

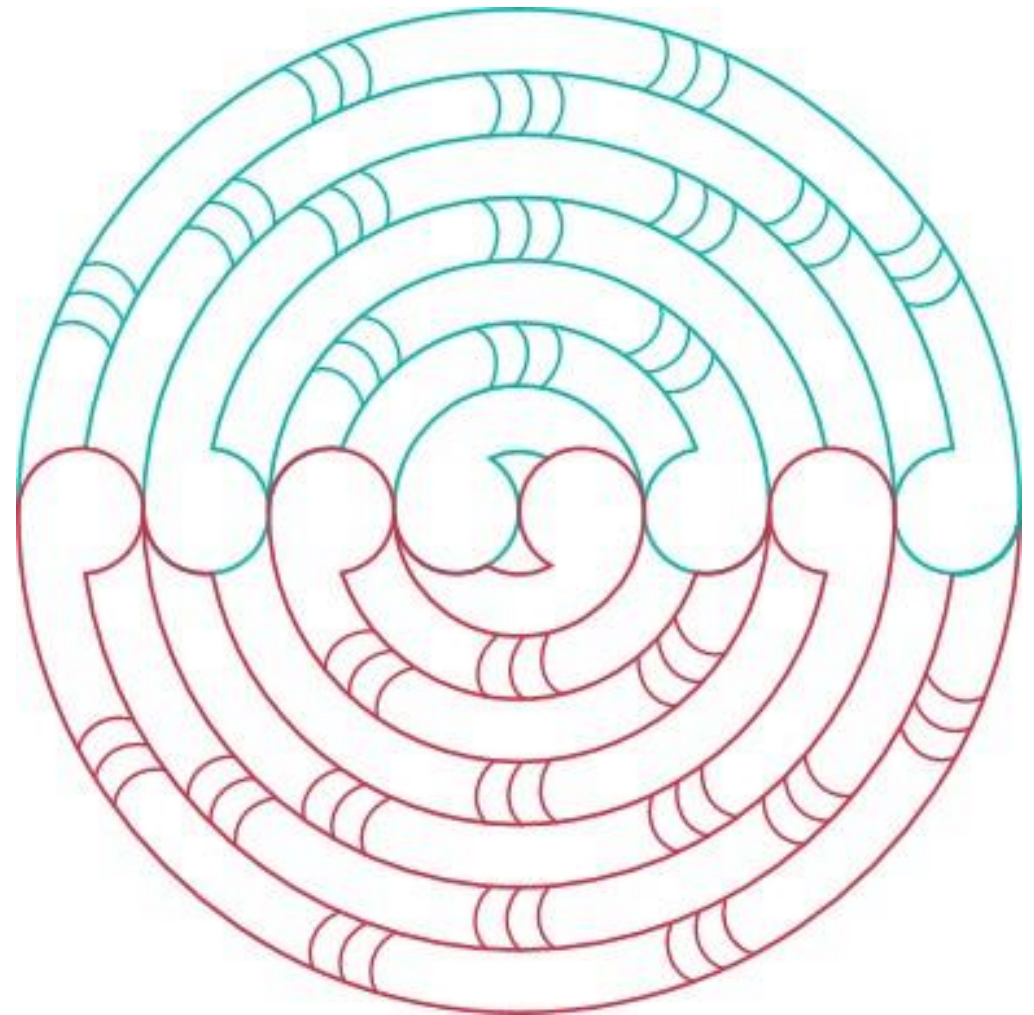


Developing a Culturally Appropriate Assessment Model
Final Report



E te tī, e te tā, e aku rau amokura
Nukunuku mai kia piri, kia tata
Kia toi te mana
Kia tau te mauri
Kia tupu te māramatanga
E hua tō tino, e hua tō aro
Kia tapatapa tū
Kia tapatapa rangi
Ki te whai ao, ki te ao mārama
Tihei Mauri ora!

