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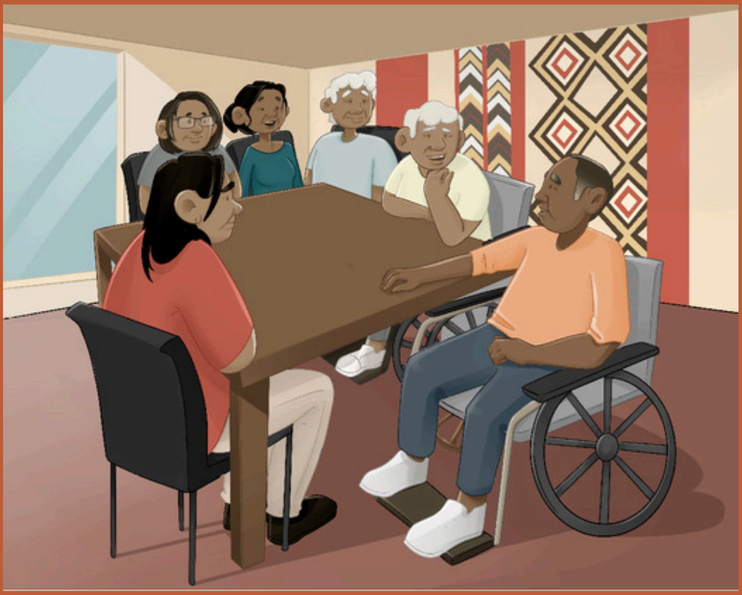
Care honours Māori knowledges and practices



MĀORI KNOWLEDGES AND PRACTICES ARE RECOGNISED, VALUED, AND SUPPORTED WITHIN STROKE SERVICES.

Introduction

Māori knowledges and practices are recognised, valued, and supported within stroke services.

> "You know what you were before stroke. You still belong to your own iwi, your own reo, your own tikanga, your everything."
> Kaumatua with stroke

Māori perspectives of well-being interweave holistic elements that reflect the 'whole' person and extend beyond the physical. Māori impacted by stroke spoke of wairua and reciprocal connections that supported their well-being which were unique and varied. These included a sense of connection and belonging within whānau and community, cultural identity, whakapapa (geneology), engagement with te ao Māori (the Māori world) and te taiao (the natural world). Interwoven connections supported a strong sense of self and autonomy which could anchor people as they navigated life after stroke.

Whānau need culturally responsive care where services recognise elements of well-being important to them, including engaging in cultural practices or te ao Māori. When this aspect of care is working well, whanaungatanga is prioritised and Māori worldviews, knowledges and practices (tikanga) are upheld, including within information and resources.

When whānau Māori have space and autonomy to be 'themselves' and determine their health and well-being journey(s), their mana is upheld and they feel listened to, understood and respected. Service providers understand that key supports for Māori may come from outside of formal services, including connections with other whānau.

Honouring Māori knowledges and practices

An example of a positive approach to honouring Māori knowledges and practices in services

After Anahera's stroke, she found a sense of belonging and support through a Māori stroke group. The group was led by Māori, and created connections which were deeply important to Anahera. Although the information was very similar to what she had heard in hospital-led groups, she felt much more comfortable connecting with Māori. She could relate to them.

"It's good for Māori. We can just click, you know, 'oh where are you from?' It just starts the conversation and it just sort of relaxes a little bit...I just felt more comfortable. I don't know if there was any difference in the information that they shared at the time but yeah, I just felt more comfortable to know that there were other Māori out there going through the same stuff as me in every way you know, in support ways, hospital ways, family ways, they were all going through the same stuff. That was really good to know."

It was not only the connection with other Māori that Anahera found supportive. It was also the opportunity to re-explore her language and cultural identity.

"When I come out of hospital, there was something missing so I started going back to church on a sort of regular basis. I didn't go back into learning my mōteatea until just recently and the reo, you know having the reo gives me that wairua side of stuff, and it's a work in progress...Because my tinana, I was working on that but my wairua's getting missed somehow....from the time I had my stroke to just recently."

