

He Ara Āwhina

Pathways to Support framework

Summary of consultation with Māori

July 2022

Ngā mihi / Acknowledgements

E mihi ana ki ngā reo takitaki me ngā reo huihui katoa mai i ngā whānau i homai o rātou tino mōhiotanga, i ārahi, i koha mai hoki o rātou wā ki te whakapuaki i tēnei tuhinga.

Na tēnei taonga kua whakanuia ngā mahi a Te Hīringa Mahara. Na to koutou kaha ki te āwhina ki te hāpai i te oranga kia rongohia te reo, kia noho kanohi kōrero mo ngā whānau.

Ka nui te mihi kia koutou katoa.

“Ko ngā reo whakakotahi o te tini ka kaha ake te kōrero te reo”

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Your treasures honour the mahi of Te Hīringa Mahara and helps to uplift the wellbeing and representation of whānau.

To you all, your contributions are very much appreciated.

“The united voices of many speak louder than a voice of one”

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Our development journey

He Ara Āwhina (Pathways to Support) framework

Te Hiringa Mahara (the Mental Health and Wellbeing Commission) was established as one of the recommendations of [He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) (Government Inquiry into Mental Health and Addiction, 2018). A core function of Te Hiringa Mahara is to monitor and report on mental health services and addiction services, and advocate for improvements to those services. This function was transferred from the former Mental Health Commissioner to Te Hiringa Mahara on 9 February 2021 by the [Mental Health and Wellbeing Commission Act 2020](#).

Mahi on [He Ara Āwhina](#) began with the Initial Mental Health and Wellbeing Commission working on the [co-define phase](#) in consultation with communities between October 2020 and February 2021. During the co-define phase we sought community feedback on why we should monitor mental health services and addiction services, what we should include in our monitoring approach, and how we should go about our monitoring mahi.

People told us:

- **Support starts and continues with people and communities, not services.** The former Mental Health Commissioner's framework was viewed as too narrow for us but was something that could be refined and built upon.
- **The voices of Māori and tāngata whaiora** are crucial in assessing whether services, and approaches to wellbeing, are meeting the needs of people and communities.
- **There needs to be a shared view of what 'good' or transformative services and supports look like** so we can monitor and assess performance and contribute to wellbeing outcomes.

Co-development phase March 2021 to June 2022

After the co-define phase, an [expert advisory group](#) (EAG) was established and began their mahi in September 2021, sharing expertise and perspectives to develop the framework.

The EAG included a Māori EAG roopū (group) which have led the development of the Te Ao Māori perspective for the framework.

Advice from the EAG, lived experience focus groups (from Māori, youth, mental health, addiction, and gambling harm perspectives), targeted discussions, and hui with Māori helped us develop the draft version of He Ara Āwhina.

The draft version of He Ara Āwhina went out for public consultation for six weeks from 8 March to 19 April 2022. Te Hiringa Mahara supported many ways for people to provide us feedback to ensure the framework and consultation process was accessible to everyone, especially our priority population groups (Māori, Pacific people, migrants, former refugees, rainbow communities, disabled people, rural communities, veterans, prisoners, older people, young people, children in state care, children experiencing adverse events), and people with lived experience of mental distress or addiction (or both), and the whānau, families and people who support them.

The consultation asked three main questions:

1. Does He Ara Āwhina reflect your hopes for a mental health and addiction system?
2. Is He Ara Āwhina missing anything that is important to you?
3. Is there anything else you want us to know about how we should monitor services and system transformation?

During our public consultation process we received more than 260 submissions across all priority population groups. Through an intentional kaupapa Māori engagement approach, our rangahau whānau (made up of tangata whaiora and kaupapa Māori research experts) achieved strong input by Māori, including tāngata whaiora, whānau, and Kaupapa Māori supports and services.

Te Hiringa Mahara published the final version of He Ara Āwhina on 30 June 2022. The next step is to continue mahi on the methods and measures to assess and monitor progress.

This document summarises what we heard from Māori. There are three other summary reports that include what we heard from people with lived experience, people who work in, support whānau with, or personally experience alcohol or other drug harm, gambling harm or addiction, and everyone - tāngata whaiora, whānau, and their supports, people providing mental health or addiction supports and services, and policy makers or commissioners of services.

Process

A kaupapa Māori rangahau whānau was established to complete the Māori voice consultation process for the He Ara Āwhina framework - Te Ao Māori perspective. This included Māori representation from the He Ara Āwhina framework development rōpū, strong Māori lived experience, and kaupapa Māori research expertise.

Our rangahau whānau was guided by Te Ao Māori research ethics and practices. You can read more about our approach in [appendix 1](#).

Māori participant demographics is as follows:

- Five hui were held with a total of 20 tangata whaiora
- Five email submissions were received from three kaupapa Māori organisations and two whānau members
- 23 online survey responses were received from six kaupapa Māori organisations, seven tangata whaiora, eight whānau, and two Māori participants (not-specified).

The consultation process itself received positive feedback from Māori participants.