Warm greetings are extended to one and all
Gather closely, bring ourselves together in unity
Enable spiritual vitality to flourish
Renew and elevate the life force
Pursue and achieve excellence and wellbeing
May the positive forces align
May the universe align
As we emerge into world of light, knowledge and understanding



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Te Takenga me te Mahere

Background and Approach

Oranga Kaumātua

Older people's health and wellbeing

Statistics New Zealand indicates that the number of people aged 85 years and older will increase from 83,000 (2016), up to 320,000 in the next 30 years. People 65 years and older are also expected to double from 700,000 up to 1.5 million by 2046¹.

With an ageing population, the importance of ensuring older people have access to appropriate health and support services is critical to them achieving and maintaining good health, wellbeing and quality of life.

For Māori, whānau-centred and mana-enhancing approaches to health and wellbeing are important for kaumātua to access social, health and support services to help maintain their cultural links, and significant obligations and connections that sustain their whānau, hapū and iwi.

The health and disability system reforms and a greater focus on delivering value and achieving better and equitable health outcomes for Māori provides opportunities for interRAI to transform how health assessments are delivered in ways that

prioritise what is important to kaumātua, ultimately contributing to their health and wellbeing.

Te Tiriti o Waitangi

Fulfilling Te Tiriti responsibilities for a healthier nation

Te Pae Tata - the Interim New Zealand Health Plan outlines a commitment from Te Whatu Ora and Te Aka Whai Ora to build a health system that embeds Te Tiriti o Waitangi as its foundation, to help improve health outcomes and achieve Pae Ora (Healthy Futures) for Māori whānau and communities.

The principles of Te Tiriti o Waitangi, as articulated in the Hauora Report on the Health Services and Outcomes Kaupapa Inquiry 2019 (Wai 2575) provide a framework to ensure the design and development, and ultimately the implementation, of a culturally appropriate assessment model for Māori is grounded in the commitment and realisation of Te Tiriti aspirations, principles and articles.

Furthermore, the importance of enabling tino rangatiratanga and kaumātua informing the design and development of a culturally appropriate

assessment model for Māori, cannot be understated and was a critical determinant of success for this work. We are grateful for the opportunity that kaumātua provided to share their time, spaces and experiences.

Te Tuarongo

Background

The primary purpose of interRAI assessments is to accurately determine the characteristics of a person to fully understand their needs, ranging from clinical to social support and prepare a care plan. It is also a conversation about health and wellbeing.

Since 2012 all DHBs have used interRAI as the tool for assessing older people's support needs for home and community support services. In 2015 interRAI was mandated as the assessment instrument for all Aged Residential Care (ARC) providers. Aotearoa is one of more than 30 countries who are part of the international interRAI collaborative.

While the primary purpose of utilising standardised interRAI assessments is to support well-co-ordinated person-centred care planning, a secondary benefit is that the rich data amassed through assessment processes can be used for

¹ Ministry of Health. 'Health of Older People Strategy – Consultation Draft', Ministry of Health, July 2016

research purposes, thus helping to drive continuous improvement in the design and delivery of both prevention and treatment-based services for older people.

In 2019, Manatū Hauora and Central Region's Technical Advisory Services (CTAS) Limited, contracted Tenzing Management and Technology Consultants Limited (Tenzing) to undertake a review and design of the interRAI service.

Tenzing engaged broadly across the health and disability sector, working with Manatū Hauora and CTAS throughout their review. Their recommendations were approved by Dr Ashley Bloomfield, who was Te Tumu Whakarae mō te Hauora, Director-General of Health at that time. One of the recommendations endorsed by Dr Bloomfield was that the design and development of a culturally appropriate assessment model should be prioritised.

“To address the broader issues that exist in the current assessment and service delivery, consideration should be given to designing, developing and promoting nationally a ‘model’ assessment approach that can be used in training

assessors and is responsive to Māori and culturally appropriate.”²

A culturally appropriate assessment model that is responsive to and aligned with Te Ao Māori will contribute to achieving equitable access to health services and health outcomes. It will also strengthen mātauranga Māori across the health and disability system, an important enabler of Māori health and wellbeing.

