practices are shared in this document, as a tool for your practice. Changes in modern lifestyle and a parting from traditional ways, reflect that not all Tikanga hold the same value for all Maori.

A set of guidelines for clinical practice may help to establish generalized and acceptable practices in the Maori world to strengthen engagement. This is a caution, calling for sensitivity as this will not apply to all people. This requires modification and adjustment until the prize of connection and support to the whanau and individuals is won.

The goal of a clinical intervention is to create and facilitate opportunities, allowing process of health (joining) to happen. By respecting the ‘mana’ of a person we tap into their strength and confidence to ‘self-manage’. Five simple Tikanga will provide a safe entry to this place of shared confidence: Be kind, be clear, be loyal, to keep promises and say sorry if you do something wrong.
TE HONONGA – TE TAI TOKERAU PHO CULTURAL PHILOSOPHY

Te Tai Tokerau PHO uses a bridge as a metaphor describing connection between the population and health services. Service delivery requires a strict focus on influencing positive relationship building, intentionally creating and facilitating opportunities that allow processes of connection to occur.

Te Tai Tokerau PHO upholds the bridge building skillfully weaving People, Places and Processes as a framework, to ensure access to health services and to maintain viability of service across complex barriers improving health outcomes for Maori.

Conscientious efforts engaging Maori, improves trust in therapeutic relationships. The practitioner gains increased information and can negotiate difference better, through connected styles of communication. The patient in turn has improved satisfaction of service and is more likely to understand and commit to a collaboratively mapped treatment plan.

Three principles of practice are mapped out to support this pathway:

1. Whanaungatanga - Connectivity with whanau
   - Therapeutic engagement – knowing how, developing trust and rapport, getting past go

2. Hauora – Clinical responsiveness - SALAME
   - S- Support / A- Assessment / L- Linking /A- Advocacy / M- Monitoring /E- Education

3. Whanau ora – Connectivity and flow in the broader health system / collective contribution/ social capital
   - Complete comprehensive needs assessment
   - Appropriately refer to full range of complementary services with minimal delays.

CULTURAL COMPETENCE

Providing a quality service is what we are about. Cultural competence is everyone’s responsibility and is part of providing a quality service. Being aware of the needs and worldview of others enables us to communicate and understand their reaction to our service.

Cultural competence is the application of knowing and doing the RIGHT things.

The Health Practitioners Competence Assurance Act 2003 requires registration authorities to set standards of cultural competence, review and maintain the competence of health practitioner and set standards to ensure ongoing competence.

The Medical council of New Zealand has defined cultural competence as:

*Cultural competence requires an awareness of cultural diversity and the ability to function effectively and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitude s, skills and knowledge needed to achieve this. A culturally competent doctor will acknowledge:*

- That New Zealand has a culturally diverse population
- That a doctor’s cultural and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship
• That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding (Medical Council of NZ statement on cultural competence):

In the Health and Disability Code of Rights, Right (13) states ‘every consumer has the right to be provided with services that take into account the needs, values and beliefs of different cultural, religious, social and ethnic groups.’

Recommended Best Practice is a term that indicates a method of delivering a product or service in a way that provides optimal outcomes and achieves optimal performance of a process in most instances. It is the best way of doing something, given current knowledge, research, benchmarking and resources.

OTHER COMMON TERMS AND DEFINITIONS

Wairua  Spirit or spirituality – A recognition that Maori view of spirituality is inextricably the wellbeing of the patient. Spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri.

Aroha  Compassionate love. The unconditional acceptance which is the heart of care and support.

Turangawaewae  A place to stand. The place the person calls home, where their origins are. Must be identified for all Maori patients.

Whanaungatanga  Relationship, Kinship, sense of family connection. Takes responsibility for its members, their wellbeing and broader inter relationships with others.

Tapu/ Noa  Sacred/ profane. The recognition of the cultural means of social control/norm envisaged in tapu and noa including its implications for practices in working with Maori patients.

Manaaki  To care for and show respect to. Services show respect for Maori values, traditions and aspirations.

Kawa  Protocol of the marae, land, iwi. Determines how things are done in various circumstances. Respect for kawa is very important. If the kawa is not known the Tangata whenua should be consulted.

Karakia  Prayer, blessing, incantation. Shared at almost all occasions and part of lifestyle.

Tupapaku  Deceased person. Deceased is elevated to a position of respect during tangihanga (funeral and burial).

