

The Treaty Understanding of Health in Aotearoa – New Zealand

A review on the implementation and development of the TUHA – NZ framework by Health Providers in the Lower North Island

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Executive Summary

The purpose of this report was to analyse how the framework –TUHA-NZ a Treaty Understanding of Hauora in Aotearoa-New Zealand, is being used within the health sector. Questions were developed to gain an insight into implementation pathways, key development issues, and key problems and to offer recommendations to the Health Promotion Forum of New Zealand (HPFNZ) on further development options.

The researchers interviewed a cross section of HPFNZ affiliated providers that fell into the categories of crown organisations, Non-Government organisations (NGO's) and Māori providers. Data was analysed using the key information domains of use, views and experience and recommendations for future use of the framework. These domains were questions that the HPFNZ provided to the researchers when they were engaged for the research.

This research identified that the TUHA-NZ framework has been a contributor within in the health promotion sector for some groups in particular Public Health Units. For both Māori and Pakeha health promoters the framework initiated discussion and for some it enabled to implement their commitment to improving Māori health. For some participants, the TUHA-NZ training began a personal journey while other participants noted that it was an extension of their practice and reaffirmed what and why they were doing things. The framework translated the treaty articles into layman's terms and with the examples provided, made the treaty more concrete and real. For many crown organisations and some NGO's the TUHA-NZ principles were now ingrained within the organisational culture so they were used "*consciously and unconsciously*" and the framework continued to be of use. This framework would be useful in other settings such as community development and local government as has provided a vehicle whereby the Treaty can be operationalised. The report identifies an inconsistent use of the treaty-based framework across providers such as NGO's and Māori providers principally because the treaty was seen as being an agreement between the Crown and Māori.

This report analyses these issues and recommends that to further develop and implement the TUHA-NZ framework there will need to be;

- strong leadership from the HPFNZ to ensure success of further development and implementation of the framework;
- further training and development to update all new providers and those new to the health promotion workforce; the HPFNZ could support mentoring or peer training;
- exploration of the transferability of the framework into other sectors; and,
- simplification of the framework documentation to make the framework accessible to all affiliated providers.

1.0 Introduction

Whakauae Research Services was approached in July of 2005 by Dr Alison Blacklock, Executive Director - HPFNZ, to review the TUHA – NZ framework. After discussion it was agreed that Whakauae would;

- i. describe the current use of TUHA-NZ among providers in the lower North Island;
- ii. identify their views and experience of its value, and comment on problems and opportunities; and,
- iii. make recommendations for future developments.

TUHA-NZ, a Treaty Understanding of Health in Aotearoa – New Zealand, is a health promotion framework that was developed from a remit from the Health Promotion National Conference (October 1997). This remit challenged the forum to facilitate a process to look at the place of the Treaty of Waitangi and the Ottawa Charter in health promotion practice in New Zealand.

The Framework uses three articles contained within the Māori text of Te Tiriti o Waitangi to inform the TUHA-NZ framework. They are;

- Article One: Kawanatanga – Governance;
- Article Two: Tino Rangitiratanga – Māori control and self determination; and,
- Article Three: Oritetanga – Equity.

The TUHA-NZ framework outlines the three articles and their relationship with health promotion and describes a process to assist health promoters in their efforts towards a treaty-based practice and provides examples of how to implement this practice.

The HPFNZ has taken a lead role in the development of the TUHA-NZ framework and continues to support affiliated providers with further implementation.

The implementation of the TUHA-NZ framework was facilitated from 2000 onwards through a comprehensive training programme across a range of providers such as NGO's, Māori Providers and Public Health Units.

This report explored how TUHA-NZ has been implemented and developed across a range of providers in the lower half of the North Island with the intention of providing advice to the HPFNZ on future development initiatives.

1.2 Methodology

1.2.1 Approach

Initial planning for this project defined the research goals and objectives, identified research questions¹ and developed the research plan and approach. The approach and interview guide was tested with a health promotion provider to see if any changes were needed to the approach. No changes were necessary from this testing process.

Purposive sampling was used to engage health promotion providers from the lower North Island namely; Whanganui, Palmerston North, Wellington, Wairarapa and Taranaki. These providers were based on a list provided by HPFNZ of affiliated members. Whakauae felt that these providers responses would be indicative of other providers in New Zealand. Because the research was restricted to the lower North Island diversity was sought across a range of providers such as Crown Organisations, NGO's inclusive of Primary Healthcare Organisations (PHO's) and Māori Providers.

1.2.2 Data Collection

An interview guide was used to gather data from each provider and included discussion under each of the three research information domains, which were defined after discussion with HPFNZ and the researchers. The domains included; current use of the framework, views and experience of the framework and recommendations for future developments. The researchers identified key personnel from each organisation to approach for interviews and included a mix of management and staff.

During the data collection phase, two researchers were used to interview. The primary interviewer was used to carry out the "face to face" process with the participants and the secondary interviewer scribed the interview. To ensure accuracy a dictaphone was also used to capture the interview details. The research was conducted from the 6th September 2005 – 26th September 2005. In addition to the interview guide a number of informal questions and prompts were used to ensure sufficient detail was gathered from research participants. An informal conversational approach allowed the participants to explore all aspects of the project. In some cases tikanga Māori was observed through koha and mihimihi. In all cases Whakauae Research Services conversed with the provider to ensure correct protocol was observed.