Manatū Hauora and CTAS contracted the services of Deloitte (previously Francis Health) to facilitate development and testing of a culturally appropriate assessment model.

This report is the final deliverable for the project. The purpose of this report is to:

1. Provide insight into the how the current interRAI assessment model is perceived from Te Ao Māori perspectives
2. Identify the key barriers to a culturally appropriate assessment model
3. Outline an assessment model that is grounded in Māori values

4. Present insights and recommendations from the testing of the proposed model
5. Provide recommendations to interRAI Services and the wider health and disability sector to implement an assessment model that upholds the principles and article of Te Tiriti o Waitangi.

Tō mātou Mahere **Our Approach**

Our approach to this project was that rangatiratanga must be the cornerstone of developing an interRAI assessment model that is meaningful to Māori and upholds the mana of kaumātua and contributes to them realising their hauora aspirations and achieving and maintaining quality of life.

² Tenzing, interRAI Service Review Summary Report

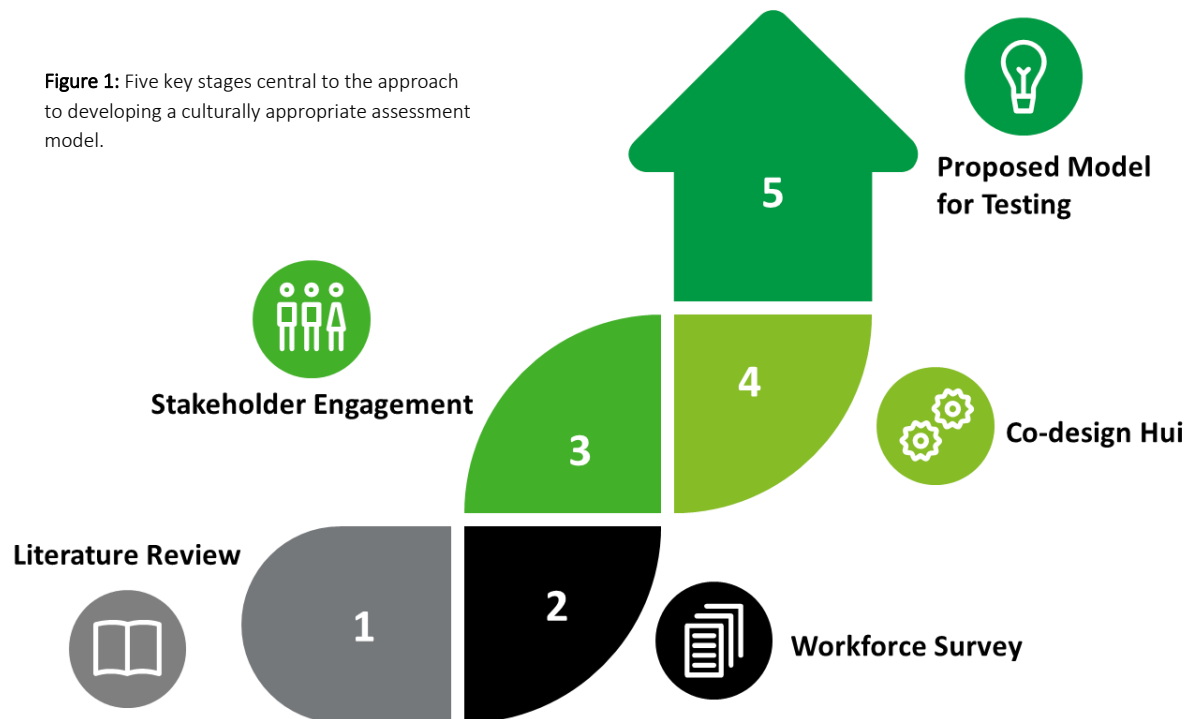
Our approach was to prioritise the kaumātua and whānau voice, to understand what is important to them. Therefore, our team was Māori led and included kaumātua and Māori subject matter experts who led stakeholder engagement, ensuring effective ongoing relationships with iwi were established and maintained. Our Māori leaders enabled the wider team to work within a framework that ensured we engaged with Māori staff, kaumātua and whānau in a culturally safe manner. In all areas of our work, we sought to prioritise cultural safety, including the foundational expectation that we be aware of our own selves as culture bearers.