Marae  Place of Maori practice. Place of belonging and link to past generations and the future. Comprising of meeting house, marae atea, and dining room and ablution facilities.

Whakapono  Truth, Loyalty

Whakamana  To make right – empower

Tika  Right

WHANAUNGATANGA

KAUPAPA: To establish a therapeutic relationship with the patient to affect positive health outcomes, by becoming aware of whanau dynamics and responding to the patient holistically.
PRINCIPLES

- Establish rapport quickly – Move past superficial features quickly
- Increase confidence in self and the person
- Help the patient to feel valued, and cared for. *Will they return? How would they describe their experience?*
- Awareness of realities affecting Maori
  - Maori avoid seeking health care or present late in their disease process
  - Miss vital cues to changing health conditions
  - They are whakama – shy, or unable to articulate clearly their needs
  - Or are embarrassed about the poor health circumstances that may have precipitated their illness

EVALUATION

- *How well did you connect with the patient and their whanau? Engagement – rapport – mutual respect*
- *Was there cultural regard for the patient’s values? How did you demonstrate that?*
- *What is the value of your service to the patient?*
- *Did the patient receive treatment and support in the most dignified and respectful manner?*

GREETINGS

- The face of the medical practice is reception. The reception is often the first person a patient sees and the first contact the patient has with your primary care team. Using a welcome phrase like ‘kia ora’ or ‘welcome Mr…’ will enhance a sense of welcome.
- Ensure to attempt to pronounce Maori names correctly and ask when unsure.
- Endeavour to use the preferred name of the patient
- Make connections / links with the patient to support rapport building. Emphasis of any linking is to find common platforms for connection and should considerately honour the patient.
- Having Maori images in the waiting room or significant landmarks will give a sense of connectedness with the community and land.
- Having Maori magazines or Te Reo books in the waiting area will give a sense of acceptance of Maori being a part of our community.

WHANAU SUPPORT

- Be mindful that the term whanau can be broad to include others in the home not just blood relatives.
- Patients and whanau should be actively encouraged and supported to be involved and included in all aspects of care and decision making.
- If the patient seems reluctant to talk, include the support whanau in the conversation
- Be aware that a patient or whanau may wish to nominate a person to speak on behalf of the patient. This may happen when a patient is receiving palliative care in the home.
- The general practice team will acknowledge and actively involve the nominated person.
• A doctor will give serious consideration to whanau who ask to be present during a procedure.

• Whanau will always be around when death is expected and/or imminent. The patient will never be left alone, not even at night.

HAUORA

KAUPAPA: To provide excellence in health care treatment and intervention. This includes ease of access to service, appropriate information and treatment, empowerment through education and well monitored care.

PRINCIPLES

• Whanaungatanga first, Te Hononga – whakahono/ connect

• Whanau / Patient centred care

• Comprehensive assessments – First time every time

• Consider knowledge translation methods – sharing information in an empowering way

• Principles of partnership apply

• Transactional vs Transformational change

• Motivational interviewing techniques support the patient to overcome ambivalence

EVALUATION

• Did the patient receive the information, intervention, education they required? Right information, Right time, best way.

• Education/ Empowerment / Enlightenment

• How well did the patient and their whanau understand what is happening and what is required? Did they have their needs met?

• Did the patient have their questions answered?

INFORMATION AND SUPPORT

• Doctors, nurses and reception staff should introduce themselves and explain their role

• When obtaining registration details, accept that the Maori concept of ‘next of ‘kin’ may be broadly interpreted.

• Check that the ethnicity data is correct

• Where appropriate, ensure that patients are offered an interpreter or made aware of the right to have an interpreter.

• Ensure that SIA access nursing services and health lifestyle support are part of the care available to the patient and the whanau.

• Ensure information will be delivered clearly and in terms the patient and whanau understand

• Ensure the patient and whanau understand the information given

• Provide information in more than one way where possible e.g. Spoken and written, Maori and English
• Inform patients and whanau of the advocacy service provided by the PHO and the Advocates’ Trust
• If a health advocate is required, make referral
• Staff will provide verbal and written information and support regarding complaints procedures.
• Always check the patients’ questions have been answered.

**KARAKIA (BLESSINGS/PRAYER)**

• Be open to the offering of karakia before, during or at the end of a consultation. This will properly happen before a patient comes to the medical practice
• If a procedure is to be done or bad news is to be given during a consultation- encourage whanau support to be present and ask if the patient would like to start with a karakia
• Allow time for karakia if you know it is needed. The doctor/ nurse does not have to be present
• Karakia will not be interrupted unless the physical care of the patient is compromised
• Access to appropriate water and containers will be made for spiritual cleansing.

