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Key insights from whānau Māori research and literature to inform the WCTO programme review

The Ministry of Health (the Ministry) reviewed the Well Child Tamariki Ora (WCTO) programme in 2019 and 2020. The Ministry commissioned Litmus to do a literature review and qualitative research with whānau Māori to inform the review.

- The qualitative research gained insight into whānau Māori moemoeā for pēpi/tamariki health and wellbeing, and the support and interventions that enable their aspirations. Sixty-four whānau and 11 Māori leaders across six locations took part in the research.
- The literature review identified the design features of indigenous models of care for child health and wellbeing, which increase enrolment, engagement, participation and retention over time to improve equity outcomes for indigenous peoples.

Whānau Māori insights are strongly aligned to the literature findings.

This document provides the key insights from the literature review, and whānau Māori research focused on the implications for the WCTO programme redesign.

Strong evidence highlights the benefits of well child programmes

Strong evidence supports the value of having a universal proportionate WCTO programme (i.e., one that offers services to all children and proportionately offers extra services to those who need more). A universal proportionate well child programme can reduce health inequalities due to the social gradient of health (The Marmot Review, 2010). Countries with universal well child healthcare have better outcomes for their children (Kuo et al., 2006).

Universal proportionate programmes have their challenges. Universal programmes can risk non-take-up and do not address vertical inequities when people with greater needs are not provided with greater resources (Starfield, 2011). In contrast, targeted services can result in users feeling stigmatised, resulting in poor uptake or adherence (Hurt et al., 2018).

Colonisation has adversely impacted whānau Māori wellbeing

For Māori, colonisation and the resulting loss of land and culture has had a devastating effect on whānau Māori health and wellbeing (Durie, 2017; Cram, 2019; King et al., 2018; Pihama et al., 2019; Moewaka Barnes & McCreanor, 2019). The key losses include the separation of whānau Māori from their whenua, destabilising whānau, hapū and iwi identities; losses of

language, economic and political independence, and whānau Māori as a protective collective; and the undermining of the agency and autonomy of tamariki and women.

The impact of colonisation and the challenges of universal proportionate programmes are evident within the WCTO programme.

Effective targeted child health and wellbeing programmes for indigenous people have a common set of enablers

The literature review identified interlinked enablers to support enrolment, engagement and participation of indigenous people in effective targeted child health and wellbeing programmes.

- The programmes are based on indigenous knowledge of health and wellbeing and indigenous protocols (Cram et al., 2018; Grace et al., 2016; Keown et al., 2018; Kildea et al., 2019; Lowell et al., 2015; Munns & Walker, 2018; Schwartz, 2015; Thomas et al., 2015; Vaughan et al., 2018).
- Indigenous leaders, whānau and community are key decision-makers in the programme design, implementation, and governance (Schwartz, 2015; Gerlach et al., 2017; Thomas et al., 2015; Gerlach et al., 2018; Grace et al., 2016; Keown et al., 2018; Munns & Walker, 2018; Vaughan et al., 2018; Moore et al., 2015).
- Providers work in partnership with indigenous families and their communities (Campbell et al., 2018; Lowell et al., 2015; Keown et al., 2018; Schwartz, 2015; Skerman et al., 2015; Ussher et al., 2016; Cram et al., 2018; Munns & Walker, 2018; Middleton et al., 2017; Wright et al., 2019; Vaughan et al., 2018; Thomas et al., 2015; Superu, 2015).
- Cultural safety is evident based on an active, reflective process requiring health organisations and professionals to challenge their culture and cultural systems within the context of achieving health equity (Curtis et al., 2019; Ramsden, 2015; Papps & Ramsden, 1996).
- Programmes offer flexibility in access, delivery mechanisms and content to meet families' holistic and self-defined needs and preferences (Lowell et al., 2015; Keown et al., 2018; Schwartz, 2015; Cowley et al., 2018; Adams et al., 2019).
- Intersectoral, cross-agency approaches are used to address the social determinants of health (Keown et al., 2018; Bradshaw et al., 2015; McCalman et al., 2015; Halseth & Greenwood, 2019; Coles et al., 2016).

The current design and delivery of the WCTO programme does not align with the Ministry's expression of Te Tiriti o Waitangi

In Aotearoa, the WCTO programme design, delivery and outcomes for whānau Māori do not give effect to the Ministry's five Te Tiriti principles for the health and disability sector (Waitangi Tribunal, 2019).