The group provided a safe space to explore what was important, and to share and learn from each other. Anahera feels accepted and embraced by the group. It is a space where she does not worry about the communication impacts of her stroke.

"For me, I really enjoy getting together with a group 'cause I feel assimilated to them and got a connection and I enjoy each, everyone's company...and I don't, it makes me not feel isolated and I can be more myself and be relaxed and not uptight and, 'am I saying the right thing?' or I'm...you're not gonna be judged."

Being part of a collective that both understands her experience and prioritises sharing experiences has been healing for Anahera.

"It's a healing thing, it's an aroha thing. You know, people are listening to us, we're listening to each other. It might not come out right now, I mean it's all higgledy piddledy but you know, all of the aroha's there and we will get there together, wherever this is going."

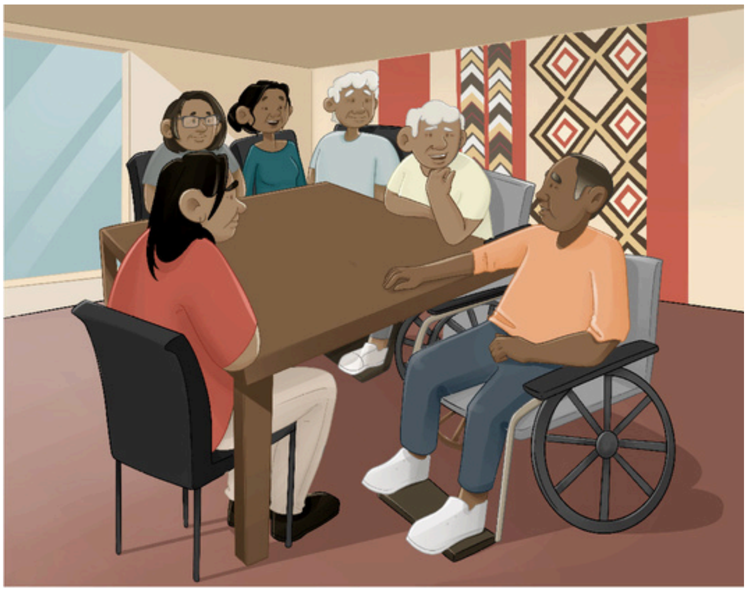
Recommended actions

- Healthcare professionals prioritise space and time for whanaungatanga.
- Service processes prioritise time for whanaungatanga.
- People are able to connect with what is meaningful for them, which for some may include whānau and community, cultural identity, whakapapa (genealogy), te ao Māori (the Māori world) and te taiao (the natural world).
- Healthcare professionals ask people about what is important to them and what they want to happen in their care, and support their choices.
- Information and resources reflect Māori experiences and worldviews.
- Healthcare professionals and stroke services uphold Māori worldviews, knowledges, language, and practices (tikanga).
- People are offered connections with other Māori within care.
- Healthcare professionals and services recognise their own cultural perspectives and how these might influence care
- Healthcare professionals support people to access other sources of support in care if they choose to, including from outside of formal services where desired (for example through rongoā, whānau and community).
- People can access services at the right time for themselves and their whānau.

Care honours Māori knowledges and practices

“We start and finish with karakia, whanaungatanga, then we tell them about who we are and what we’ve experienced as a stroke survivor. Then we’ll get them to share their experiences...And before the end are their goal setting and that’s when I’ll be talking to them about tinana, hinengaro and wairua and I say ‘now, you need to have goals for all of them’ because the support has to be balanced.”
Kaupapa Māori community organisation

“She was a kapa haka teacher. So, I said ‘why can’t we use the kapa haka part of her activity?’ So, the therapists started using that and she started to respond. That was more productive for this nanny than trying to do a board game or look at different words. We’ve done that with various cultural parts – weaving, another person was into arts. So, it was tapping into that activity that they’ve been doing for many, many years.”
Allied health, Māori