1.2.3 Document search

In addition to interviews organisational documents relating to the project were reviewed to ensure all information had been utilised in the analysis of the development of TUHA-NZ in the providers interviewed.

¹ Attached as appendix 1

1.2.4 Data analysis

Data was analysed using the key information domains of use, views and experience and recommendations for future use of the framework and key themes were developed using a thematic analysis approach.

1.2.5 Validation

To ensure authenticity and reliability of the information the draft report was presented back to the research participants to review and changes were made based on this feedback.

1.2.6 Ethics

Consent² was sought from all participants and an information sheet³ was provided about the research. Rights of the participants were discussed before each interview. A flow chart⁴ was also used in some cases to explain the historical background of the TUHA-NZ consultation process.

1.2.7 Reporting

The report format has been developed to describe key information domains and to ensure all relevant information has been included and that the report reads logically.

1.2.8 Limitations

There have been a number of issues that have limited the scope of the research; the data collection was carried out over a four-week period, and limited to the lower half of the North Island.

Due to the time constraints there was a limitation on availability of organisations to be interviewed.

Contact with some of the providers identified factors that precluded their participation in the research such as little or no knowledge of the framework or limited organisational capacity within organisations to enable them to respond to the request for information.

1.2.9 Participants in the research

There were 54 participants that were contacted to take part in the research however only 49 agreed to participate. Of the total 54 participants, ten were male, 44 were female. The 49 active participants reflected a cross section of sector including governance, managers, and health professionals including health promoters. Those that declined to participate gave the following reasons;

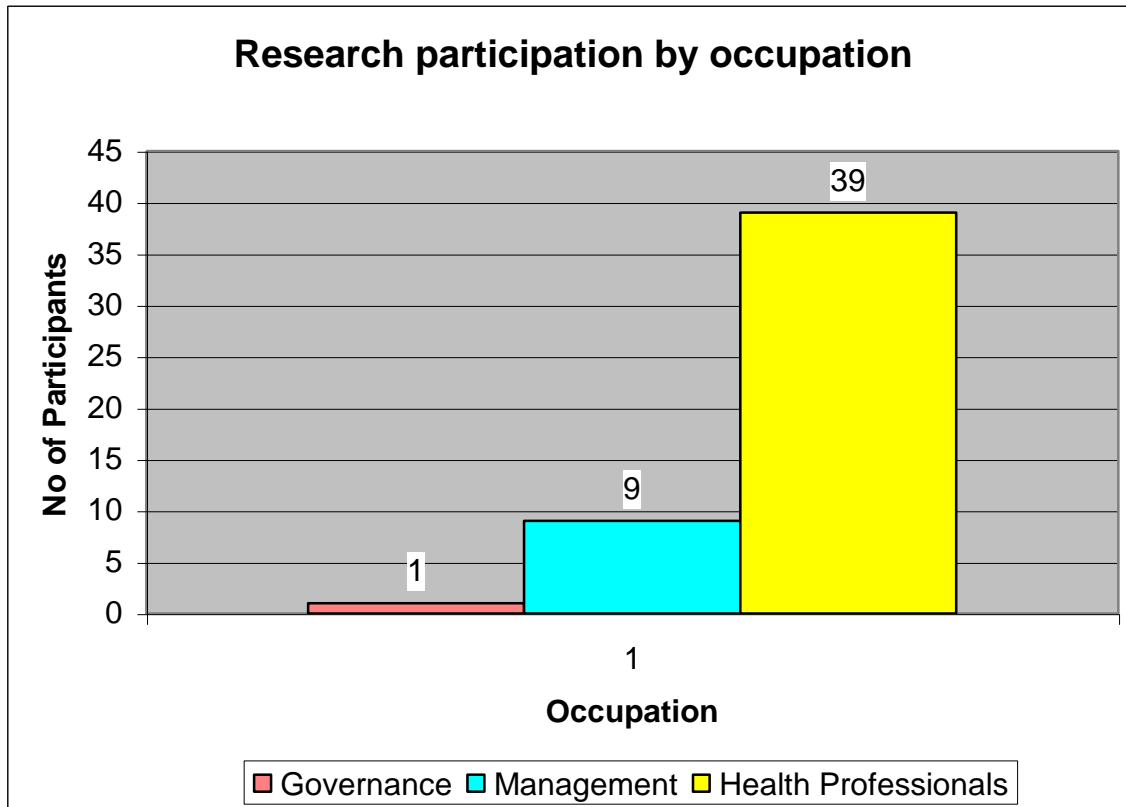
- limited organisational capacity;
- time constraints; and,
- no knowledge of the framework

² Attached as appendix 2

³ Attached as appendix 3

⁴ Attached as appendix 4

Figure 1: Research participation by occupation



The researchers requested a cross section of health promotion personnel from each of the participating providers to ensure a range of responses.