Te Whakahaere Kaupapa Project Governance

To strengthen the governance of this work, a steering group and an advisory group were established.

A project steering group was established to provide oversight, direction and advice to the work. Members were originally drawn from Manatū Hauora and CTAS but changed overtime as the health reforms were initiated and latterly included Te Aka Whai Ora. Steering group

Figure 1: Five key stages central to the approach to developing a culturally appropriate assessment model.



members provided subject matter expertise across a range of domains, reflecting the views and challenges of various communities and sectors. The project team worked closely with the steering group to ensure the project aims were being met.

A Mātauranga Expert Advisory Group (MEAG) was also set up to ensure robust peer review through a Te Ao Māori lens. The MEAG provided cultural advice, insights and challenged the findings of this work across all five stages illustrated in figure 1.

Te Arotakenga Mātākōrero Literature Review

The first key output of the discovery phase was a literature review, conducted to identify existing work that has been undertaken developing assessment models for indigenous populations. This included a review of relevant literature on interRAI assessment for older people and of literature on designing models for indigenous

populations, highlighting areas of inequity and data sovereignty issues. Published examples of cultural contexts being applied to reshape existing assessment models were also identified and reviewed. The review was [published on the interRAI New Zealand website](#), and a more comprehensive overview of the themes and insights are provided in the Discovery Phase section of this report.

Tirohanga-ā-Ipurangi Online Workforce Survey

An online survey was circulated to the health workforce, targeted at those who had conducted, or currently conduct, interRAI assessments with kaumātua. The survey, developed with input from the steering group and older people’s health subject matter experts, aimed to gather feedback and insights about the appropriateness of the current model for Māori from the perspective of the workforce. The survey included a blend of 13 multi-choice and open-ended questions. The link was circulated to DHB Portfolio Managers, as well as key ARC and HCSS groups who then cascaded to the workforce. It was also available on the interRAI website. 228 respondents commenced the survey with 62% completing it over the month that it was

open. It is noted that the survey was conducted while many in the health and disability sector were preoccupied with the COVID-19 Omicron pandemic response. interRAI Services advises that there are currently more than 5000 assessors who were eligible responders - meaning that the findings do not necessarily reflect the views of the wider workforce. The following themes were explored:

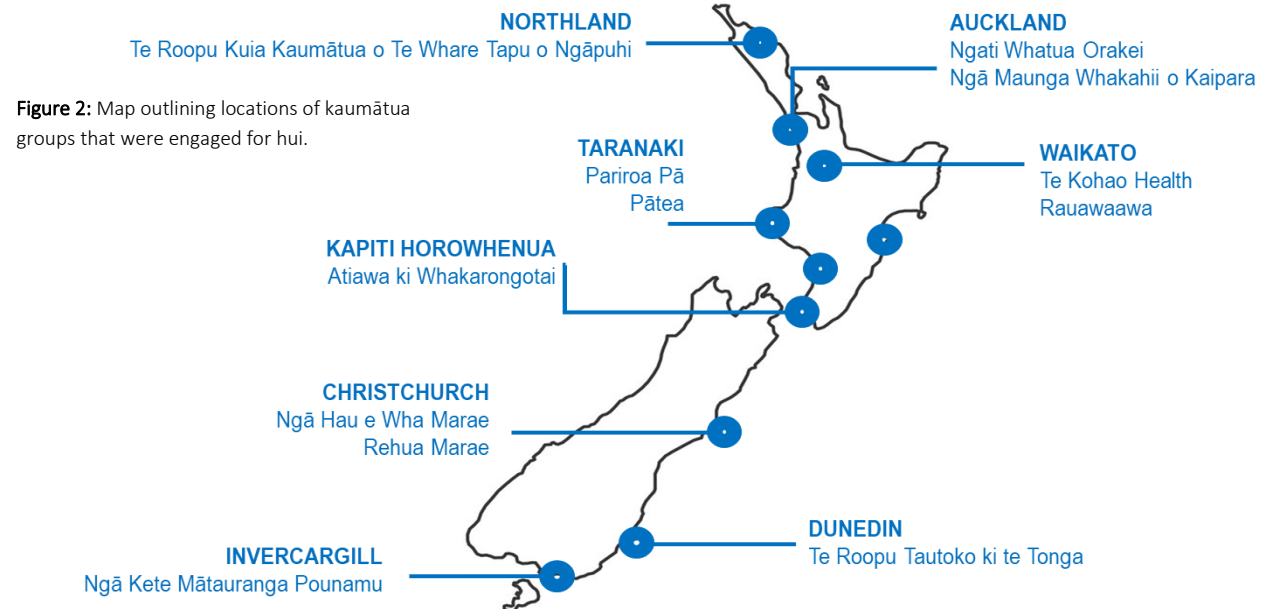
1. Assessor capability and competency
2. Adequate provision of training
3. Māori Equity and Engagement
4. Space, time and place