It's good we (tangata whaiora) have been involved in this process (of consultation) from the start to develop the framework. (Tangata whaiora)

It (the consultation hui) has been very safe and very enjoyable. (Tangata whaiora)

Love that you are still seeking feedback to get it right. (Tangata whaiora)

Ngā mihi aroha to you Commission for hearing us and prioritising, validating and legitimising our voices over the generations, to make a Stand for Change, here and now! (Whānau)

What we heard

This section presents the five Te Tiriti o Waitangi principles representing the main themes discovered from the Māori consultation feedback, placing equity for tangata whenua at the centre of the health and wellbeing system.

Theme	Description
Tino Rangatiratanga Mana motuhake	Māori self-determination and mana Motuhake Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values, and practices including tikanga Māori.
Ōritetanga Mana tangata	Government commitment to equitable outcomes for Māori Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
Active protection Mana whakahaere	Government responsibility to act to achieve equitable health and wellbeing outcomes for Māori Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
Options / Choices Mana Māori	Provide for and properly resource a culturally safe System that recognises and supports mātauranga Māori Enabling Ritenga Māori (Māori customary rituals), which are framed by Te Ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices), and encapsulated within mātauranga Māori (Māori knowledge).
Partnership Kotahitanga	Māori are the co-designers of the system that impact on whānau Māori wellbeing

The main themes from the kōrero we heard have been grouped into categories based on the narrative sequence of feedback (see [appendix 3](#) for the subthemes):

- He Ara Āwhina framework strengths
- He Ara Āwhina framework limitations and areas for improvement
- He Ara Āwhina implementation advice
- Monitoring advice for Te Hiringa Mahara.

He Ara Āwhina framework strengths

Māori participants reported many strengths of the framework related to tino rangatiratanga, ōritenga, options / choices, and partnership themes:

Tino rangatiratanga: Participants described the framework as “aspirational,” with language reflecting their hopes for a transformed system.

Beautiful kōrero, beautiful kupu. I know it’s aspirational and that’s where we start as Māori. (Tangata whaiora)

Enjoyed it as an aspirational document and with good direction...
Very aspirational. I love it. (Tangata whaiora)

There were consistent reports of leadership from whānau with lived experience being evident in the framework, and this resulted in Māori reporting a positive sense of ownership of the framework’s Te Ao Māori perspective.

For us it’s looking at an ideal system, workforce development, access and choice, mātauranga Māori and the system is beginning to change from what it was, there is that hīnātore (hope / glimmer of light) on the horizon that things are going to change for the better of our whānau. The te ao Māori perspective was informed by Māori for Māori. (Tangata whaiora)

The framework reads like it's based on the voices of Māori and others with Lived Experience. (Kaupapa Māori organisation)

That’s why I liked it because I thought this is us! I read it about three times, because i thought ‘what bits don’t I like?’ - and there was nothing. (Tangata whaiora)

Looking at what an ideal health system looks like for us...This is the framework from the people. (Tangata whaiora)

The potential for it to be a “taonga to Māori” in that the monitoring domains would effectively capture and measure a mental health and wellbeing system that is responsive to the needs of whānau.

You have captured all the tennets and from a very te ao Maori whakaaro..I love that, we haven’t had something like this, something as robust as this from te ao Maori. (Tangata whaiora)

Whānau are already resilient, whānau skills and capability continue to grow...that's why I love this, as it enables our whānau to grow and do better for themselves, I love it, absolutely love it, I'm gonna share it with all them ones that I know. I think its so beautiful. (Tangata whaiora / Whānau)

Ōritenga: Māori expressed the significance and value of the mana motuhake domain within the framework being grounded in Te Tiriti o Waitangi, recognising Government commitment and obligations.

... appeals that it is under Te Tiriti, instead of the Treaty. Works in whānau inclusive practice. (Tangata whaiora / Whānau)

He Ara Āwhina was seen by participants as: aspirational, game changing, as well as an equitable approach to system monitoring.

It was a lot to digest, the aspirational aspects and the whaakaro Māori from my experiences through the systemreclaiming the cultural perspective, that's what got me well. Challenging the clinical western model. That will be the making of our people. (Tangata whaiora)

Options: In general, most participants felt the framework resonated with them, particularly references to 'whānau', 'whānau dynamic', and 'whānau centric'.

I didn't need to do a wordsmithing thing on it, you've done a beautiful job, it embellishes all the things we talk about - whanaungatanga, taonga Māori, wairua. (Tangata whaiora)

The recognition and importance of wairua for whānau Māori was especially highlighted as an area of strength within the framework.

It proposes to restore balance with culturally and spiritually informed approaches to achieve mental wellbeing by and for people as an integral part of the mental health & addiction system. (Tangata whaiora)

The six Māori aspirations resonate with me and my peers of Māori descent. The Shared perspective rings true for my whānau and friends who know little of Māori values, traditions, mātauranga, who have been marginalised from their culture. These aspirations have the ability to transform the mental health and addiction system if it is actioned. (Tangata whaiora)

Partnerships: Participants reportedly felt Te Ao Māori was accurately reflected within the framework and a sense of unity, partnership, solidarity, and kotahitanga was also positively displayed.