**SPECIFIC NEEDS: JUST ASK**

• Always ask – how does your whanau deal with health issues like the one you are experiencing right now? Is there anything we need to do, before we proceed with any further treatment?
• It is ok to ask patients and whanau it they have any special cultural, spiritual, language or other needs you can assist them with to ensure the care they receive is safe from their perspective.
• These needs will be documented in the relevant notes. Actively seek to ensure they are met.
• Often rongoa (Maori methods of healing) use is not disclosed, yet this could impact on the care being provided. Respect and support the importance and use of rongoa during care.
• Be open to negotiate, document and work collaboratively with Maori healers, patient and whanau regarding the use of rongoa.
• A simple request and explanation will be given, and consent obtained from a patient before touching them anywhere on the body and especially on the head.

**FOOD AND STORAGE OF VACCINES**

• Food will never be passed over the head
• Fridges/ Freezers used to store or medication for human consumption will be clearly identified and not used for any other purpose
• Do not store vaccinations in the same fridge as food
• Microwaves used for food will not be used for heating anything that has come into contact with the body.
• Tea towels will only be used for drying dishes
• Anything that comes into contact with the body or substances should be kept separate from food
• Receptacles used for drinking water will be solely used for this purpose.
• Do not sit on tables or workbenches and particularly on surfaces used for food or medication.

**TAONGA (VALUABLES)**

• Only remove taonga (valuables/ heirlooms) if leaving them on places the patient at risk; however possible taonga will be taped to their person.
• If risk is involved, consent will be obtained from the patient or whanau before removing taonga
• The patient and the whanau will have the option of removing and caring for taonga.

**LINEN**

• Differentiate pillows for the head and those used for other parts of the body e.g. White pillows for the head and dark coloured pillows for other parts of the body.

**WHEN GOING TO THE HOSPITAL**

• Whanau support services are available to support patients and whanau through all health care provided in Bay of Islands- Kawakawa and Kaitaia Hospitals
• If it is a planned admission ensure the patient and whanau have all the relevant information needed about their primary care, i.e. Care Plus folder, list all medications, GP’s name and practice records.
• If the patient will not be able to communicate encourage them to nominate a spokesperson to speak on their behalf and advise hospital staff on admission.
• If the removal, retention, return or disposal of body parts and/or tissue and/or substances is required, ensure the Whanau support services are contacted. They will guide the whanau through the hospital process.
• If an autopsy is required – Whanau support services will guide the process.
• Take time to explain the process involved in going to hospital. This will alleviate any unnecessary worry.

**WHEN GOING INTO A PATIENT’S HOME**

• Remember that you are a guest in the Patient’s home and will be honoured as such.
• Ensure to attempt to pronounce Maori names correctly and ask when unsure
• Endeavour to use the preferred name of the patient
• If there are shoes at the front door, take your shoes off as well
• Be prepared to share a ‘cup of tea’ with the patient, as hosting is important
• Acknowledge others in the room (a nod and ‘kia ora’)
• Do not sit on tables or workbenches and particularly on surfaces used for food or medication
• Differentiate pillows for the head and those used for other parts of the body. Do not sit on a pillow.
• Be aware that if death is expected or pending the preference is for care in the home.
• If death is pending, food will not be consumed around the patient
• Pending a following death, allow time for the whanau to exercise their beliefs and practices.
WHANAU ORA

KAUPAPA: The whanau ora service model considers the whole continuum and full range of service available to support the patient.

PRINCIPLES

• Know how much you can do – what is your contribution towards the patient journey? What will you encourage them to do for themselves?
• Extend naturally occurring resources – enhance problems solving and coping skills
• Build robust communication systems for easy reporting and reliability. E.g. Referral and feedback processes
• Utilise all the skills available in your team/ community.
• Build relationships with other services – know your community.

EVALUATION

• Did the patient receive a comprehensive needs assessment?
• Did the patient receive access to a full range of complementary services with minimal delays?
• Was the patient given enough information to understand the expectations of the whole journey?

