New Zealand Breastfeeding Alliance Policy on Māori Responsiveness March 2018

1   Background: Kia ū, kia mau, kia ita .

NZBA wants their work both internally and within diverse communities to be respectful, meaningful and effective. This statement has been developed to support organisational responsiveness of NZBA to Māori whānau, hapū and iwi.

NZBA and Rōpu Whakaruruhau identified the need for the NZBA Board, advisors, staff, contractors, as well as stakeholders to demonstrate a high level of cultural responsiveness towards Māori in supporting the ongoing engagement with breastfeeding initiatives, education and promotion.

Ultimately NZBA and Te Rōpu Whakaruruhau recommend this approach as a mechanism for upholding the principles and intention of Te Tiriti ō Waitangi within the context of Māori health today. This positional statement outlines NZBA's approach on Māori cultural competency, safety and responsiveness. Part of this approach is to align organisational understanding, consistency and application of the terms.

The advantages of having a consistent approach are

   a. understanding of cultural terminology in wider terms than ethnicity;
   b. a shared understanding of cultural competency, safety and responsiveness and how they are applied and measured from a Māori perspective
   c. supporting a high-quality service and meet the needs of diverse Māori populations
   d. increasing organisational capacity and capability by identifying education needs, providing staff training or supervision and utilising appropriate data
   e. promoting respect, creativity and openness to difference within the work environment

2   Scope:

As part of this Positional Statement a Māori Responsiveness model has been developed which defines culturally terminology to support NZBA's work specifically with Māori.

There are three main intentions of NZBA's Māori responsiveness model
1) To demonstrate accountability to Māori whānau, hapū and iwi mandated structures
2) To embed the principles of Te Tiriti ō Waitangi throughout everything NZBA does including the NZ Baby Friendly Documents and Audit Tools, Auditor training, education tools, employment of staff, meeting processes and reporting mechanisms
3) To optimise mechanisms for the protection and promotion of Māori rights to breastfeed

## 3	Te Tiriti ō Waitangi

The Treaty of Waitangi / Te Tiriti ō Waitangi as the founding document of Aotearoa New Zealand expressed as a partnership between the indigenous Māori people of Aotearoa New Zealand and the Crown. Māori entered into that agreement with the British to advance their aspirations, affirmed their tino rangatiratanga/self-determination and ensured equity (Came & Tudor, 2016).

Article 2 relates protection of Maori tāonga/treasures – health is a treasure.
Article 3 three outlines that Māori receive the same rights as their English subjects - this means health status.

NZBA recognises its obligations with regard to Treaty of Waitangi / Te Tiriti ō Waitangi and the principles of the Treaty are demonstrated by the way NZBA practises as an effective treaty partner by:
- **Partnership:** Identifying hapū/ iwi breastfeeding aspirations and addressing inequities to further improve breastfeeding rates in Aotearoa New Zealand.
- **Participation** : Working alongside Māori into the decision-making, planning, development and implementation of the Baby Friendly Initiative.
- **Protection** : Ensuring that Māori traditional breastfeeding practices are protected.

Came, H. & Tudor, K. (2016). Bicultural praxis: the relevance of Te Tiriti o Waitangi to health promotion internationally. International Journal of Health Promotion and Education, 1-9.

## 3	Māori models of health

Māori philosophical thinking is around holistic models of care. This is in deep contrast to western ways of health viewpoint that is often seen as medical model of health. Sir Mason Durie articulated health from a Māori point of view as a four sides of a house each needing to support the others sides. The four sides are listed as
-*Te Taha Wairua*- spiritual realm
-*Te Taha Tinana*- physical functioning
-*Te Taha Hinengaro* – thoughts and feelings
-*Te Taha Whānau*- the role of the wider family in healing and support (Durie, 1994).
The essence of Māori health is seen as the interplay of the different aspects for example physical functioning, thoughts and feelings and the wider support of family.

## 4	The role of the breastfeeding in Te Ao Māori

Te Taha Whānau situates the pēpi/child within the support of the whānau/family as central the continuance of future Māori generations. In traditional times, they were a principal source of strength, identity and revered like a tāonga /treasure.

The new generation needed to be nurtured from before birth in order that the pēpi/ child survived to benefit the hapū and iwi and this occurred through ensuring that waiū/māma's milk was the optimum food. Māori were in robust physical and mental health, they were organised as a collective in such a way that everyone had responsibilities to fulfil the vision of a healthy, thriving pepi.
According to Māori traditional oral histories hapū /pregnant māma were provided for with the best foods, Māori children were exclusively breastfed and were nurtured by the whole village. Breastfeeding was the normal cultural practice and it was seen as potential for the future whakapapa and it needed to be protected.