It's a whānau owned (framework). What is our accountability to our whānau and ourselves? I don't think you get that from a health system, its intrinsic in te ao Māori to people. (Whānau)

*There were no strengths identified in the 'Active protection' theme for this category.

He Ara Āwhina framework limitations – areas for improvement

Participants' feedback highlighted areas where the framework could be strengthened to address limitations they identified in relation to tino rangatiratanga, ōritenga, active protection, options, and partnership themes:

Tino rangatiratanga: Although positive feedback was received around the language used in the framework, some whānau also felt this could be improved further to ensure the use of plain language.

Have mentioned before it's too wordy and there are a lot of words thrown on that piece of paper. Mindful of people understanding and whānau comprehending. Lots to absorb. Break them down to easy tidbits. Need easily digestible chunks, so people can absorb. They won't be able to digest all at once. If you can find some way to break it down. For my whānau if I showed it to them they would say 'aue, what's this bro?' (Tangata whaiora)

In general, strong advice was provided in relation to ensuring the framework will reflect that whānau want to be self-governing, with the support required to be leaders in their own wellbeing.

The idea of whānau owned (framework)... What is our accountability to our whānau and ourselves? I don't think you get that from a health system, it's intrinsic in te ao Māori to people. (Tangata whaiora / Whānau)

Whānau leadership in policy and legislation:

Seems enlightening on one level but it's not quite there yet. Te Tiriti is about self governing, we govern ourselves, so we don't 'partnership', so we have to stroke or mirimiri the partners in to accepting us and how we want to awhi and tautoko our whānau. It's about ourselves standing ourselves on our islands, governing the way want to do it. (Tangata whaiora)

Whānau saw the intentions in He Ara Āwhina but called for a plan of action so that milestones towards transformation could be made visible.

I believe that if you're going to empower someone it's going to be that process that enables them and what do they do to keep

themselves well. It might be a self-care plan or a routine, but it's also what is that korowai, manaaki, that process and response that as a tangata, as a whānau that we are doing to keep ourselves well. (The) health (system) is a business, it's there if we need it. The ownership of our mātauranga, our hauora it rests with ourselves, it rests within. (Tangata whaiora)

The ownership of taking responsibility for our health, embracing our own indigenous knowledge, being aware of the system if you've got time. Not reliant on the system when unwell, and not to say that when you get unwell that we are not going to need a health system, but if we enter it we want the best possible for those that we love and cherish. (Whānau)

The framework is lacking a clear transition (plan) on how whānau dependency on the system and services will be removed in order to maintain their mental wellness as emphasised in the framework's goal. There is no clear emphasis on how whānau will be empowered to be the leaders of their mental health and wellbeing journey... create(ing) leaders within whānau that can lead their own wellness and support others within their whānau, hāpu, and iwi, and community. (Kaupapa Māori service)

Ōritenga: Many participants expressed some cynicism about transformative change being influenced by the He Ara Āwhina monitoring framework. There has been a lack of progress made in the health sector to date, despite having been through the process of providing input and contributing to research related to this numerous times in the past (e.g. reducing and eliminating seclusion and restraint).

It (the framework) reads really well, but I've seen this before, many times...the desire is there, the passion is there. (But) we end up in the same position each time. (Kaupapa Māori organisation)

There was strong suggestion for Government to commit to addressing the inequitable value placed on mātauranga Māori as compared to western medicine (knowledge, values, and treatment processes).

We want a fair and just mental health and addiction wellbeing system that supports whānau to access good, relevant, and equitable care. This framework needs to go further than surface level changes like including Māori language and concepts, and instead move into actions. (Kaupapa Māori mental health service)

Active protection: The kōrero on areas for improvement also included comments and suggestions related to resourcing and funding to support mana motuhake.

Shifting the power, how will this be realised if the funding is not moved to Māori? (Kaupapa Māori organisation)

There is nothing really about the investment. Nothing about the money (or) what percentage of annual spend should be proactively tipped towards Māori to get these sort of outcomes. It requires investment. Will (funding and resourcing) be a monitoring thing (for example), looking at the total spend for Māori? How will we know how much is being privileged to Maori (equity) so we don't have to fight? (Kaupapa Māori organisation)

Advocacy for a Māori-led approach to monitoring also came through in the korero.

We can come forward (with) the beautiful matauranga. Always has to go through approval and who decides that... same oppressing behaviour and if they don't get us here, they will get us there... who are you taking this too?, and who is sitting at the table and will review this? (Tangata whaiora)

Barriers to wellbeing, such as institutional and systematic racism, were also identified by Māori participants.

We talk about prejudice and racism. Lots of statements but there is nothing in there that says it needs to be addressed. (Kaupapa Māori organisation)

An aspirational goal will acknowledge the influence of structural, systematic racism and discrimination, and seek to address equity by ensuring a fair and just health system through te Tiriti o Waitangi as the framework. (Kaupapa Māori organisation)

Participants further identified a need for there to be explicit information about exactly how Te Tiriti o Waitangi will be upheld within the context of the framework.