The graph above shows the breakdown of the people interviewed however, it must be noted that the term "health professionals" includes health promoters, nurses, a medical of health officer and a dietician.

Of those interviewed 15 participants were Māori and 34 were non-Māori and were spread across all the organisations interviewed.

2.0 Background

The development of the TUHA-NZ framework began in October 1997 following the National Health Promotion Conference where a remit was presented challenging the place of the Treaty of Waitangi and the Ottawa Charter in health promotion practice. A consultation process began in 1998 with four workshops in Auckland, Rotorua, Wellington and Christchurch to facilitate the development of a draft framework about Treaty-based health promotion practice in Aotearoa-New Zealand.

A report titled "E Rua" documented the consultation and made further recommendations, which culminated in The TUHA-NZ Memorandum that was presented at the 1999 Health Promotion Forum in Napier. This was followed by a consultation period to further develop the strategy.

From 2000 onwards HPFNZ facilitated training and implementation, which resulted in the final document TUHA-NZ a Treaty Understanding of Hauora in Aotearoa – New Zealand that was published and launched at the Health Promotion National Conference in Christchurch, April 2002.

Since this time a number of providers have implemented this framework. This report provides information to the HPFNZ to guide further development.

3.0 Literature reviews

Whakauae Research completed a literature search to build an awareness of TUHA-NZ. Documentation reviewed included; health promotion frameworks both national and international, indigenous Māori health models, reducing inequalities frameworks and health promotion websites.

Further documentation was collected from the providers. This served to validate information provided at the interviews.

4.0 Results

The qualitative data in this section is discussed under 3 information domain headings;

- i. current use of TUHA-NZ among providers in the lower North Island;
- ii. views and experience of its value, any problems and opportunities; and,
- iii. recommendations for future developments.

4.1 Knowledge of TUHA-NZ

Data collected under the information domain knowledge of TUHA-NZ identified that knowledge of the framework varied across a continuum, from being embedded in the organisational culture to no knowledge at all. Those organisations that were familiar with TUHA-NZ could identify that it was an indigenous model based on the Treaty of Waitangi with the Ottawa Charter incorporated within it.

Public Health Units (PHU's) were identified as having the most knowledge about the framework. Their knowledge was clearly demonstrated; as they were able to identify the framework, talk confidently about the concepts and discuss how it was operationalised. There were a number of reasons for this knowledge such as long serving staff that were

involved in the initial consultation and these staff had passed the information through the organisation or they had participated in development and training (particularly with Hine Martin). Staff employed over the past two to three years demonstrated less clarity in their understanding of the framework however as TUHA-NZ had become part of the organisational culture within PHU's, the principles of the framework had become absorbed and were now the norm:

...becomes for all of us a part of everyday practice that you don't have to be conscious of all the time.

It is possible that as crown partners PHU's felt they had the responsibility to demonstrate use of the treaty within their work practices.

NGO's were generally placed in the middle of the continuum with some NGO staff fully conversant with the framework and others who had little knowledge and had not implemented the framework. One participant familiar with the framework explained it as:

...developed as a tool for New Zealand health promoters to use in health promotion planning and delivery, with the view that the Treaty of Waitangi is the foundation and the principles of the Ottawa Charter are threaded through.

Individuals within these organisations identified training such as the Health Promotion Certificate, nursing training and university papers as being instrumental in enhancing their knowledge of the framework:

...went from a diploma to a bachelor of nursing and did a community health paper in there so I did get introduced to it there.

I did the short course certificate. (Health Promotion Forum certificate)

Some NGO's were using the framework at an operational level particularly with regards to collaboration and ensuring Māori needs were being met while others were using it at a more strategic level e.g. annual plans:

I write it into my annual plan each year...add in a Māori component which is basically TUHA-NZ.

Many of the Māori providers interviewed had little knowledge of the TUHA-NZ framework unless they had completed training such as the Health Promotion Certificate or had exposure to it through previous employment with organisations such as PHU's. A common feeling from all the Māori providers interviewed was that the treaty is a fundamental part of their kaupapa (philosophy) and was evident in the way they worked, therefore actively stating how you implement the treaty in health promotion is for mainstream; they perceived it as a mainstream framework:

...because the commitment to the treaty is our own vision I would like to think that we are taking the principals and requirements of the treaty into account. But what I can't tell you, as the CEO is how they do that... I don't blatantly tell my workers what tool they must use.

However it is evident in the above comment that how treaty principles or articles are demonstrated at an operational level may be problematic for some Māori providers.

When the researchers asked Māori participants about their knowledge of the framework they discussed their preference for other frameworks such as Te Pae Mahutonga or Te Whare Tapa Wha and obviously saw TUHA-NZ as another model of health promotion as opposed to a treaty based framework. This observation may be worth exploring in more detail e.g. is TUHA-NZ another health promotion model or is it a distinct Treaty framework that can be utilised in conjunction with other models?