The Māori responsiveness Model of Care
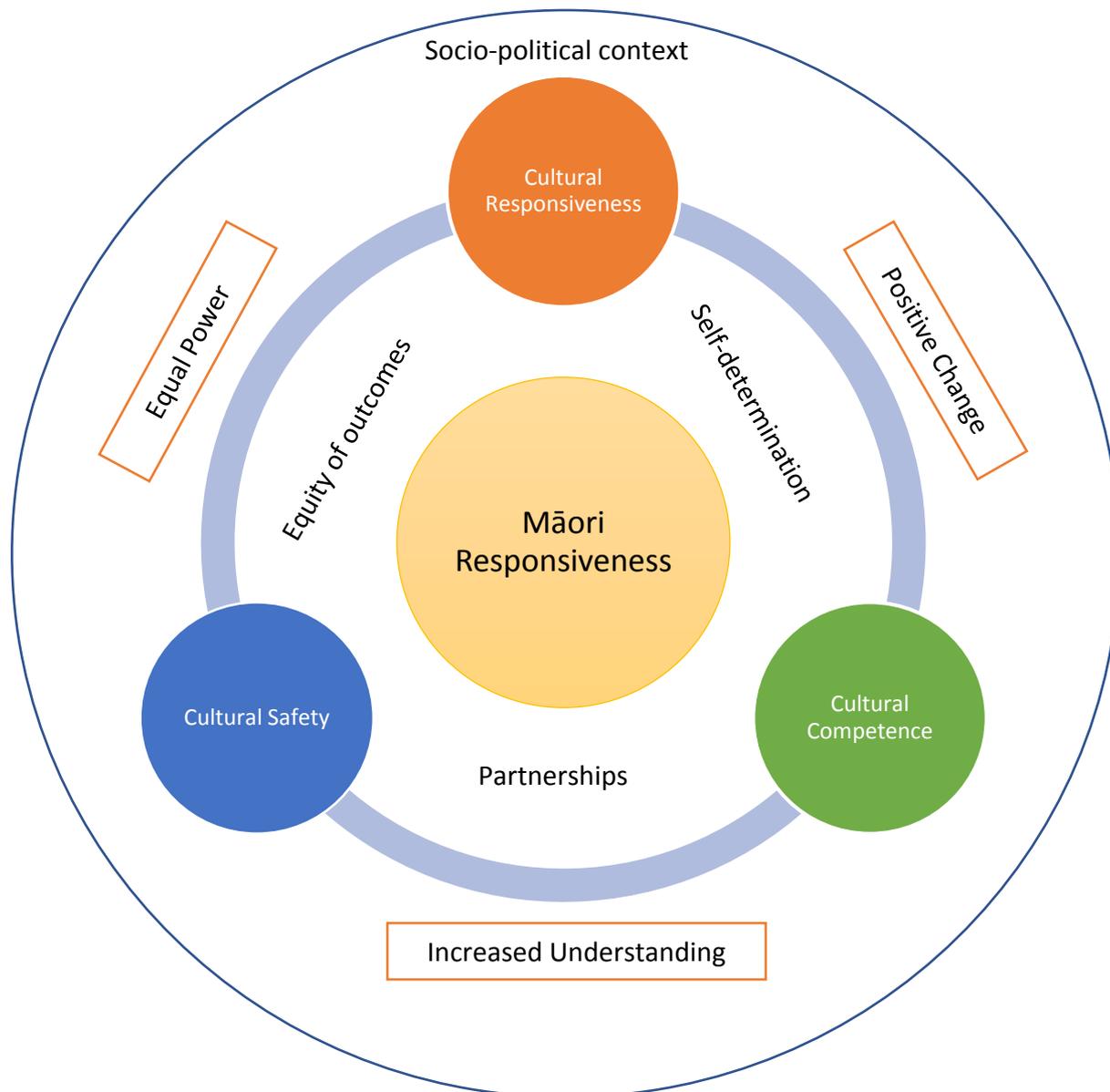
Durie, M. (1994). Whaiora: Māori health development. Auckland: Oxford University Press

 The Māori responsiveness model of care illustrates the links between cultural safety, competence and responsiveness all connected with being responsiveness. The principles of self-determination, equity of outcomes and partnerships support the movement between the outer concepts through to Māori responsiveness, and then back to influencing and increasing the outer concepts. The tangible outcomes achieved by implementing these ways of working together are reflected on the outside of the model. The model has been developed primarily using concepts that reflect ways of working between the service and families/whānau, however, it may be applied as a lens for working with colleagues when there is cultural diversity and differing power dynamics at play.

Outcomes from working within this Model of Care:

Increased Understanding: Learning is a continuous process and learning about different cultures requires a commitment to identify and create opportunities for people to provide feedback on how the relationship is progressing from their perspective. It is naive to suggest that Māori do not often share many cultural 'norms', however the outcome of **'increased understanding'** in this model relates to having an awareness of the 'norms' or practices that the individual, whānau or group we are working alongside hold important. It is also about ensuring that conversations are guided by the person who identifies with a particular cultural group. People continuously increase their knowledge in the way they work with others by attempting to understand others' own unique identities and worldviews.