REFERRALS

• Appropriate and timely referrals
• Monitor progress – is there a pathway for monitoring progress
• Ensure referrals are managed promptly and feedback is given to both the referrer and the patient - keep all parties involved

OTHER IMPORTANT TIKANGA GUIDELINES

PROJECTS AND RESEARCH – INVOLVING MAORI DATA

The Treaty of Waitangi principles of partnership, participation and protection will be actively addressed and undertaken in good faith when planning projects targeted to or including Maori. This will occur from the outset of the project, i.e. from the negotiating and formulation of the research to the final outcome.

Informed consent (written and verbal) must be sought from Maori participants and/or whanau involved in the project or research. This includes requests for body parts/tissue and/or substances (including genetic material) to be collected for research purposes.

Participants in the project or research will be informed of the outcomes in a meaningful way.

IDEAS TO IMPROVE YOUR TE REO

• Te Reo Maori is an official language of New Zealand and many Maori words are part of common New Zealand language. Learning Te Reo Maori enables you to communicate in a familiar way to Maori.
• Greet people using ‘Kia ora’
• Put up post-it-notes with the Maori word written on it for items around your practice
• Learn Waiata / songs
• Watch and listen to Maori language programmes or music
• Practice Maori words (names) or phrases safely in your office or home.

This booklet is a guide only and members of your PHO team are available to provide further advice, support and resources to help. Cultural training is also available through Te Tai Tokerau PHO. We can be contacted on phone 09 408 3142 or 09 407 3581.
# Te Hononga: Resources

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Te Hononga: Pamphlet</td>
<td>Small A4 pamphlet with a summarised version of Tikanga Guidelines (2012)</td>
</tr>
<tr>
<td>Te Hononga: Wall Poster</td>
<td>Large A2 wall size poster focusing on the three steps of patient encounter (Connect-Whanaungatanga, Action, Share (2013))</td>
</tr>
<tr>
<td>Te Hononga: Bookmarks</td>
<td>Bookmark version – easy reminder to sustain Equity approach to clinical practice</td>
</tr>
<tr>
<td>Te Hononga: Nursing Model of Care</td>
<td>A4 Poster of Northland Nursing Model of Care</td>
</tr>
<tr>
<td></td>
<td>In 2014 Nursing Leaders for Northland engaged community and nursing workforce to develop a model of care for primary and community nursing in Whangarei with subsequent reach across Northland.</td>
</tr>
<tr>
<td></td>
<td>Significant change to the current model is required to improve services for consumers and their whanau, and to use resources most efficiently. We need to be connected and coordinated, and address inequities in the health status of the population.</td>
</tr>
<tr>
<td></td>
<td>This change process is part of the development of the Neighbourhood Healthcare Homes concept for primary care. This project aims to develop consumer centred, comprehensive team based care that is coordinated and connects people to health and social resources.</td>
</tr>
<tr>
<td></td>
<td>The principles for this Model of Care are:</td>
</tr>
<tr>
<td></td>
<td>- Patient and whanau centred care</td>
</tr>
<tr>
<td></td>
<td>- Promotes meaningful connections</td>
</tr>
<tr>
<td></td>
<td>- Accessible and affordable</td>
</tr>
<tr>
<td></td>
<td>- Uses a population health approach to preventative and proactive care</td>
</tr>
<tr>
<td></td>
<td>- Nursing workforce works to the Top of Scope</td>
</tr>
<tr>
<td></td>
<td>By the end of 2015 Te Tai Tokerau’s Nursing Leadership team could see the value in presenting these principles in tandem with Te Hononga’s relationship framework to sustainably support the much-needed Equity approach. Thus, Te Hononga formed the basis for the Model of Care and is promoted in Te Tai Tokerau as the Northland Nursing Model of Care.</td>
</tr>
<tr>
<td>Te Hononga - Nursing Model of Care</td>
<td>Training – exercise table for Equity training session</td>
</tr>
</tbody>
</table>

---

Te Tai Tokerau PHO

Version 1

Equity Resource Toolkit

Author: HR Tait

Update due: July 2020
**Tikanga Guidelines**

**Tikanga**

Tikanga is about principles, values and spirituality. "Tikanga" - the right way, plural mahi tikanga. "Tikanga" are the values, practices and beliefs that form the basis of Maori philosophy and practice. It is the way things are done. Tikanga are deeply ingrained in Maori culture and are passed down through generations. Tikanga is about the way things should be done, not just how they are done.

In terms of our practice team there are four key areas:

1. **Connection**
   - This is the principle that all care should be based on a foundation of relationship, respect and trust. In terms of health services this means providing a welcoming and respectful environment for all clients.
   - It is particularly important when providing care to clients who may not have access to the health services they need.