The Māori providers we interviewed were able to confidently identify components of other frameworks e.g. the Ottawa Charter. Some providers discussed using indigenous models of health promotion such as Te Pae Mahutonga or Te Whare Tapa Wha, which were seen as models developed by Māori for Māori thus aligning the frameworks closer to their organisational beliefs:

...lean towards Te Pae Mahutonga... I think that because of the philosophy of our organisation around whanau, hapu and iwi...we take the four cornerstones approach.

Another participant believed that Māori did not have buy in or understanding of the framework, as they were not involved in the early development stages. Some Māori interviewed also had difficulty articulating what their understanding of TUHA-NZ was they believed the treaty is a high level document about how Māori and the Crown will work together and has no relevance at an operational value.

4.2 Use of the Framework

Data gathered throughout the research identified that the TUHA-NZ framework is implemented in a diverse manner across the providers interviewed from fully integrated into everyday practice to not utilised at all. The diversity of integration was reflected in the documentation sighted by the researchers; this ranged from project plans to strategic documents. TUHA-NZ was considered by providers as only one framework to deliver health promotion in Aotearoa. The providers also discussed how the current political climate had a negative impact on implementation of a treaty-based framework however most participants identified an ongoing commitment to equity in health promotion and stated they would continue to use the framework even though the policy environment had become more risk averse.

From the data it was found that PHU's were the most likely to use the framework. There were several reasons for this;

- long serving staff that were involved in the early consultation, development and training; and
- the framework enabled mainstream providers to incorporate the treaty into project planning.

Because some PHU's had been using the framework for a long period of time it had now become a part of the organisation culture. One participant said:

...some of the project development stuff kind of happens in an organic way and you don't really analyse it or think about it analytically until you are actually filling out this thing⁵...for all of us a part of everyday practice.

⁵ Reference to project plan template

Newer staff accepted it as a normal part of the organisations way of working and their learning had been supported by staff that were very familiar with the framework. One participant thought that the acceptance of the TUHA-NZ framework and full integration in work plans might be jeopardised if there was a high turn over of staff in the units. This would be particularly relevant if changes happened at a management level as use of the framework required support and impetus from that level:

If you had a change of manager and a new team of people coming in then it wouldn't be picked up the same because it wouldn't have the backing or the support.

One of the units had TUHA-NZ embedded in their documentation such as project plan templates and had used the principles in the TUHA-NZ framework to assist with resource allocation, in particular how staff would work on various projects:

...finding those hours from something else that was previously done under the health promotion umbrella and shifting those hours into something that seemed more in line with TUHA-NZ.

One participant noted that whilst her organisation did not use the framework in a tangible way the document influences their work by contributing to general knowledge and practice. One PHU had utilised TUHA-NZ as a framework for monitoring implementation of the Treaty in health promotion. This had caused some tension in the unit between Māori and non-Māori staff; there was reluctance by non-Māori staff to use the framework while Māori staff believed they should be driving the process. This tension impeded ongoing development of the framework in this unit however they did acknowledge that TUHA-NZ still influences their work practice.

Some NGO's interviewed were constrained in the use of TUHA-NZ by policy directives from their organisation's governance or management as they did not support a treaty framework approach. NGO's generally did not use the framework unless employees took this responsibility themselves and had previous experience or training with it. One participant identified that whilst the organisational structure did not support use of the framework, as employees they implemented it within their programme plans to ensure appropriateness for Māori. The setting up of Māori committees within health promotion programmes ensured this. One participant stated that one of the fundamental issues was that; *the organisation didn't understand health promotion let alone the TUHA-NZ framework.*

Other participants advised that whilst their organisations did not recognize the TUHA-NZ framework they did acknowledge a partnership with Māori, which was incorporated into their programmes. Instead of a treaty based approach service delivery to Māori was provided through a needs based approach.

Through discussion with Māori providers researchers found that these providers were the least likely to use the TUHA-NZ framework. The common opinion was that Te Tiriti O Waitangi was inherent in everything they say and do as a Māori organisation. One organisation stated that for a Māori organisation to buy into *mainstreams interpretation* 'there needed to be more work done on relationships particularly at a strategic level.

One of the providers identified that this framework is not necessarily mandated by the Ministry of Health (MOH) and in fact is not mentioned in the contracts with DHB's or MOH, and these contracts are a key driver of health promotion practice for many.

The research revealed that all of the Māori providers interviewed understood the principles of the Ottawa Charter and many had incorporated the charter within documentation such as service plans rather than the TUHA-NZ framework. It is interesting to note that one provider had no reference to TUHA-NZ in its strategic documents even though there was reasonably detailed reference to the treaty and its application. It must be mentioned however that this provider had only taken up health promotion contracts in the last 3 years.

One Māori participant found it difficult working with the Ottawa Charter, as he believed that as a Māori organisation the treaty should be the founding document. The participant believed that *people know about the framework but don't know how to use it or incorporate it.*

4.3 Implementation of the Framework

Researchers found response to this domain was varied across the organisations interviewed and information was limited as only PHU's were fully implementing the framework. Whilst many providers did not use the framework they believed the philosophy of the treaty was already embedded in their approach and thinking with regards to health promotion. All of the providers interviewed unanimously agreed that training was an important factor in ensuring the successful implementation of the framework.