The full findings of the survey are [available on the](#)

[interRAI New Zealand website](#), and an overview of insights are provided in the Discovery Phase section of this report.

Ngā Uiuinga Ratonga Provider Interviews

A series of interviews were held with providers to gain in-depth feedback about their experiences with the interRAI assessment. The purpose of these hui were to generate discussion about current pain-points and the way forward for a culturally appropriate assessment model. Representatives from over 30 organisations



involved in interRAI assessment, provision of services, research and auxiliary fields were engaged (See Appendix B). Prior to the hui a series of indicative interview prompts were sent:

1. Generic questions about the interRAI assessment
2. Equity in the assessment process
3. What is and isn't working well for Māori in the assessment process?
4. How could the assessment process better inform outcomes?
5. Proposed changes to the assessment tools/questions
6. Aspirations for the assessment

Hui were facilitated by members of the project team, including Māori facilitators and those with in-depth knowledge of clinical aspects of working with older people and frailty. All facilitators had experience working in a health setting and were selected because they had the skills and maturity to navigate complex and at times, emotive, feedback.

The majority of these interviews were conducted online given COVID-19 challenges at the time, but a few were able to be completed face-to-face.

Huinga Kaumātua Kaumātua Hui

Without doubt, the most important aspect of this project was seeking the views of kaumātua and ensuring their kōrero, whakaaro, experiences, ideas and insights were prioritised and lay at the heart of the design of a culturally appropriate assessment model for Māori.

Kaumātua groups across the country were engaged to capture a representative range of views. In total, the team visited 14 kaumātua groups across eight locations (Figure 2).

The kōrero was intended to be open and informal, with a list of guiding questions.


Te Wananga Co-design Hui

Finally, the insights amassed over the course of widespread stakeholder engagement were compiled and tested with kaumātua across three focussed co-design hui. The purpose of these hui were to allow representative groups of stakeholders to challenge, verify and contribute to the project understandings and to clarify what an

approach to interRAI assessment that is responsive to the needs of Māori looks like.

Ngā Kitenga Findings

The findings of this project are summarised in the report that follows.

A close-up photograph of a person's hands weaving a basket. The basket features a complex, repeating pattern of pink and teal floral motifs set against a light-colored wooden lattice. The person's hands are visible, one holding a pink thread and the other guiding it through the weave. The background is dark and out of focus.

He Āta Titiro, He Āta Whakarongo

Discovery Phase

Te Arotakenga Mātākōrero Literature Review

The purpose of the literature review was to inform the development of a culturally appropriate assessment model that meets the need of Māori and whānau, enables holistic assessment of needs and informs the provision of care and support services. Insights from the literature helped ensure the approach and recommendations made in developing a culturally appropriate model are evidence based.

In the process of conducting the review, compliance with Linda Tuhiwai Smith's principles of decolonising research methodologies to support Māori research outcomes and privilege indigenous voices, was a key consideration. Furthermore, it is acknowledged that this is not an exhaustive account of the literature, rather a selection of sources which could be utilised to inform the project aims.