Looked at the te reo version (Te ao Māori perspective) and thought ooh we don't want a 'Te Tiriti moment' here where we have two versions and we say our expectation is te mea te mea te mea. In the reo it has a wider and more poetic meaning but in the english (Shared perspective) it goes like 1 2 3. It needs to have some more thought (to ensure the integrity of the Te Tiriti partnership can be upheld). (Kaupapa Māori organisation)

One of the kaupapa Māori organisations emphasised the need for a stronger focus on the workforce delivering services within the mental health and addiction system and how the workforce can or will be developed.

The proposed framework proposes a monitoring framework for the mental health and addiction system as a whole, it is however missing important aspects of the monitoring process ... We believe that the proposed framework is not considerate of how the workforce is being developed, trained and educated, or opting for a generalised approach to workforce development, devoid of an equity response. We believe that monitoring how the workforce is being developed and resourced is as important as monitoring the performance of the workforce and the services within the mental health and addiction system. (Kaupapa Māori organisation)

Options / Choices: Some participant expressed the criticality for Mātauranga Māori to replace westernised clinical models as the dominant approach to mental health and addiction practices in the health system.

Mātauranga Māori and Te ao Māori should be the only beliefs and philosophies that inform mental health and addiction praxis in Aotearoa. (Kāupapa Māori organisation)

It is important to highlight that beliefs and knowledge entrenched in the mental health and addiction in Aotearoa are derived largely from the colonial / Pākehā view of what it means to be well, taking a largely clinical, individualised approach to mental health and wellbeing. Outcomes for successful engagement with the mental health and addiction sector are derived from a Pākehā definition of what it means to be of value in the society, anything different is defined as diseased and othered, a belief that is critiqued by the comprehensive, holistic Te Ao Māori perspective which views mental health and addiction within the context of whānau, hapū, and iwi. (Tangata Whaiora/Whānau)

Support for Māori health and wellbeing models, frameworks, and outcomes measures was also seen as an important area to address.

(I'm a) big supporter of the whānau ora outcomes (measurement) and can see this fitting in to a framework and using the whānau ora approach. Then the data (approach) is already there and measuring that (can be simple). Could be a step closer (and offer insights). (Kaupapa Māori organisation)

Partnership: Participants were interested to know whether existing Māori knowledge had been used to inform the development of He Ara Āwhina, including recognising the wealth of wisdom developed decades earlier and more recently with specific reference made to the Whakamanawa report (Russell et al., 2019).

Why re-invent anything? When the process was undertaken (to develop He Ara Āwhina) was the doc (Whakamanawa) review, and what is in that doc that would be useful to bring across as it has a lot of whānau voice in it? (Tangata whaiora)

Some participants highlighted the need for positive connections between services, supports, community, and whānau.

(I) saw services easily connecting (in the framework), but (I) didn't see anything around whānau aspirations to pathways to education and employment, nothing was nodding to the opportunity for these. (Tangata whaiora)

He Ara Āwhina implementation advice

Most of the feedback expressed by whānau Māori during the consultation process was related to concerns about the practical implementation of the framework.

(I'm) interested in how you create the monitoring. But, how do you actually measure all of those things and get the correct measures? (Tangata whaiora)

So the important mahi has been done in terms of the conceptualising the space, but how are we going to operationalise these concepts in a way that is meaningful, that speaks to the relationships that people have in the community with the concepts. (Tangata whaiora)

How is it going to be measured, how are we going to ensure it's implemented in a way that is mana enhancing, and that we do self-determine ourselves and do have our own autonomy as Māori. The words are beautiful but it's the actions I'm interested in. (Kaupapa Māori organisation)

(We) want He Ara Āwhina to provide further information about who will monitor the mental health and addiction system, to ensure the aspirations are being fulfilled. (Kaupapa Māori organisation)

A significant amount of feedback highlighted the importance of ensuring a genuine process was applied to monitor and hold the system to account, upholding the vision of a transformed and dynamic whānau-led mental health and addiction system. The advice from participants related to tino rangatiratanga, ōritenga, active participation, options, and partnership themes:

Tino rangatiratanga: Whānau reminded us that they are pre-eminent and a powerful group who are central to the work contained within He Ara Āwhina. Some were deeply

moved and concerned that leadership by an external institution (such as Te Hīringa Mahara) would undermine the focus on whānau.

I don't like the wording, they (Te Hīringa Mahara) say they are the 'watchdog', and I don't choose them as my watchdog. So I'm feeling mamae (pain) about this because I know we have it all right here (in the framework). I've seen it all before. I'm feeling quite tangitangi (upset; tearful) about all this, I feel really pouri and the wairua...this is a Māori concept, this is taonga to us, we know (the monitoring) actions. On the taumata we can see actions. (Tangata whaiora)

Appropriate respect and recognition of our Māori experts (tohunga, kuia, etc) was also identified as being of great importance.

Measuring and the efficacy of the framework. Through whose lens and who are the experts measuring it, and what measurement tools? Is it the voice of our whanau, our tohunga Māori, kaumatua kuia, who are the experts? So when we are using mātauranga Māori, te ao Māori and it's fitted in to a framework. How is it being measured to check how effective it is? (Tangata whaiora / Whānau)

Ōritenga: Advice was provided by participants regarding equitable monitoring responsibilities and accountability for non-Māori organisations.