2. **Comprehending**
   - This principle is about understanding and valuing cultural contexts, including social and cultural issues that may influence health and wellbeing.
   - It is about being open to learning and sharing knowledge and experiences with others.

3. **Engagement**
   - This principle is about being involved in and participating in decision-making processes.
   - It is about being active and taking responsibility for one's own health and wellbeing.

4. **Directed**
   - This principle is about being goal-oriented and focused on achieving desired outcomes.
   - It is about being purposeful and intentional in one's actions.

**Cultural Competence**

Cultural competence refers to the ability to understand and respect cultural differences and to provide care that is culturally appropriate and effective. It is about being able to understand and respond to the cultural needs of clients, and being able to work effectively with clients from diverse cultural backgrounds.

Cultural competence can be achieved through a number of strategies, including:

- **Education and Training**: Providing education and training for health professionals on cultural differences and strategies for working effectively with clients from diverse cultural backgrounds.
- **Cultural Sensitivity**: Developing an awareness of one's own cultural perspective and being able to adapt to the perspectives of others.
- **Collaboration**: Working collaboratively with clients and their families to ensure that care is culturally appropriate.
- **Shared Decision Making**: Involving clients in decision-making processes and respecting their cultural preferences.

**Equity Resource Toolkit**

**Version 1**

**Author: HR Tait**

**Update due: July 2020**
When the patient is going to hospital

Avoid worry by ensuring patient and whanau have all relevant information.

If removal, retention, return or disposal of body parts and/or tissue and/or substance is required—ensure whanau are contacted. If autopsy required—contact Whanau support

Ensure a well communicated discharge plan is in place when patient is going home with adequate medications, resources and referrals for support have been given.

When whanau support services are provided in the hospital by Moari health support teams. The role of these teams is to bridge the relationship between the patient/whanau and clinical staff, to ensure the patient’s needs are understood by the clinician and the clinicians message is understood by the patient.

In addition clinical staff effect best health outcomes in the shortest time.

When you are going into patient’s home

Remember you are a guest
If there are shoes at the front door, take your shoes off as well.
Be prepared to share a cup of tea with the patient as hosting is important
Differentiate pillows for the head and those for other parts of the body, Do not sit on pillows.
If death is expected, there is a preference for the patient to be cared for at home. Following death allow time for the whanau to exercise their beliefs and practices
Always check with the whanau, the best place for placing work tools/equipment, hand washing, placement of rubbish etc.

3. Whanau Ora

Principles
The principles of Whanau Ora are to support the whanau to access all range of services available in the least restrictive way and with minimal delays.

Referrals
To achieve Whanau Ora,
• Know how much you can do
• Know when you require the support of a community team
• Manage referrals promptly
• Give feedback to both the referral and the patient—keep all parties involved.

Ideas to improve your Te Reo
• Greet people using ‘Kia ora’
• Put up post it notes with the Maori word written on it for items around your practice
• Learn waiata / songs
• Watch and listen to Maori language programmes or music
• Practice Maori words (names) or phrases in your office or home
• Practice Maori words (names) or phrases in your office or home

Projects and research involving Maori
The Treaty of Waitangi principles of partnership, participation and protection will be actively addressed and undertaken in good faith when planning projects targeted to or including Maori.

Informed consent—written and verbal must be sought from Maori participants and/or whanau
Inform all participants in the project of the outcomes in a meaningful way.

Evaluate how well you have applied Tikanga to your practice by asking these questions:

1. Whanaungatanga: How well did you connect with the whanau? Did they feel they were treated in a respectful manner? (Self reflection—Who will tell you how well you connected?)

2. Hauroa: Did the patient receive the information, intervention, education they required? RIGHT information, RIGHT time, best way. Were the patients needs met? Did the patient have their questions answered?

3. Whanau Ora: Did the patient and/or whanau receive a comprehensive needs assessment? Were those needs met by complementary services with minimal delays?
TIKANGA GUIDELINES

1. Whanaunga

Principles
- Connecting with whanaunga means:
  - To develop trust and rapport
  - Open the flow of warmth, trust and communication
  - Listen
  - Offer encouragement and praise for achievement by noticing changes
  - Begin from where they are, acknowledging what they have made
  - Make them feel valued and capable, inspire with hope and possibility.