The review included 27 sources organised into three domains

- 1. Literature outlining the process of developing culturally appropriate assessment tools, including case studies**

- 2. Literature outlining the use of Māori models of relational care in assessment tools**
- 3. Assessment which has been successful for Māori in other fields**

A number of themes were repeated in the literature and acknowledged as key considerations in the development of a culturally appropriate assessment model.

Primarily, it was noted that robust community consultation which privileges indigenous voices is required to ensure the cultural appropriateness of an assessment model; this encompasses both the users and providers of the assessment tool.

How assessment questions are delivered were also highlighted, with an emphasis on language and phraseology. The literature notes that English terminology is not always culturally congruent.

Other important considerations included underpinning culturally appropriate assessment tools with a cultural framework, ensuring the integration of Māori models of relational care ³ in

³ Relational care is a person and whānau centred healthcare practice that refers to the deliberate nurturing of respectful and meaningful relationships with Māori and their whānau. 10.1111/jocn.15859

assessment models, equipping staff with necessary capabilities and confidence to deliver culturally appropriate assessments, and co-constructing patient stories along with whānau.

The above factors were considered alongside findings from stakeholder engagement and implemented in some form in the development of the final testing model.

Tirohanga Kaimahi Workforce Survey

The workforce survey received 228 responses with approximately 10% of respondents identifying as Māori.

A broad range of views were shared ranging from those who felt the assessment process in its current form was appropriate for Māori to those who felt that the current assessment process should be abandoned in favour of a tool and approach grounded in Te Ao Māori.

The results of this workforce survey indicate that an assessment model that is truly responsive to and aligned with Te Ao Māori is likely to require changes to both the assessment process and assessment tools. Some of these changes may sit

within interRAI Services while others will be at a wider systems level.

Positive features of the assessment

Participants felt that the interRAI assessment is a comprehensive clinical assessment and the assessment process identifies a range of needs. Needs identified through the assessment process span physical, mental and social needs but do not necessarily capture the full picture such as whānau involvement.

The assessment process works well when the assessor can effectively engage with the kaumātua and whānau and adopt a conversational approach to the assessment. This meant that there was a great degree of variation between assessors, with skilled assessors being noted as the 'key' to a successful assessment.

The value of interRAI being a standardised tool is recognised. This allows those undertaking assessments to use a common language and have a shared understanding; it also provides robust individual and population level data that can be used to plan services.

Key areas identified where needs of Māori are not being met

There is a lack of tikanga Māori throughout the assessment process. The current assessment processes are not aligned with Te Ao Māori. Assessors articulated the inability of the process to facilitate relationship building between assessor and kaumātua. The content and wording of some questions also is not consistent or compliant with tikanga Māori and makes it difficult to fully assess the needs of Māori. The lack of a comprehensive cultural assessment also is noted and likely contributes to this problem.

A greater consideration of whānau is required. While the ability to involve whānau in the assessment is acknowledged, respondents felt the current assessment process does not consider the importance of whānau health and needs. It was also considered that the outcomes arising from the assessment do not always align with the needs of whānau Māori. Further, assessors note that involving whānau requires a greater time allocation to complete the assessment than is currently assigned.

Respondents consistently referred to the questions (rather than items) in the assessment tools and commonly noted that the closed nature of the

questions make it difficult to facilitate successful assessment for Māori. These respondents felt that changing the format of the questions to allow for a wider range of responses would make it more appropriate. Respondents also felt that the wording of some questions was too clinical and in instances could be perceived as deficit framed and degrading.

The majority of all (and Māori) participants felt that the training provided by interRAI Services did not equip them with the skills needed to undertake assessment with Māori. In particular, there was an emphasis on the lack of training in soft/relationship skills which are required to build rapport and trust with kaumātua and undertake assessments in a shared interactive and conversational manner.

Ngā Uiuinga Ratonga Interviews with Health Providers

Providers were widely engaged to gain a comprehensive understanding of the current state of interRAI assessment delivery, with a focus on its acceptability for Māori. Through this process, over 25 providers (and allied organisations and/or individuals) were engaged.