Monitoring the system's compliance with Te Tiriti o Waitangi should mean monitoring Pākehā-led services and workforce and not subjecting Māori mental health and addiction services to Te Tiriti o Waitangi compliance exercises. (Kaupapa Māori organisation)

Active protection: Accountability to whānau was also seen as integral, particularly in relation to monitoring processes such as measures to be used, data quality controls, data sovereignty, and access to whānau information.

We carry (past) mamae (with us), how can we trust you to monitor the system for whānau? (Tangata whaiora)

Some questions were raised by participants regarding sector readiness in relation to the monitoring considerations and groundwork that needs to be done first.

The government are the ones that are doing the accountability aspects and I think it's got too much mātauranga in there to just put it out there. A lot of those organisations are not gonna have the nous to do this...Some time, energy, mātauranga, training needs to go into these organisations to teach them, how does this go from aspirational to actually doing stuff. Government, they aren't the

best ones for managing performance (for Māori). (Kaupapa Māori organisation)

Options / Choices: The participants voiced concerns about the workforce capability to respond to the aspirations of the framework. This included queries with regard to the workforce capability to evaluate Te Ao Māori supports.

Too many policies are not being fulfilled but only paid lip service. Māori concepts are not valued, why? Pākehā trained western approaches placed above mātauranga Māori. (Tangata whaiora)

Partnership: Throughout the kōrero, ‘partnership’ clearly referred to “Power sharing”. Concern was expressed about the practicality of Te Tiriti o Waitangi in action as proposed in the framework.

We believe there is a need within the framework for definitive action on how the framework will address and monitor service compliance with Te Tiriti o Waitangi. The framework lacks clarity on what compliance with Te Tiriti will look like in practice. We recommend that the framework be explicit about how the Te Tiriti will be upheld within the context of this monitoring framework. Through whose lens? Who will be the expert’s implementation the framework to evaluate the system? (Kaupapa Māori organisation)

Our tohunga, our aunties, and our experts in the community are qualified ... it’s recognising that. Aunty can get it right every time. (Tangata whaiora)

Advice for Te Hiringa Mahara

Participants shared their advice with Te Hiringa Mahara to support a Māori led approach to system monitoring.

Tino rangatiratanga: Māori reported “**The idea of whānau owned**” monitoring approach with a strong Māori ownership connection with the framework, included an essential role in leading the monitoring and evaluation of the system.

This framework has nothing about the institutions, it’s about the whānau. The whānau are the experts in their wellbeing. How do the services support this? (Whānau)

Ōritenga: Questions were raised regarding how both the government and Te Hiringa Mahara might clearly show the commitment to Te Tiriti partnership, and advice was given that answering this would be important for moving forward with a monitoring process responsive to Māori.

You express a commitment to honour Te Tiriti, what does that look like in practice? (Tangata whaiora / Whānau)

Active protection: Te Hiringa Mahara must be compliant with the framework in the first instance.

We however believe that in order for Te Hiringa Mahara to be able to assist and monitor the system's compliance with Te Tiriti o Waitangi, Te Hiringa Mahara itself needs to be subjected to review to ensure compliance with the framework. It is difficult for Te Hiringa Mahara to review or analyse the workforce and the mental health and addiction system and assess their compliance with Te Tiriti when Te Hiringa Mahara itself is not Te Tiriti compliant. Therefore...Te Hiringa Mahara [including governance, board, members, etc] be reviewed for compliance with the framework before it can assist the system's compliance with the framework proposed. We believe that Te Hiringa Mahara needs to be an exemplar of how the framework will be applied and that this needs to be expressed in how Te Hiringa Mahara is set up and who is on Te Hiringa Mahara in terms of their whakapapa and experts. (Tangata whaiora / Whānau)

Options / Choices: Some participants recommended Te Hiringa Mahara should take the time to genuinely assess and reflect on their current capability to honourably apply the monitoring framework in a way that was responsive to Māori needs.

Do you (Te Hiringa Mahara) have the Te ao Māori capability to implement the framework? (Tangata whaiora)

Partnership: Māori participants wanted to understand the commitment and openness of Te Hiringa Mahara to work alongside Māori in a Te Tiriti partnership approach to monitor the system.

Is there a genuine partnership opportunity to evaluate the system? (Tangata Whaiora)

There was also a recommendation for potential Kaupapa Māori partners Te Hiringa Mahara could engage.

Work on a collaboration with Mahi a Atua, Te Rau Ora, and E-Tū-Whānau. These three organisation's are exemplars of how whānau who are the architects of their own wellness, dismantling the system and removing whānau dependency on the system and the services within the mental health system. (Kaupapa Māori organisation)

How we are using the feedback

Te Hiringa Mahara have heard the voice of whānau Māori. Overall the He Ara Āwhina - Te Ao Māori perspective received positive feedback and whānau felt the framework resonated with them.

Overall feedback and how this changed the framework's Te Ao Māori perspective

In addition to the positive feedback there was a call to **strengthen and emphasise the language** in some areas. In response to what we heard, an intentional shift in the framing to ensure 'We (whānau Māori) lead our recovery and wellbeing' was made.