A diverse implementation of the framework across the providers was illustrated in the ways it was used such as; a checklist for monitoring of the treaty implementation in their programmes to inclusion of the framework in planning templates at a strategic level. One participant noted:

I see the document for me as a way of ensuring that the treaty and health promotion concepts are linked.

Another participant said:

...because the treaty is high level stuff about how Māori and the crown will work together...in the health sector operational kind of field I think we struggle with models.

Other documentation that we collected from the participating providers identified that the framework was used as a stand-alone document or in conjunction with other frameworks. It was also used as a component in the basis of some documents such as project plan templates⁶ and formed an important element of other documents such as service plans, annual plans and strategic plans⁷.

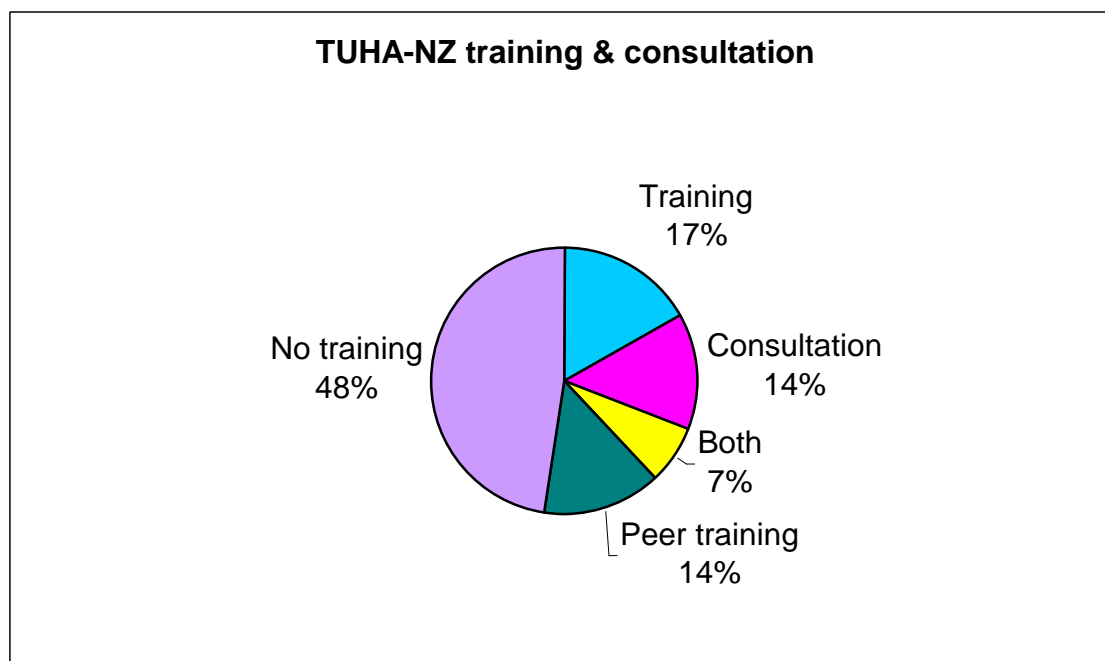
Providers recognised training as an important part of ensuring health promoters have sufficient knowledge to implement the framework. Research showed that less than half of the participants had not received TUHA-NZ training. Some participants advised that even in the Health Promotion Forum programme training was insubstantial with regards to the TUHA-NZ framework:

We probably just learnt a little bit from the Health Promotion Certificate in Gisborne...showed us the TUHA-NZ but didn't tell us the reason or anything...the Ottawa Charter was in depth and the rest was just skimming.

⁶ Attached as appendix 5

⁷ Attached as appendix 6

Figure 2: TUHA-NZ training received by participants



The graph is based on the 49 participants who took part in this research. An explanation of terms is as follows:

Training – those who participated in TUHA-NZ training through HPFNZ either through Hine Martin, James Barrett or Linda Marsh

Consultation – Those who participated in TUHA-NZ consultation process

Both – Those who participated in both training and consultation

Peer Training – Those who have been trained in TUHA-NZ by peers. These peers were involved in the official TUHA-NZ consultation and training.

4.3.1 Challenges to Implementation

From our research we found that there were many challenges to the implementation of TUHA-NZ including; lack of leadership and endorsement of the framework, a perception that TUHA-NZ is a mainstream framework, lack of training, documentation that was seen as too academic and a current political climate that did not necessarily support treaty based frameworks.

Many organisations believed that if the Ministry of Health and HPFNZ required providers to use the framework it should be endorsed and led from those organisations. One participant was surprised to note that:

...meeting with the ministry and I thought they would strongly endorse TUHA-NZ, but their view was ...this is one model...there is others you could use.

Some providers stated they didn't feel connected to the HPFNZ as it was perceived; *to be more active in the northern part of the country* and contact was limited to quarterly or six monthly newsletters. One participant noted:

...could be the best tool in the world, but if you don't have that relationship stuff sorted out then I don't think people are going to use it.