The feedback from providers was themed into four key domains.

- **The assessment process**
- **Workforce considerations**
- **Service delivery and provision**
- **Assessor capability**

Assessment process

It was widely acknowledged that the assessment was not comprehensive from a Māori perspective. Assessment processes were characterised as clinically sound but insufficient in adhering to Te Ao Māori. Multiple providers highlighted the intrusive nature of questions and noted the insensitivity in assessors asking these to people whom they have just met. One provider remarked that they ‘often have to apologise for the questions they ask’.

Whanaungatanga was noted as a key missing piece of the assessment process, with assessors feeling that the process didn’t enable them to build a rapport with those being assessed, a factor exacerbated by the short time to complete a comprehensive assessment. It was felt that this had a cascading effect affecting the rest of the assessment as it compromised engagement throughout the process, with kaumātua tending to

answer based on what they think the assessor wants to hear instead of being open and honest.

A few providers mentioned the power imbalance that occurs through the assessment process. This imbalance was acknowledged as arising from the clinician-patient relationship with some providers commenting that the imbalance exacerbated at times with assessment being conducted in patient homes. While the majority of providers and clients felt comfortable with this, some noted that the option of a neutral space would be valuable to ensure all parties are comfortable. Finally, providers felt that the current assessment process fails to include whānau in a meaningful manner and that doing so would more strongly align the assessment process with Te Ao Māori.

It is salient to note that one provider group shared an alternative assessment grounded in Te Ao Māori. Te Aromatawai is an assessment tool which was gifted to the Waikato Māori NASC Team and used to assess the needs of kaumātua prior to interRAI assessment being mandated. The team continue to use Te Aromatawai to assess the needs of younger people. The assessment begins with whakawhanaungatanga and using a conversational approach, collects information under a series of headings drawn from a Te Ao Māori perspective of health and wellbeing.

The Waikato Māori NASC team generously shared Te Aromatawai, which they treasure as a taonga, as they are firmly of the view it assesses the needs of kaumātua in a holistic, culturally appropriate manner.

Workforce considerations

Providers acknowledged that the current workforce was limited in its ability to adequately meet the demand of Māori in need of interRAI assessments. This was primarily driven by a mismatch between Māori workforce capacity and number of kaumātua.

Current interRAI New Zealand regulations mandate that the assessment can only be completed by registered health professionals. This was seen by providers as an unnecessary step which excluded those who have significant experience in engaging in a culturally appropriate manner, as ‘not all good providers have clinicians and not all good staff can be accredited.’ It was felt that there was scope to increase the inclusion criteria, allowing more Māori to contribute to the assessment process.

Service delivery and provision

Providers felt that there were a number of issues in the service delivery and provision phase of the assessment, with the primary concern being that

the needs identified by the assessment were not always able to be fulfilled by service providers.

Other concerns in this area included inequitable distribution of services. Providers noted that the current service provision model does not accurately account for whānau involvement in providing care for kaumātua, and limits funding/services in instances where whānau is providing supporting services. One phrase which summarised this was that ‘if you’re alone you get all the biscuits.’ Providers felt this created a dynamic where the burden of care unjustly falls on the whānau.

Assessor capability

Throughout the discovery phase, assessor capability was highlighted as a determinant of successful assessment. Providers felt that assessment quality was highly variable depending on the experience of assessors, with the most capable completing it in a conversational manner and others in a more rigid way. Beyond experience, it was noted that the level of cultural competency of the assessor as well as the background of the assessor also played a role in this. One provider highlighted the example of different approaches to assessment from a social worker compared to a nurse.

Huinga Kaumātua Kaumātua Hui

To ensure we were able to elevate the voice of kaumātua to inform the design of the cultural assessment model, hui with 14 kaumātua groups were held, from Kaikohe in the far north to Invercargill in the deep south. Attendance ranged from 10-30 kaumātua at each hui, with the greatest attendance in Invercargill, Waikato and Taranaki.