More specifically in the Mana Whakahaere system aspiration (domain), Te Tiriti o Waitangi was given primacy to emphasise the need for the system to be flexible in embracing and responding to whānau Māori leadership as tangata whenua.

Some feedback highlighted the need to add clarifying comments, however, this was met with feedback to **keep the content simple and concise**. The process of balancing this feedback was supported by the Māori EAG and Ngā Ringa Raupā (comprised of Te Hiringa Mahara Chief Advisor Māori and Māori staff).

The emphasis of '**whānau**' reflecting a **Te Ao Māori worldview** was made, so all Māori, including workforce, can clearly see themselves in the framework. A Te Ao Māori definition of whānau Māori has been included in the [Guide to language in He Ara Āwhina](#).

Feedback received related to support for **workforce development** resulted in an amendment to the Te Ao Māori perspective.

We believe that the proposed framework is missing a focus on the actual workforce delivering services within the mental health and addiction system and how the workforce is developed and resourced.

The Mana Whānau / Whanaungatanga domain was modified to reflect the need to resource and support Māori workforce capacity and capability building.

Reference to racism in this section was removed to avoid repetition, as it had been reflected more accurately in two other domains of the Te Ao Māori perspective (Mana Whakahaere and Mana Tangata / Tū Tangata Mauri Ora)

The majority of feedback focused on the implementation of how we assess, monitor, and report using this framework.

The Wero: Māori feedback to guide He Ara Āwhina implementation

The majority of feedback focused on the implementation of how we assess, monitor, and report using this framework.

We received a strong wero (challenge) related to the process of applying He Ara Āwhina to uphold the goal of ‘a whānau dynamic mental health and addiction system’ as a “**Whānau owned (framework)**”. Māori are concerned about the increased risk of He Ara Āwhina failing to respond to the aspirations of whānau Māori if applied incorrectly.

Measuring and the efficacy of the framework. Through whose lens and who are the experts measuring it, and what measurement tools? Is it voice of our whanau, our tohunga Māori, kaumatua kuia who are the experts? So when we are using mātauranga Māori, te ao Māori and its fitted in to a framework. How is it being measured to check how effective it is? (Kaupapa Māori organisation)

We recommend that the framework be explicit about how the Te Tiriti will be upheld within the context of this monitoring framework. Through whose lens? Who will be the whanau expert’s implementation the framework to evaluate the system? (Kaupapa Māori organisation)

What is our accountability to our whānau and ourselves? I don’t think you get that from a health system, its intrinsic in te ao Māori to people. (Kaupapa Māori organisation)

He Ara Āwhina refers to an approach where ‘We lead our wellbeing and recovery’. There is an expectation for this to be upheld when evaluating the mental health and addiction system response with reference made to Te Tiriti partnership and Māori leading the He Ara Āwhina implementation process.

Our tohunga, our aunties, and our experts in the community are qualified ... it’s recognising that. Aunty can get it right every time. (Tangata whaiora)

Feedback for further implementation consideration

Some participants advised Te Hiringa Mahara navigate a process led by whānau Māori to determine **Māori data sovereignty principles** prior to implementing He Ara Āwhina.

There is nothing around data sovereignty and I think its an important area for both whānau accessing services (over own data)

and as a whole area (including with the He Ara Āwhina process), of Māori data sovereignty. (Tangata whaiora)

Māori told us more needs to be done to monitor and support the elimination of racism and bias in the system.

We talk about prejudice and racism. Lots of statements but there is nothing in there that says it needs to be addressed. (Kaupapa Māori organisation)

More onus on services to be transparent with whānau about how inequities and systemic racism has been addressed. (Kaupapa Māori organisation)

And with specific regard for **whānau Māori self-determination** “Not to be reliant on services. To be aware of services,” and wider contextual influences.

We also wondered whether the goal says enough about the moemoeā of whānau who have been impacted and continue to be impacted by AOD harm. An aspirational goal will acknowledge the influence of structural, systematic racism and discrimination, and seek to address equity by ensuring a fair and just health system through te Tiriti o Waitangi as the framework. (Kaupapa Māori organisation)

Further consideration is also needed regarding the **current context of supports and services** available for whānau Māori, specifically increased and equitable investment and services (kaupapa and substance and gambling harm services), timely and affordable access, quality services, and increase in whānau determined choices and options.

The aspirations ‘Mana whānau / whanaungatanga’ talk about the need to provide a range of supports and ‘manawa ora / tūmanako’ the right to have a choice in services, however, the framework does not appear to directly respond to the lack of services available to whānau. (Kaupapa Māori organisation)

What next?

Te Hiringa Mahara have redrafted and published two versions of He Ara Āwhina – a summary version that is focused on the system aspirations, and the full framework that includes detailed descriptions of what an ideal mental health and addiction system looks like.

We will use He Ara Āwhina to:

- monitor mental health and addiction services
- monitor changes as the mental health and addiction system transforms
- advocate for improvements to the mental health and addiction system and services.

He Ara Āwhina will be used alongside the He Ara Oranga wellbeing outcomes framework, which will be used more broadly to monitor wellbeing.