Greetings
- Use a warm welcome—by kia ora, and warm body language / hongi / handshake
- Use correct pronunciation of names / use preferred name / don’t shorten names / be honest
- Make connections and other links to build rapport
- Maori images or significant landmarks help connect to community and land.
- Maori magazines and books in Te Reo give a sense of acceptance of being Maori.

Whanaunga support
- Actively encourage and support involvement of whanaunga in all aspects of care and decision making. If patients seem reluctant to talk include support of whanaunga – patients may nominate a spokesperson.
- Create a space for whanaunga to be involved when death is expected, the patient may prefer to be cared for at home and not to be left alone.

Mana:
There is a power in the bond between people, their land, their ancestors and their God. By creating the RIGHT space and inviting whanaunga to connect with you in the spirit of that space, you can tap into their unlimited potential, broaden their pool of resources for problem solving, coping strategies and strengthen their confidence to self manage.

Manaktanga: reciprocity
I give to you and you give to me

Five simple Tikanga will provide a safe entry to a place of shared confidence with the patient:
Be Kind, Be Clear, Be Loyal
Keep Promises, Say Sorry
Always, Whisper To, Take, Whatamanga

2. Hauora

Principles
- Hauora’s activity means to connect the patient to their own support systems of wellbeing by:
  - Providing access to resources and addressing health needs
  - Answer questions
  - Develop new skills
  - Facilitate processes leading to the patients own healing.

Lio Teu says:
If you give a man a fish, you’ll feed him for a day.
But if you teach him how to fish, you will feed him and his whanau for a lifetime.

This mantra is the practice of self reliance and is the difference between a transactional relationship where we exchange goods and services to transforming a whanau’s capacity to self manage.

Training in “Motivational Interviewing Techniques” can help you address and overcome issues of ambivalence preparing the patient and whanau to grow and change.

Information and support
- Always introduce yourself and explain your role
- Check ethnicity is correctly recorded
- Check that information is given in the best way for the patient, both verbally and in writing
  - Always check the patients questions have been answered
- Provide simple explanations and tell the patient what you are doing
- Obtain consent before touching them on their body especially on the head.

Clinical Responsiveness
- Treat all people fairly and respectfully
- Provide best clinical care
- Coach self reliance and self management
- S - Support
  - A - Assessment
  - L - Linking
  - A - Advocacy
  - M - Monitoring
  - E - Education

Food and storage of vaccines
Food will never be passed over the head.

Fridges / freezers used to store medication for human consumption will be clearly identified and not used for any other purpose.

Do not store vaccinations in the same fridge as food.

Microwaves used for food will not be used for heating anything coming in contact with the body.

Tea towels will only be used for drying dishes.
Receptacles for drinking water will be used for this purpose only.

Do not sit on tables or workbenches—on surfaces used for food or medication.

Taonga (valuables / heirlooms)
Give patient or whanau options to remove taonga themselves. Only remove taonga if this places the patient at risk or tape if necessary. If removed obtain consent.
Connection to the People, Places and Processes
RIGHT - First time, every time

Te Hononga

TE HONONGA represents Te Tai Tokerau PHO's PHILOSOPHY OF PRACTICE

Waiau is metaphorically significant as the place where promises were made to Aotearoa People. To protect, shelter, connect through partnership and participation in activities of equitable benefit. The Waiau Bridge is a gift that offers a symbol of these promises.

With its single lane and passing bay, the bridge is a metaphor for relationship building in clinical practice.

Traffic coming in opposing directions can react on the bridge and use respectfully the passing bay (space) to negotiate safe passage across to the other side.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

Te Tai Tokerau PHO (Te Tai Tokerau PHO) is a document of promises for clinical services to Protect, work in Partnership and engage Waiau throughout active participation as they journey to a destination.

PRINCIPLES OF PRACTICE - Anaha, Whakapaipai, Tikanga Whakamana

In all aspects of clinical and organisational practice
Be kind - Be clear - Be Loyal - Keep promises - Say sorry

Whanaungatanga

STEP 1: Engage with the PEOPLE - Waiau, in the PLACES where you are, through PROCESSES that connect
- Technology, trust and support
- Open door to learn, trust and communication
- Ideas
- Offer encouragement, and praise for achievements by noticing change
- Begin where they are, acknowledge what they have
- Make them feel valued and capable
- Approach with hope and possibility

Hauora

STEP 2: PROVIDE COMPETENT CLINICAL INTERVENTION
- Identify and manage health risks: Educate, Encourage, Link and Support
- Provide assessment and intervention
- Address smoking
- Encourage self-management for wellness

Whanau ora

STEP 3: PROVIDE EQUITABLE ACCESS TO A FULL RANGE OF SUPPORT
- Access supports through the whanau network
- Provide whanau with the appropriate access to rangahau services available in the area: mental health and skillful mental health
- Engage community leaders for whanau support
- Engage whanau in prompt, accessible referrals with their support
- Encourage self-management for wellness

Whanaungatanga Evaluation

How well did I connect with the whanau?