For some health promoters their organisational structure did not support the use of TUHA-NZ. Other organisations saw the treaty as something between the Crown and Māori and taking into account Māori as a treaty partner at a NGO organisation level was regarded as separatism. One participant believed a fundamental lack of understanding at a strategic level contributed to this:

...in my organisation from the top, it needs to have some input at that level as well, so they are supporting the workers on the bottom to acknowledge that the document actually exists.

Another participant described how people had difficulty understanding health promotion let alone a treaty based framework. Some participants believed the document (TUHA-NZ a Treaty Understanding of Hauora in Aotearoa- New Zealand) was too academic and this had added to the misunderstanding:

...you need to understand public health as it is here (population based health, healthy public policy)...many people go off the track because they do not understand the basic principles of easy access, appropriate services, appropriate people, starting where people are, people being involved.

All participants agreed a workbook with more examples could compliment the initial document:

It is a straightforward document but feel there is still room to drop it down another level to a work book...there are still feelings that this document is quite dense and would still put practitioners off even with the training...made more practical and hands on...some interactive stuff and more examples...some of the examples are still quite complex.

Some participants believed a one-page summary as had been done with the Ottawa Charter would be helpful:

A summary of it would be quite useful...something that is more user friendly for when you're busy and in a hurry...the Ottawa Charter is like a A3 folded sheet and that is awesome.

Other participants believed a more visual approach in the initial document or an interactive website would assist comprehension of the framework.

...website could have a interactive workbook...a practical tool that real people in the field could run with

One PHU reported that in their organisation the consultation process had been challenging for both Māori and non-Māori health staff. They incorporated the TUHA-NZ framework in an evaluation/audit⁸ tool and believed that the process had been divisive by making each group examine their attitudes towards the treaty and this resulted in the team easing back on implementation. Our research showed that this was not the norm and most PHU's were

⁸ Attached as appendix 7

excited that they had a practical framework that broke the treaty down to something concrete and real:

I was really excited when this came out...the treaty has always been talked about in the context of community development and community work, and people found it quite hard to translate the principles into some meaningful practice...it was greeted with a lot of enthusiasm (non-Māori).

...the practical examples that are provided through out the document confirms for Māori as being a Māori that the way I am working is right in regards to the Ottawa charter and the Treaty of Waitangi...it also provides a good guideline for non-Māori to work safely.

A lack of current training opportunities was also seen as a challenge to implementing the framework. The research showed that those who had been involved in the initial consultation and framework had a more comprehensive knowledge of the framework than those who had been employed in the last 3 years:

...in the three years I have been there...never been actively promoted or any training been provided. (NGO participant talking about TUHA-NZ training)

Some providers stated that the recent change in political climate had some bearing on implementation of treaty-based frameworks such as TUHA-NZ. Whilst the participants were concerned about job security and further funding they said that it would not change how they work with Māori instead they would use the more politically correct terms of *high needs* or *high risks*. Treaty based practice would become equity or needs based practice.

Primary Healthcare Organisations were also facing challenges with regards to implementing health promotion. Whilst it was identified that TUHA-NZ was a framework that could go across the disciplinary areas, a particular challenge with PHO's is that there are different models of PHO's and one size doesn't fit all. Many PHO's are struggling with the concept of:

...what is health promotion in a primary care setting?

One participant commented that it required a huge shift in thinking for PHO's to move from individual treatment based approach to a population based health promotion approach.

Another of the challenges identified was that there was a range of health promotion frameworks and tools available and that this may cause confusion and concern about which framework to use or incorporating all the frameworks into healthy promotion framework. Some providers had reference to more than one framework in their documentation such as TUHA-NZ, Ottawa Charter, the Equity Lens, Te Pae Mahutonga and Te Whare Tapa Wha.

4.3.2 What worked well

The research demonstrated that there were a number of things that had worked well with regards to implementation of the TUHA-NZ framework. Providers believed the initial consultation and early training had been very important in helping promoters gain understanding and knowledge of the framework. This was supported by the document, TUHA-NZ, a Treaty Understanding of Hauora in Aotearoa-New Zealand, which provided realistic examples of the treaty principles that could be translated into every day health promotion. An added advantage was that this framework could be used alone or in conjunction with other frameworks.

The participants that were involved in the early consultation and training identified Hine Martin and later James Barrett and Linda Marsh as early trainers who were instrumental in helping them gain understanding and the practical application of the TUHA-NZ framework:

...we have always had the treaty in our project planning template but I think prior to the TUHA-NZ training, nobody really knew what to do with having the treaty part in it, what would we do to meet the needs of Māori.

Many participants identified that the framework translated the treaty principles into meaningful practice and provided practical examples to use in project plans:

...the way the article is described in there is really good... I don't think I have read anything that ever described them...in a way to understand until I read that.

5.0 Recommendations

The research showed that providers recognized the TUHA-NZ framework as a valuable framework that incorporated the treaty into health promotion practice in Aotearoa. Both the providers and the researchers have agreed the recommendations that resulted from this research.

5.1 Leadership

Providers, which were restricted by the research brief to the lower North Island, felt that if the TUHA-NZ framework was to be further developed then the HPFNZ would need to demonstrate strong leadership in this development. A component of the leadership could be clarifying the position TUHA-NZ has among the myriad of other health promotion frameworks.