Equal Power: In contrast to the phrase "knowledge is power", working in ways that increase our knowledge relating to other cultures provides opportunities to situate ourselves as 'other'. By demonstrating this cultural humility, we position ourselves in a place of genuine interest and enquiry and shift the power from 'doing to' towards 'working alongside'. People in positions of cultural dominance or power are accountable for promoting an environment in which power dynamics are balanced and that opportunities for feedback are encouraged.

Positive Change: Change is an important component of making a difference and being responsive to feedback provided. This change may be at an individual level, or alternatively it may be at an organisational level. It is important to ensure that feedback is valued and considered in a way that reflects change organisationally and systematically. Therefore, all activities and information reflecting positive change needs to feed-in to resources and systems supporting cultural competence

Appendix One Definitions:

Culture - Culture provides a common understanding of meaning and supports connection within and across communities. It includes how people communicate with each other, how decision-making processes are determined, how families and societies are structured and what is held important. While culture and ethnicity are inter-related, it is widely accepted that they are not interchangeable with ethnicity relating to more self-identified physical characteristics and culture being the meaning placed upon particular patterns or traits of a particular group.

Cultural competence - Cultural competence relates to the demonstration of skills, knowledge and interpersonal qualities of people working with others. Cultural competence is a dynamic state as the extent to which it is demonstrated is dependent on many variables, including the context in which interactions are taking place and the perspectives of the dominant culture[1]. Culturally competent practice and constructs sit along a continuum relating to culture and identity which can be identified and challenged as part of organisational value systems.

Cultural safety - "Cultural Safety is a mechanism which allows the consumer to say whether or not our service is safe for them to approach and use" (Irihapeti Ramsden[2]). Cultural safety was developed to support clients and families to reclaim power within health services. Cultural safety is about placing the onus on the person in the 'dominant culture' to adapt to difference rather than expecting others to conform to their own cultural 'norms'. Cultural safety can be considered in any interpersonal relationships in which the 'power' balance is unequal. It is about approaching others with the thought of "I am different from you", rather than "you are different from me".

Cultural responsiveness - Cultural responsiveness refers to the way individuals and organisations acknowledge and respond to the power differential between their own culture and the culture of others (Bellon-Harn & Garrett[3]). Cultural responsiveness incorporates both cultural competence and cultural safety. It is dependent upon the work of the service provider in recognising the interconnectedness between health determinants and culture and emphasises the need for services to respond to the diverse needs of populations. Cultural responsiveness is about creating an environment in which culturally safe experiences of care are the norm and the diversity of cultures amongst employees is genuinely respected.

---

[1] The dominant culture is a culture that is the most powerful, widespread, or influential within a social or political entity in which multiple cultures are present.

[2] Ramsden, Irihapeti (2002) Cultural Safety and Nursing Education in Aotearoa and Te Wai Pounamu. Unpublished thesis. Victoria University of Wellington.

[3] Bellon-Harn, M. L., & Garrett, M. T. (2008). VISION: A model of cultural responsiveness for speech language pathologists working in family partnerships. *Communication Disorders Quarterly, 29,* 141-148.

Appendix Two: Cultural Intelligence Elements

The following table illustrates specific elements of Cultural Intelligence (namely, cultural competence; cultural safety; and cultural responsiveness).

	Cultural Intelligence	
Elements	Components (can include, but not limited to)	Strategic Alignment
Cultural Competency	Awareness of different cultural practices, values and beliefs Hold attitudes towards people from different cultures to your own that promote positive ways of working together (unconditional positive regard) Demonstrate cultural humility by prioritising others' cultural identity before your own	NZBA Strategy 2016-2021
Cultural Safety	Shift the power away from the dominant culture – "asking" rather than "telling" Create opportunities for feedback and change your approach based on this feedback Continuously consider and reflect on how your words or actions may be interpreted by others and ask for feedback to check your interpretation	NZBA Strategy 2016-2021
Cultural Responsiveness	Support an organisational culture that embraces feedback and creates opportunities for effective, informed and evaluated change Ensure interactions with others reflects the uniqueness of individuals Ensure service design and delivery supports equity of access, engagement, outcomes and employment and identifies meaningful measures for outcomes and success	NZBA Strategy

Related Documents
- The Treaty of Waitangi/Te Tiriti ō Waitangi
- Health Practitioner's Competence Assurance Act (2003)
- New Zealand Health Strategy Future Direction (April 2016)
- Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice (Nursing Council of New Zealand, 2011)
- Royal NZ Plunket Trust Statement on Cultural Intelligence

Further Support Documents
- Pūao-te-ata-tu, the report of the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare (2001)
- NZBA Strategic Plan 2016-2021
- NZBA Māori Strategic Plan 2016-2018

A special acknowledgment for the Royal NZ Plunket Trust and permission to use their ongoing work on cultural responsiveness. He mihi nui ki a koutou.

Came, H. & Tudor, K. (2016). Bicultural praxis: the relevance of Te Tiriti o Waitangi to health promotion internationally. International Journal of Health Promotion and Education, 1-9.