(Good reflection: Who will tell you how well you connected?)

Did they feel they were treated in a respectful manner?

Hauora Evaluation

Were the patient's needs met?

(Night information, RIGHT time, in the BEST way, The FIRST time EVERY time)

Did they have their questions answered?

Whanaungatanga Evaluation

Did the patient and or whanau members receive a comprehensive needs assessment?

Were these needs met by complementary services with minimal delays?

Kaitaia Office
Ph 09 408 3142
Kerikeri Office
Ph 09 407 3581

www.tttpho.co.nz
**TE HONONGA: NURSING MODEL OF CARE**

**Connecting Care - Leading Change - Adding Value**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whanaungatanga</td>
<td>Connection</td>
</tr>
<tr>
<td>- First point of contact/ care – ‘every door is the right door’</td>
<td></td>
</tr>
<tr>
<td>- Assessment / screening</td>
<td></td>
</tr>
<tr>
<td>- Knowledge of local services</td>
<td></td>
</tr>
<tr>
<td>- Focus on equity – engagement</td>
<td></td>
</tr>
<tr>
<td>- Engagement with Iwi Maori Providers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Whanaungatanga</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health Literacy</td>
<td></td>
</tr>
<tr>
<td>- Cultural responsiveness / Equity</td>
<td></td>
</tr>
<tr>
<td>- Brief opportunistic interventions</td>
<td></td>
</tr>
<tr>
<td>- ‘What matters to me’</td>
<td></td>
</tr>
<tr>
<td>- Personalised care planning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Literacy</td>
</tr>
<tr>
<td>Cultural responsiveness / Equity</td>
</tr>
<tr>
<td>Brief opportunistic interventions</td>
</tr>
<tr>
<td>‘What matters to me’</td>
</tr>
<tr>
<td>Personalised care planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centralised triage system</td>
</tr>
<tr>
<td>Same day care</td>
</tr>
<tr>
<td>Patient will know who is in the team/ caring for them and their role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: Engagement</td>
</tr>
<tr>
<td>Nurse: Eliminate inequity /Quality improvement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Competent clinical intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauora</td>
<td></td>
</tr>
<tr>
<td>- Population health focus / health promotion</td>
<td></td>
</tr>
<tr>
<td>- Disease prevention /</td>
<td></td>
</tr>
<tr>
<td>- Risk stratification /Kia ora vision / wellness care – self management</td>
<td></td>
</tr>
<tr>
<td>- Patient / whanau centred</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hauora</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Clinical competency frameworks- e.g. Te Tai Tokerau Pathway to Competency – Knowledge and skills framework for Primary health care nurses</td>
<td></td>
</tr>
<tr>
<td>- Health pathways</td>
<td></td>
</tr>
<tr>
<td>- Clinical expertise / competence – training</td>
<td></td>
</tr>
<tr>
<td>- Personalised care plans</td>
<td></td>
</tr>
<tr>
<td>- Funding follows patient ????</td>
<td></td>
</tr>
<tr>
<td>- Patient - Self-Management</td>
<td></td>
</tr>
<tr>
<td>- Nurse - Competent clinical interventions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Share</th>
<th>Access for Whole of family to Whole of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whanau Ora</td>
<td></td>
</tr>
<tr>
<td>Access of service for whanau to complete range of services – within acceptable timeframes</td>
<td></td>
</tr>
<tr>
<td>- Integration/ collaboration</td>
<td></td>
</tr>
<tr>
<td>- Access to referral pathways</td>
<td></td>
</tr>
<tr>
<td>- Health literacy support to whanau</td>
<td></td>
</tr>
<tr>
<td>- Everyone Q. What’s next?</td>
<td></td>
</tr>
<tr>
<td>- Whanau assessment/</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Whanau Ora</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Communication / Health literacy -from the patient perspective</td>
<td></td>
</tr>
<tr>
<td>- Integrated service delivery</td>
<td></td>
</tr>
<tr>
<td>- Networking / collaboration – community development and directory</td>
<td></td>
</tr>
<tr>
<td>- Centralised referral system</td>
<td></td>
</tr>
<tr>
<td>- Shared record platform -Whanau Tahi</td>
<td></td>
</tr>
<tr>
<td>- Neighbourhood healthcare homes</td>
<td></td>
</tr>
<tr>
<td>- Whanau hui / patient feedback</td>
<td></td>
</tr>
<tr>
<td>- Huddles / Collaboration meetings / MDT/</td>
<td></td>
</tr>
</tbody>
</table>