“We’re always telling our stories and the more that I do, I found that the less I will cry and be emotional and then I can see the real facts from what’s going on in my heart and the Kaupapa Māori group allows us to do that because we continue to always talk about our stories.”
Wahine Māori with stroke

Honouring Māori knowledges and practices

When people feel Māori knowledges and practices are not addressed:

- Interactions feel transactional with limited time for whanaungatanga.
- Beyond offering karakia there are few other indications that tikanga is respected.
- Whānau have little choice about what services they can access, when they receive input, nor what care will look like.
- Information and resources do not reflect different cultural concepts or languages.
- Services are strongly orientated toward Western biomedical worldviews with little cultural reflexivity.
- Little recognition of culturally grounded concepts of well-being.
- Little recognition of the deeper connections that foster well-being for many whānau.
- There are few Māori members of staff.

> “The service is very much not built for Māori, they were lovely people, but it’s very much a service for Pākehā people, there was no Māori staff or volunteers. They had a lady who would come and help dad read but the things she would bring for him to read were written in Old English...there was nowhere that we could see to help, because it wasn’t until he got home we realised not only could he not really read or speak English, he actually could do neither in Māori and how are we going to get him back to speaking Māori and understanding, reading, writing it when the only people that can help are Pākehā old people?”
>
> *Whānau member*

Honouring Māori knowledges and practices

An example of where there were opportunities to better honour Māori knowledges and practices in stroke services

Moana is deeply connected to her cultural identity. Well-being for her is much more than physical health, and, in her experience, health services do not recognise this.

"Well-being for me is holistic. It's not a piecemeal thingee, it covers everything and luckily for us and our Māori culture and our Māori whakaaro, everything is like that. You can't look after the hinengaro without looking after the wairua and the tinana, they all go together and it's when it's all broken up and things are done separately that people become unwell, and the being is not well. I won't assume that everybody understands that so it's vital that it's spoken. It's vital otherwise it's just an assumption that people make, 'oh they're ok, they had a karakia, everything's cool', but the other parts haven't been taken care of. It has to be a holistic approach all the time, not just sometimes and that's where I think we become unwell. I, not I think, I know…that's when unwellness happens, because we're not taking care of the whole self, all the components of the self."

Moana had been very close to her grandfather. When Moana required surgery, she wanted to keep a taonga from her grandfather close. However, staff did not allow this.

"They wouldn't let me hold my little thing…They wouldn't let me take it into the operating room, and I can remember not really wanting to go in, when the orderly came in to take me I didn't wanna go 'cause I kept saying 'I wanna take this, I wanna take this'. 'No, no, you can't'. And when I got in before the anaesthetic person came, I asked again, 'can I have this?' And he said, 'oh no, it could get lost and blah blah…'. So I can remember feeling a little bit anxious before I went to sleep."

Having her taonga with her would have brought Moana a lot of comfort. However, she felt she had no choice but to do what the clinicians told her to do.

"I think mentally I think I'm quite strong and so I would've just had to go with it but if I had had my grandfather with me, my wairua and everything, I would've been more settled and at peace going into a major operation."

Moana feels frustrated by how quickly staff dismiss things that fall outside their worldview and perspective of what constitutes healthcare. She believes there is much to be gained by services working collaboratively with Māori to better support the holistic needs of whānau.

"I think it comes back to the professionals. How you engage, you know like, how much hope can you give people or how much damage can you do by squashing their future? For me it's about professionalism, you've gotta be aware of what you're saying, don't minimise the box 'cause you don't even know what is in the box. Because we're trying to say that there's a whole lot of Māori tools that can be included, that could take the pressure off the clinicians. If you only rely on what's in the clinician box, well that's not gonna be much. So somehow or other, the box has to be big enough and flexible enough to include whatever needs to be included."