5.2 Training

Training was identified as a key to ensuring knowledge of TUHA-NZ was consolidated throughout the affiliated providers. Providers listed a number of trainers that they felt had contributed to an understanding of the framework in the early days, however many identified that the TUHA-NZ framework training had not been sustained over the last 2 years. As the health promotion sector had a high turnover of staff there needed to be consistent and ongoing training. The training needed to target all affiliated providers and be strengthened in other training such as the Certificate in Health Promotion.

5.3 Simplifying Documentation

There were varying opinions about the initial document, TUHA-NZ, a Treaty Understanding of Hauora in Aotearoa- New Zealand. Some participants found it too academic whilst others thought that it was a good foundation document. Many participants identified that the treaty concept was difficult to apply without being tokenistic. All participants agreed a workbook with more examples could compliment the initial document. Participants also wanted a one-page summary as had been done with the Ottawa Charter. Other participants believed a more visual approach in the initial document or an interactive website would assist comprehension of the framework.

5.4 Mentoring and Peer Training

Some participants felt that mentoring each other would be a good way to ensure sustainability of the framework. Some local/regional work could be done to support further development and implementation of the TUHA-NZ framework.

5.5 Endorsement of the framework

Participants identified that the TUHA-NZ framework was just one of a number of health promotion frameworks available to practitioners. We recommend discussing the potential use of the framework with funders particularly with regard to endorsing the role of the TUHA-NZ framework in Aotearoa and reviewing where it sits in service level agreements.

5.6 Additional comments

It was identified the TUHA-NZ framework could be transferable to a number of settings, disciplines and sectors and that wider implementation should be considered. This is a document that could be relevant in other areas such as local government and district councils.

6.0 Conclusions

This research identified that the TUHA-NZ framework has been a contributor within in the health promotion sector for some groups in particular Public Health Units. For both Māori and Pakeha health promoters the framework initiated discussion and for some it enabled to implement their commitment to improving Māori health. For some participants, the TUHA-NZ training began a personal journey while other participants noted that it was an extension of their practice and reaffirmed what and why they were doing things. The framework translated the treaty articles into layman's terms and with the examples provided, made the treaty more concrete and real. For many crown organisations and some NGO's the TUHA-NZ principles were now ingrained within the organisational culture so they were used *consciously and unconsciously* and the framework continued to be of use. This framework would be useful in other settings such as community development and local government as has provided a vehicle whereby the Treaty can be operationalised.

7.0 Glossary of Abbreviations

TUHA- NZ	The Understanding of Hauora in Aotearoa-New Zealand
HPFNZ	Health Promotion Forum of New Zealand
PHU's	Public Health Units
NGO's	Non-Governmental Organisations
PHO's	Primary Healthcare Organisations

8.0 Appendices

Appendix 1: Interview questions

Appendix 2: Consent form

Appendix 3: Information sheet

Appendix 4: Flow chart

Appendix 5: Project Plan template

Appendix 6: Strategic Plan example

Appendix 7: Audit report example



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Review of The TUHA-NZ Framework

The following questions are an interview guide only and will be used by researchers to structure the conversation about TUHA-NZ with providers.

1. Knowledge of TUHA-NZ
 - a. What do you know about the TUHA-NZ framework?
 - b. How do you know about TUHA-NZ?
2. How is the Framework used?
 - a. Does your organisation use the TUHA-NZ framework?
 - b. In what way does your organisation use the TUHA-NZ framework?
3. Implementing the framework
 - a. What has been your experience with the framework?
 - b. Can you talk about the challenges of implementing the framework?
 - c. What has worked well and what hasn't worked well?
4. Recommendations
 - a. Do you have any recommendations to further develop the framework?
5. Any other comments you wish to make about TUHA-NZ

Thank you for taking the time to talk to us.

Heather Gifford and Gill Pirikahu
Whakauae Research services.



REVIEW OF TUHA-NZ FRAMEWORK

CONSENT FORM

I have had the details of the research explained to me and received information on various aspects of the project. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand my rights as a research participant.

I agree to participate in information sharing Hui and interviews to gather data on the research programme.

I agree to provide information to the researchers on the TUHA-NZ Framework on the understanding that my name will not be used without my permission and I agree to the information being used for the following purpose:

- ☐ ***To provide a written report to Health Promotion Forum of New Zealand***

I agree/do not agree to the interview being audio taped.

I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.

Signed:

Name:

Date:



Information Sheet to Research Participants

Whakauae Research Services is currently working with the Health Promotion Forum of New Zealand and a range of providers to review the manner in which the TUHA-NZ tool is being utilised.

The aims are:

- (i) to describe the current use of TUHA-NZ among providers in the lower North Island
- (ii) identify their views and experience of its value, any problems and opportunities, and
- (iii) make recommendations for future developments.