- **Equity**—Inequities of access and outcomes are evident and, in some areas, increasing for whānau Māori in the WCTO programme. Whānau Māori participate at lower rates than non-Māori in the WCTO programme. As a result, tamariki Māori may miss referrals for early health or development interventions and support to increase school readiness.
- **Tino rangatiratanga**—Whānau Māori want to be self-determining about their health and wellbeing decisions for pēpi/tamariki within the wider whānau collective. Whānau moemoeā is based on pae ora (healthy futures) of how healthy families (whānau ora) living in healthy environments (wai ora) enable pēpi/tamariki to flourish (mauri ora). Within the framing of pae ora, whānau Māori want the freedom to be Māori and the confidence to parent as Māori. The WCTO programme based on western concepts of child health and wellbeing limits whānau Māori moemoeā to te taha tinana (physical health) of pēpi/tamariki.
- **Active protection**—Whānau Māori do not feel protected within the WCTO programme. While some whānau Māori have positive service experiences, many feel judged and culturally unsafe, particularly when expressing matauranga Māori-based parenting practices. Negative service experiences can result in whānau disengaging from the programme. Whānau also spoke of a 'tick-box' service focused on pēpi and not their preferred whānau-centred approach.
- **Options**—Within the WCTO programme, whānau Māori do not have the choice of a kaupapa Māori programme based on the mautauranga Māori. Whānau Māori have a strong preference for a WCTO programme that contributes to pae ora and is delivered by Māori. Whānau Māori do have the choice of Māori providers. However, some whānau are not informed of this choice. Many whānau, regardless of provider, experience unreliable and inconsistent service delivery resulting in whānau not receiving core contacts.
- **Partnership**—Whānau Māori and Māori leaders were not involved in the design of the current WCTO programme. No formal governance structure exists with Māori representation across the WCTO programme in Aotearoa. At all levels, the Crown is not working in partnership with Māori in the WCTO programme.

The WCTO approach is based on a generally Western-based acceptance of health—is the baby's weight right? Is the baby's physical development right? Is his respiration fine and so on...? All those kinds of oranga tinana aspects of health. (Whānau Māori voice)

Whānau Māori feedback demonstrates the current WCTO programme design and delivery do not enable whānau Māori moemoeā of pae ora.

A radical change is needed to enable pae ora for pēpi/tamariki within whānau collective

We present below six key insights from whānau Māori and the literature review to create a kaupapa Māori programme which contributes to whānau Māori moemoeā of pae ora. Creating a kaupapa Māori programme aligned to whānau moemoeā will require the service to be rebranded to illustrate relevance for whānau Māori. On this basis, the key insights below do not use the current brand name “the WCTO programme”.

1. The programme needs to be based on kaupapa Māori concepts of tamariki Māori health and wellbeing within the context of whānau

The programme needs to embed kaupapa Māori understanding of pēpi/tamariki health and wellbeing situated in the collective wellbeing of whānau Māori. Whānau Māori moemoeā based on pae ora offers these concepts, including the importance of whakapapa, whānau and community relationships, and mātauranga Māori me ōna tikanga Māori (the inter-generational knowledge system of collective approaches to enable pēpi/tamariki wellbeing).

Overall wellness, it all comes back to whakapapa. At the end of the day, protecting your whakapapa, that is what health is. (Whānau Māori voice)

The design, discourse, and delivery of the programme need to explicitly encompass the collective responsibility for enabling tamariki Māori wellbeing within the context of wider whānau wellbeing. The diversity of whānau Māori must be acknowledged, and whānau Māori need to be supported to strengthen their cultural connectedness. Whānau Māori want to create their solutions based on their understanding of mātauranga Māori.

We immediately chose Tamariki Ora on the basis that that was a kaupapa Māori-based approach. They will have this ability to connect with us. They'll understand these concepts around tamariki wellbeing and then they would be able to offer something in addition to periodically coming and weighing baby, check his skull diameter and plot it on a chart. But if that's all you wanted then you'd pick Plunket. If people gravitate to the kaupapa Māori side, it could be that they are seeking something else other than just the weighing, the measuring. (Whānau Māori voice)

2. The programme redesign needs to integrate access and engagement enablers to deliver positive outcomes for whānau Māori

Partnership-based relationships between whānau Māori and providers are at the heart of the redesign of the programme

Whānau want a high-trust, partnership-based relationship with their nurse; one that is culturally safe and, ideally, culturally congruent. Building trusting, partnership-based relationships takes time and is based on personal characteristics and a culturally safe, strength-based and holistic way of working.

Māori health professionals and support workers are critical in bringing cultural and environmental understanding of the local knowledge and values in the delivery of the programme. They can also strengthen whānau Māori connections in their communities and to te ao Māori. Whānau want to make an informed choice between Māori and non-Māori providers.

It's not negative—more Māori nurses, Tamariki Ora nurses who are fluent who know tikanga and Te Ao Māori. It is not that I didn't enjoy the [non-Māori] nurse I had. She did everything I needed her to do and I appreciate her. If there was a full immersion nurse, that would be cool. If we did get a fluent Māori nurse it would be easier to talk on that level... Being Māori, it is nice to have someone who understands your vibes and values as Māori people. (Whānau Māori voice)

The programme needs to be culturally safe

The programme redesign needs to identify how cultural safety activities can be built into workforce training, professional development and accreditation. The design needs to ensure systematic monitoring and assessment of inequities are included in workforce and health outcomes. Working towards cultural safety needs to occur at the programme level (system level), provider organisation and practitioner levels.