He Ara Āwhina is intended to be enduring, with a long lifespan. It will be ‘living’ and evolve over time so that content and measures are relevant and current.

Measurement under He Ara Āwhina will have a life course approach and apply to all ages including infants, young people, adults, and older adults.

Te Hiringa Mahara acknowledges the feedback we received through consultation that to achieve the goal of He Ara Āwhina, the framework needs to be extended to accountability of other sectors. Whānau and tāngata whaiora often have complex dynamics impacting their experiences of distress, substance harm and / or gambling harm, and overall wellbeing that are related to other areas of their lives.

The mental health and addiction system has a critical role to contribute towards the wellbeing of tāngata whaiora and whānau. However, it cannot achieve wellbeing outcomes on its own. Wellbeing is broad with many determinants, and there are many other systems also contributing towards wellbeing. Achieving the aspirations in both He Ara Āwhina and He Ara Oranga requires a collaborative approach, so working with other sectors is an important part of the implementation process.

Methods and measurement phase and future reporting

The methods and measurement phase has started and will be guided by Te Hiringa Mahara’s monitoring strategy, strategic direction from our EAG and Ngā Ringa Raupā (comprised of Te Hiringa Mahara Chief Advisor Māori and Māori staff), technical direction from a new advisory network, and insights from our public consultation process about what people want to see measured and their expectations for how we monitor.

People who have shared an interest in He Ara Āwhina will continue to be involved in this mahi and we will continue to share information to help people understand how we will monitor using the framework. This next phase will be given an appropriate process, timeframe, and capacity. Tāngata whenua must be involved in leading the development of Māori methods and measures. The Te Ao Māori perspective of the framework includes concepts that speak to this in ‘Mana Whakahaere’.

He Ara Āwhina methods and measures once developed will over time replace those used in Te Huringa: Change and Transformation – Mental health service and addiction service monitoring report 2022. Some of the data needed to monitor under He Ara Āwhina will be available from March 2023. Other methods and measures will need a

longer timeframe for development as the data does not exist or is not easily available nationally.

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Appendix 1

Our process

Our rangahau whānau were guided by Te Ao Māori research ethics and practices including:

- **Community up research** approach was embedded and guided by seven cultural values: Aroha ki te tangata (respect for people), he kanohi kitea (a face seen restricted to huitīma (Teams), titiro, whakarongo, kōrero (look and listen, speak), manaaki ki te tangata (look after the people), kia tupato (be cautious), kaua e takahia te mana o te tangata (do not trample on or disrespect people in any way), kia mahaki (be humble) (Smith, 1999; Cram, 2009)
- **Pōwhiri** engagement process based on respect and positive relationships between the tangata whenua (participants) and manuhiri (rangahau whānau). The engagement approach included: Karanga (invitation to participate), mihimihi (introductions to the team), whaikōrero (content of research and responsibilities), and koha (reciprocity, support a kaupapa Māori research paradigm) (McClintock et al., 2010)
- **Te Ara Tika** Māori ethics framework, located in a pro-Tiriti o Waitangi context, provided further guidance, offering four tikanga based principles (whakapapa (relationships), tika (research design), manaakitanga (cultural and social responsibility), and mana (justice and equity) (Hudson et al., 2010).

Methods – Our approach

We applied an intentional approach to ensure whānau Māori lived experience informed the He Ara Āwhina – Te Ao Māori perspective. Therefore, multiple options for participation in the consultation process were supported. This included:

- A proactive hui approach, involving invitations nationwide to Māori with lived experience, encouraging participation at either a number of huitīma being held, or
- 1:1 hui
- Phone calls
- Online survey
- Email submissions
- Post submissions.

Māori participant demographics:

- Five huitīma were held with a total of 20 tangata whaiora
- Five email submissions were received from three kaupapa Māori organisations and two whānau members

- 23 online survey responses were received from six kaupapa Māori organisations, seven tangata whaiora, eight whānau, and two Māori participants (not-specified).

Limitations with participant identification in the survey:

- The online survey provided three options in which respondents could 'identify' as Māori (including 'Groups' of people you identify with or represent, 'Ethnicity', 'Whakapapa').
- "Groups of people you identify with or represent" was used because Māori are one of the 'priority' populations, so Māori needed to be included in the associated list along with our other priority population groups.
- Statistics NZ statistical standards were used for the survey questions for 'Ethnicity', Māori descent, and Iwi (Stats NZ, 2022a, b, c).
- Some participants identified as providing a 'Group' perspective however did not stipulate Māori ethnicity and / or whakapapa. Therefore, in order to ensure a Māori whakaaro was being presented, for the purposes of informed the Te Ao Māori perspective, responses from 'whakapapa' Māori were used to inform the Māori voice report that informed the Te Ao Māori perspective.