Reflecting on practice

These questions offer a focus for healthcare professionals and stroke teams to reflect on and discuss to clarify and strengthen practices that honour Māori knowledges and practices

- How does your service uphold your Te Tiriti o Waitangi responsibilities?
- Are Māori represented, in ways that are self-determined as meaningful, at all levels of the service?
- Have Māori had the opportunity to input into how services are designed and run? How might this be made possible?
- What health and well-being models are reflected within your service? You may like to consider how care is provided, what tools and resources are used, and the physical environment.
- What relationships do healthcare professionals in your team and wider service have with Mana Whenua, local Marae and Kaupapa Māori providers? If available, what relationships do you have with the Māori health team in your service?
- Can people access traditional ways of healing in your service? This may involve partnerships with cultural support teams or external organisations, champions within your service, or encouraging whānau to draw on the supports they need.
- Do healthcare professionals have sufficient flexibility and autonomy to prioritise whakawhanaungatanga?
- How do you respect and support tikanga being upheld?
- Recognising that there are many worldviews, reflect on your worldview and culture. How might this influence your practice?
- How do you make sure that you do not assume what people and whānau want or need? How do you have conversations with the person and whānau about how they want to work together in the care journey and what they would find supportive of their well-being?
- Do information and resources in your service reflect te ao Māori?
- What do you know about Māori experiences of stroke? What could you do to improve your understanding in this area?

Actions to enhance care

These are examples of actions suggested by people with lived experience of stroke and healthcare professionals in the research.

Systems level actions

- Uphold Te Tiriti o Waitangi and honour the fundamental right of Māori to self-determination at all levels of the health system.
- Ensure healthcare professional education respects and supports tikanga being upheld.
- Create meaningful pathways for Māori into healthcare professions.
- Ensure safe education and work environments where Māori can be Māori.
- Ensure healthcare professional competency frameworks, discipline specific assessment frameworks and clinical guidelines are culturally located in Aotearoa New Zealand.
- Ensure stroke services are designed with and by Māori.

Service level actions

- Maintain an explicit focus on the service’s responsibilities under Te Tiriti o Waitangi.
- Build genuine relationship with Mana Whenua.
- Consider how Māori have been involved in the design and delivery of your service. Does anything need to change to make this more possible?
- Undertake regular critical review of the cultural safety of the service.
- Connect with local Hauora Māori services, dedicate time to building relationship and explore ways of working together.
- Explore opportunities for Kaupapa Māori therapy programmes, and what would be required to implement these. The first step may involve building relationships with partners.
- Integrate regular cultural safety training, supervision and professional development as a requirement of employment.
- Provide welcoming physical spaces for whānau to gather close to the person with stroke, and to engage in therapeutic activities together.
- Have interpreters readily available, incluing in te reo Māori.
- Seek resources that are designed by and for Māori.
- Provide services that work for whānau by ensuring flexibility in service processes.
- Recognise traditional ways of healing as legitimate and important for people and whānau to access should they choose.

Actions to enhance care

Healthcare professional actions

- Reflect on your own cultural perspectives and worldview. How might these influence the care you provide?
- Recognise the importance of whanaungatanga. Prioritise time to get to know people and whānau, and share something of yourself.
- Don't assume what people and whānau want or need – ask each person and whānau how they want to work together in the care journey and what they would find supportive of their well-being. Revisit this conversation throughout care to ensure you understand whānau perspectives and can best support them in the ways that they choose.
- Integrate the Hui Process into care practices.
- Seek out cultural support teams in your organisation and introduce yourself. Get to know them and what they do, and how they wish to work with stroke services.
- Read and listen to Māori discussing their experiences of healthcare and stroke services.
- Use culturally appropriate assessment, therapy and care resources.
- Offer people with stroke and whānau connections to other whānau impacted by stroke.

This quality framework has been developed from a four year study of well-being after stroke led by Associate Professor Felicity Bright. Research was completed by Felicity Bright, Claire Ibell-Roberts, and Bobbie-Jo Wilson.

This booklet summarises one of eight domains of high quality care to support well-being and is designed to help stroke services and healthcare professionals reflect on current practice and identify areas for future development.

Full details and further supporting material, can be found at cpcr.aut.ac.nz.

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