I think it is her attitude that she has towards me. The way she speaks to me, not down to me. She acknowledges that I am Māori, and she doesn't sneer at any cultural things that I may bring up. She is very open to it, she is very positive about it. She is never negative. I told her that my baby sleeps in a wahakura and she thought that was awesome. Being positive and that is why I have enjoyed my experience with her. (Whānau Māori voice)

The programme needs to be whānau-centred and strength-based

Whānau moemoeā for their pēpi/tamariki is defined by the health and wellbeing of the collective. Most whānau receive support and encouragement from their immediate whānau and the wider whānau in caring for and raising their pēpi/tamariki. Whānau want the service to be delivered in a way that is inclusive and affirming of their whānau, and focuses on their immediate and long-term needs as defined by whānau.

I think there needs to be the whole family unit because that contributes to how the baby is. I think there does need to be some part where it is focused on the family because it does impact on the child. (Whānau Māori voice)

The programme needs to build whānau capability and he māia (the courage to parent as Māori)

Whānau want tailored information to build their capability to enable pae ora. Whānau want information about the programme and other health and wellbeing services to make informed choices. They want to know more about the purpose of the assessments and the reasons for a good or not so good assessment. Whānau want to be active in the information exchange. They want more information and advice to support their emotional wellbeing and that of pēpi/tamariki and their whānau.

Mainly help with mental health around parenting because sometimes with new parents it is a whole new world and it's stressful. (Whānau Māori voice)

Flexibility in delivery mechanisms will enable access and support ongoing engagement with the programme

To increase access and engagement for whānau Māori, the redesign of the programme needs to incorporate choice, self-determination and partnership. A flexible approach is needed, which respects the diversity of whānau and their values, and supports their tino rangatiratanga.

Whānau want a choice of service delivery methods. They prefer home visits. However, they want choice of service delivery so the appointment can fit into their lives (e.g., a clinic visit if more convenient, after-hours if working, or at Te Kōhanga Reo). Whānau want the ability to easily contact their nurse by phone, text or video call if they have concerns or questions.

3. The programme needs to facilitate connections with the community and connect seamlessly with other services

Whānau aspire to healthy environments (wai ora) for pēpi/tamariki. However, the impacts of colonisation and existing inequities for whānau Māori can undermine their moemoeā. Whānau Māori want the programme to inform them about, and support them to access, other health and social services when needed.

Something that can help support and point you in the right direction if you need help. Basically, what social workers do, something like that, that you have access to. And tell you what is out there. There are so many different services out there, but you do not know what's out there. (Whānau Māori voice)

To contribute to pae ora, the programme needs to strengthen interlinkages across the health, social and education systems to address the social determinants of health. The role of iwi-led and Māori providers will have an important role in creating multi-disciplinary and holistic support for whānau Māori. Community hubs can offer wraparound services to whānau Māori.

4. The programme needs to clarify its proportionate services

As recommended in the literature, the WCTO programme offers both universal and targeted services. The design of the kaupapa Māori programme needs to acknowledge the diversity of whānau needs and clarify the different service levels and their intensity. These levels of service intensity need to consider wider services such as Family Start and Whānau Ora.

5. Funding amounts and contracting models need to be sufficient and flexible to advance equity for whānau Māori

Some whānau believe existing providers, due to service quality issues, are not well funded. Māori leaders also note a shortfall in funding and funding models that do not enable kaupapa Māori ways of working.

We could have capped at 200. But when you continue to get referrals from LMCs who have confidence in your nurses, you can't close the gate. We just have to keep taking more and more and it is huge. We just make it work. All WCTO providers should be funded in a way you are able to be flexible. I think every service should have the flexibility to have high-level trust contracting arrangements where you agree on the outcomes but how we get there is up to us and up to whānau. (Iwi leader)

In line with Te Tiriti principles, analysis is required to assess the equity of funding in the WCTO programme, both in the amount and distribution. Contracting models need to be reviewed to ensure they support programme flexibility and options, and support service innovation within an indigenous wellbeing framework. Funding for Māori communities must reflect the level of health need in those communities.

6. The Ministry needs to work with Māori to design a kaupapa Māori programme that will improve equity of outcomes

In line with mana whakahaere, the Ministry needs to work with whānau Māori, Māori and iwi leaders and Māori academics to create a kaupapa Māori programme that enables pae ora. This ongoing participatory design process will continue to build connections and trust between the programme and whānau Māori.

In conclusion, the programme redesign needs to enable pae ora

The programme development process offers an opportunity to align with the aspirations of whānau Māori and contribute to the Ministry's Te Tiriti goals:

- Mana whakahaere: The programme requires Ministry stewardship and Māori governance.
- Mana Māori: The programme design and delivery needs to be based on mātauranga Māori and tikanga Māori.
- Mana motuhake: The programme needs to enable the right for Māori to be Māori and for Māori self-determination.
- Mana tangata: The programme must contribute to achieving equity for pēpi across their life journey through inter-sectoral service integration.

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