Our kaupapa Māori research approach and thematic analysis (Braun and Clarke, 2017):

- All data collection and data analysis were conducted by a Māori rangahau whānau. The data gathered during huitīma was validated by whānau to ensure an accurate account of their taonga (contribution) was captured.
- The interview data was coded during the huitīma process and was led by a kairangahau who was present at all the huitīma. A coding validation process was further ensured by regular coding checks and hui between the wider rangahau whānau.
- Initial sub-themes were identified during the interview coding process and presented to the Māori EAG. During this process it was identified that many of the sub-themes reflected Te Tiriti o Waitangi articles and principles, and advice was provided to consider whether this was evident as coding and sub-theming progressed.
- Once the coding and thematic analysis process was completed it was evident Te Tiriti o Waitangi principles provided a framework in which to honourably report the main themes from the kōrero of Māori (Waitangi Tribunal, 2019).
- The consultation process itself received positive feedback from Māori participants.

It's good we (tangata whaiora) have been involved in this process (of consultation) from the start to develop the framework. (Tangata whaiora)

It (the consultation hui) has been very safe and very enjoyable.
(Tangata whaiora)

Love that you are still seeking feedback to get it right. (Tangata whaiora)

Ngā mihi aroha to you Commission for hearing us and prioritising, validating and legitimising our voices over the generations, to make a Stand for Change, here and now! (Whānau)

Appendix 2

Māori voice participants: “Whakapapa” Māori

	Tangata whaiora	Whānau	Organisation	Not specified	Total
Hui	2 (n = 12)	1 (n = 2)	2 (n = 6)	-	5
Email	-	2	3	-	5
Online form	7	8	6	2	23
Total	9	11	11	2	33

Appendix 3

Table: He Ara Āwhina – Te Ao Māori consultation themes/sub-themes

	Active protection Mana whakahaere	Tino Rangatiratanga Mana motuhake	Ōritetanga Mana tangata	Options Mana Māori	Partnership
He Ara Āwhina framework strengths		<p>Mana motuhake grounded in Te Tiriti</p> <p>Aspirational</p> <p>Whānau Lived Experience leadership</p> <p>A taonga to Māori</p>	<p>Recognises Crown commitment in line with Te Tiriti obligations</p>	<p>Resonates with Te Ao Māori</p> <p>Resonates with whānau ‘whānau dynamic’ ‘whānau centric’</p> <p>Recognises wairua</p>	<p>Kotahitanga (unity, partnership, solidarity)</p>
He Ara Āwhina framework limitations – areas for improvement Mistrust and cynicism	<p>Resourcing/funding to support mana motuhake</p> <p>Advocacy for a Māori-led approach to monitoring</p> <p>Barriers to wellbeing (institutional and systematic racism)</p> <p>Need to be explicit about how the Te Tiriti will be upheld within the context of this monitoring framework</p>	<p>Simplify the language to improve accessibility for Māori</p> <p>Whānau want to be self-governing</p> <p>Supporting whānau to be experts of their own wellbeing</p> <p>Whānau leadership in policy and legislation</p> <p>The need for a clear transition on how whānau dependency on the system will be removed</p>	<p>Cynicism with lack of progress made to date (e.g. seclusion and restraint)</p> <p>Commit to address the inequitable value placed on mātauranga Māori compared to western medicine</p>	<p>Mātauranga Māori and Te Ao Māori should be the only beliefs and philosophies that inform mental health and addiction praxis in Aotearoa</p> <p>Opportunities for innovation and entrepreneurship</p> <p>Acknowledge workforce capability issues - how the workforce is being developed, resourced, trained and educated</p> <p>Safe environments</p> <p>Health promotion / health literacy</p> <p>Support for local (rohe / iwi specific) frameworks</p>	<p>Existing Māori knowledge (e.g. Whakamanawa)</p> <p>Connections between services / supports / community / whānau</p>

<p>He Ara Āwhina framework Implementation Advice</p>	<p>Accountability to whānau Mamae, how can we trust you to monitor the system for whānau? Measures / data quality and access Consider sector readiness - what groundwork needs to be done first? A monitoring system needed for the philosophies and beliefs within the mental health and addiction system that inform practices, beliefs, and actions within the mental health and addiction services Monitoring the system's compliance with Te Tiriti o Waitangi should mean monitoring Pākehā-led services and workforce and not subjecting Māori mental health and addiction services to Te Tiriti o Waitangi compliance exercises</p>	<p>Māori-led approach with the monitoring and evaluation implementation (not a watch dog) Recognise our Māori experts (tohunga, kuia etc)</p>		<p>Workforce capability to respond to the aspirations of the framework Workforce capability to evaluate Te Ao Māori supports</p>	<p>“Power sharing” Through whose lens? Who will be the expert's implementation the framework to evaluate the system? Cross-sectorial measures</p>
<p>Advice for the MHWC</p>	<p>The Te Hiringa Mahara to be compliant with the framework in the first instance - need to be Te Tiriti compliant</p>	<p>Māori want ownership of implementing the framework</p>	<p>You express a commitment to honour Te Tiriti, what does that look like in practice?</p>	<p>Do you have the Te Ao Māori capability to implement the framework?</p>	<p>Is there a genuine partnership opportunity to evaluate the system? Work on a collaboration with Mahi a Atua, Te Rau Ora, and E-Tū-Whānau. These three organisation are exemplars of how whānau who are the architects of their own wellness, dismantling the system and removing whānau dependency on the system and the services within the mental health system</p>