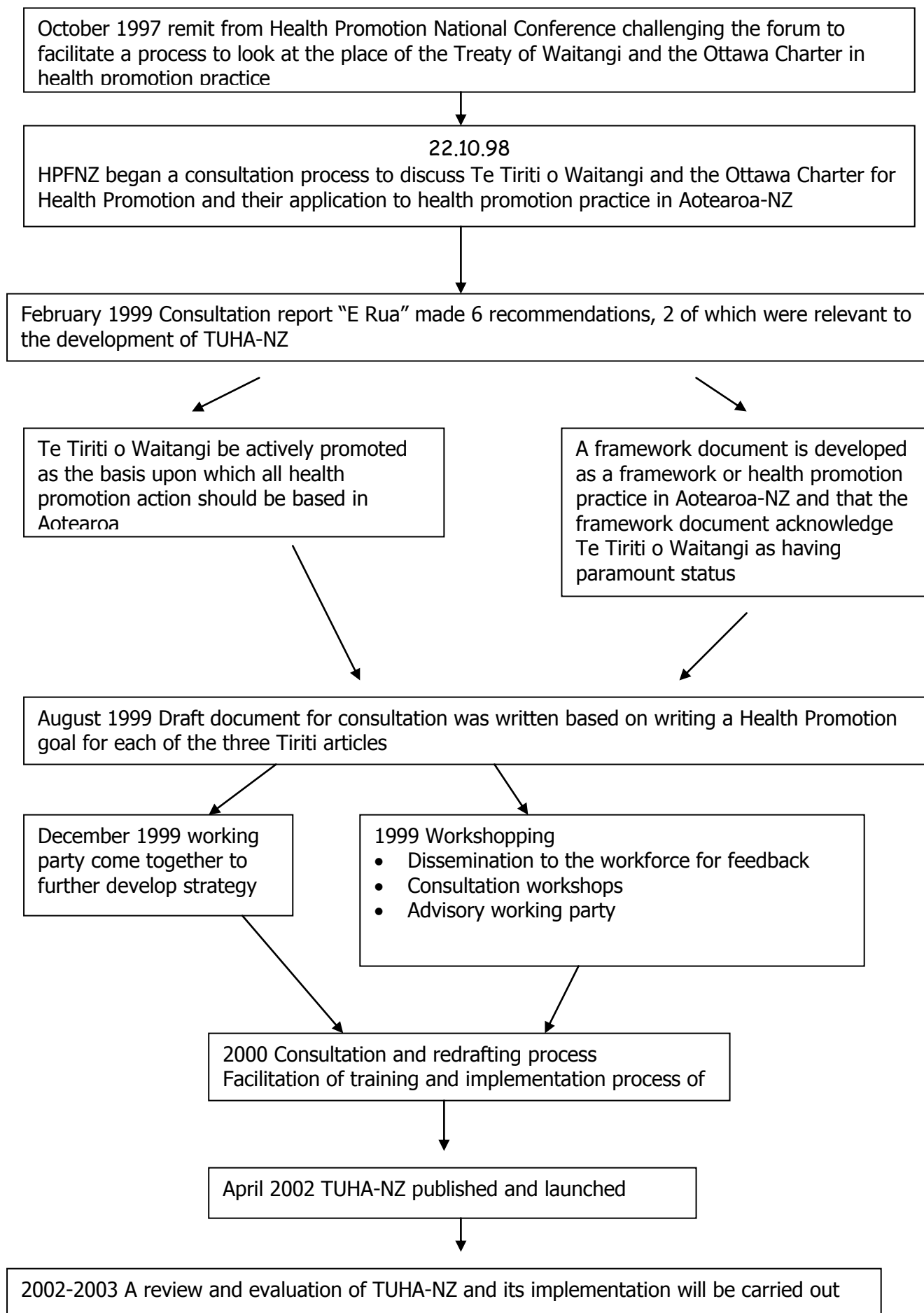
Statement of rights of participants

- ☐ You have the right to decline to be involved
- ☐ You may withdraw at any point in the project
- ☐ Your information will be kept confidential
- ☐ You will not be identified personally
- ☐ Your information is your property and will not be used without your permission
- ☐ You have the right to access the research findings and reports developed from this programme

Please feel free to ask any questions at any time. For information on the research project contact Gill Pirikahu at Whakauae Research services on 06 347 6772 or Heather Gifford on 06 3444139.

Thank you for agreeing to be part of this research.

TUHA-NZ Strategy.



PROJECT PLAN – Health promotion Plan

Programme Plan:	
Project Title:	Date:
Programme Team: Programme Description:	
Target Population:	
Timeframe:	
Projected Budget:	
Rationale:	

Goal: 1.			
Objectives:	Strategies:	PI's:	Timeframe:
1.			
2.			
3.			
4.			

OTTAWA CHARTER

STRAND	HOW
Builds healthy public policy	
Develops personal skills	
Strengthens community action	
Creates supportive environments	
Reorients the health service	

TUHA-NZ

ARTICLE	HOW
Article One - Kawanatanga/Governance	
Article Two - Tino Rangatiratanga/Maori control & self determination	
Article Three - Oritetanga/Equity	

EVALUATION

TYPE	HOW
Formative	
Process	•

Outcome	

Ethical Considerations:

Theory/Model Underpinning Project:

Useful Resources:

PROJECT DIARY

DATE	ACTION	COMMENTS