- Strong nursing workforce = working to the TOP of SCOPE
- Promote meaningful connections
- Affordable and accessible
- Use a population approach to proactive and preventative care
## Te Hononga: Connect – Action – Share

### What outcomes do you expect to create / facilitate?

#### Goal: To ensure that patient / whanau needs are met by engaging BEST processes to connect with the People in the Places where you deliver your health care services

<table>
<thead>
<tr>
<th>Connect Whanaungatanga</th>
<th>Patient – Feeling How do you want them to feel?</th>
<th>Patient knowledge/experience What do you want them to know?</th>
<th>Patient Action/Do What do you want them to do?</th>
<th>How will you achieve these outcomes? Systems / activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe, secure, confident, Relaxed Empowered not vulnerable Respected / not judged/ understood Authentic/ genuine relationship</td>
<td>Who I am? (name / role) That I know who they are, where they are from, importance of their family or community role Any past health experiences that may affect their health experience moving forward with you Particulars about the space/building – that the room is fit for purpose Car parking / timing / access Lay out clear expectations – process/ what’s going to happen/ Simple language</td>
<td>Share their story / participate easily Can share their experience with whanau members if –necessary Come back again Self-management Trust the health services –follow through as per instructions</td>
<td>Understanding is the first step to acceptance Share some of myself – Background, where from, family /smile /be warm/ provide a welcoming space / privacy/assurance of confidentiality/ check out boundaries of sharing in formation – engaged family members Communicate to connect – simple, well-paced, clear Extend an invitation for the patient to bring support- where appropriate Be trustworthy / Be clear /Be loyal Keep promises/ be reliable When making a mistake – quickly apologise</td>
<td></td>
</tr>
</tbody>
</table>

#### Action Hauora

Goal: to facilitate Clinically Competent intervention

<table>
<thead>
<tr>
<th>Comfortable and secure in your expertise- knowledge and skills</th>
<th>Assess comfort levels / prior knowledge</th>
<th>Give consent for procedures</th>
<th>Consider your own biases and stereotypes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable – informed</td>
<td>Understand processes/ medication/ action plan</td>
<td>Teach back – demonstrate understanding of what is happening / what is going to happen / what they should do/ options</td>
<td>Health literacy skills</td>
</tr>
<tr>
<td>Empowered to make decisions</td>
<td>Be informed</td>
<td>Self-Management – how to manage</td>
<td>Competent skill set for the care required</td>
</tr>
<tr>
<td>comfortable about what is going to happen / safe</td>
<td>Feel confident in the application of new knowledge</td>
<td>Ask questions – who can they ask/ where can they go for different aspects of their care</td>
<td>Body language consistent with caring /friendliness</td>
</tr>
<tr>
<td></td>
<td>What comes next</td>
<td></td>
<td>Provide adequate time/space</td>
</tr>
</tbody>
</table>

#### Share Whanau ora

Goal: to facilitate access for the ‘Whole whanau’ to complete range of services required

| Comfortable to discuss issues / and share with family members if appropriate Confidence with level of knowledge Feel supported at all stages of the process Genuine care / positive experience | Knowledge about what’s happened and what will happen next Who can help Rights / responsibilities / choices and options available | Give consent to refer and engage others-whanau or services Ask questions – seek clarification Give feedback – positive or negative Facilitate ‘Teach Back’ to assess patient knowledge | Ensure services are reliable/ available when needed/ Referral processes – tools Involve your multidisciplinary team Shared records / improved systems Manage my Health Health Literacy skills Make the environment safe Extend an invitation for the patient to bring support Establish support the patient might need to share information- documentation etc Exercise Skills to stay connected with the patient and extend to whanau |

### Connect

- Te Tai Tokerau PHO
- Equity Resource Toolkit
- Version 1
- Author: HR Tait
- Update due: July 2020