The following insights outline the key issues that were shared and should be considered in the development of a culturally appropriate assessment model.

First encounters / manuhiri

Kaumātua expressed the importance of making connections and building relationships with service providers and/or assessors during the first encounter and then taking time to re-connect at subsequent encounters. This aligned with their views of a kaumātua centred, tikanga-led approach driven by values such as whakawhanaungatanga, wairuatanga, tika and pono.

This approach was strongly endorsed by kaumātua who felt this manner of engagement builds trust

and confidence that the assessor has their interests and well-being at the centre- rather than the assessment being completed as part of a ‘tick box exercise.’

Information and communication

Whānau participation was identified by kaumātua as an important factor to providing and receiving information. Kaumātua also reported that communication throughout the assessment process facilitated a manaakitanga based approach and should be extended to other areas of the health system and a key aspect in service delivery.

Cultural factors

Kaumātua were very explicit at voicing their recommendation of using Te Reo Māori and advocating of the need for assessors to be culturally responsive in the way they engaged and conducted the interRAI assessment with them.

This approach has been clearly outlined within Māori Models of Health such as the Meihana Model as being highly beneficial in improving inequities in health for Māori by being values-based and validating the inclusion of Māori within health service delivery in Aotearoa.

Relationships

Relationships and feeling connected to services and health care providers is connected to wairuatanga. Whakawhanaungatanga is not seen as a one-off event and time should be spent connecting and re-connecting.

Advocacy and support

Being able to access a Māori interRAI assessor was conveyed by kaumātua at co-design hui as being beneficial to create a smooth information and communication pathways built on shared values and understanding. Alternatively, kaumātua thought that kaimahi they had already worked with, or they were currently working with, could also be present at the assessment from a support perspective.

Whakamā

Whānau participation was seen as beneficial in helping to deal with domains within the interRAI assessment that may illicit feelings of whakamā or be perceived as being tapu. This related to areas that required kaumātua to talk about their living situation or topics such as continence.

Utilisation of a Māori Health provider able to navigate these conversations in a culturally

appropriate manner was endorsed as a way to assist with these aspects of the assessment if whānau were not available.

Whānau

Being able to involve whānau or close friends was how kaumātua at the co-design hui preferred to engage with health services and providers.

Language and terminology

Kaumātua voiced that using simple greetings, terms and phrases helped to advance the engagement and made them feel comfortable and increased trust that the assessor had a level of culturally responsiveness.

Te Arotake Raraunga Data considerations

Project team members skill base included expertise in data management. Interviews were held with a wide range of stakeholders encompassing those currently responsible for collecting, storing and providing access to data, through to those with an interest in using the data for service provision and/or research purposes. Key findings were:

1. The data set collected is valuable to all stakeholders, including the people the data is about. Data quality through a structured collection and coding processes is worth protecting.
2. New Zealand is fully involved in interRAI International. We can influence future change if we are clear what would improve the patient experience.
3. Increased training on the ethnicity data protocols and careful use of prioritisation ethnicity, with the addition of the collection of iwi data would improve data collection and use.
4. Consent processes could include consent to provide identifiable data to local Māori health care providers and indicate a preference for accessing Māori providers where available.
5. The addition of a user interface which facilitates the integration of Te Ao Māori perspectives can support assessors in completing culturally appropriate assessments. The solution should continue to support the structured collection

process at the back end. This would require the engagement of a specialised vendor that deeply understands Te Ao Māori and the New Zealand health sector.

6. The role of the tool host should be reviewed to ensure contracts include the ability for easy access to data, ongoing development, facilitates data governance and Māori data sovereignty, and data management.
7. A data governance model that reflects the need for wider use and integration of the data and Māori data sovereignty.
8. Increased integration of the data with other health data. This is a potential early win for HIRA, whereby summaries of assessments can be made available to a wider health provider audience and clinicians know where to find them. Integration with locally used patient management systems would further increase accessibility.
9. Wider use of the data to support case studies, patient experience and health outcomes reflecting Māori lived

experiences could be enabled through increased access to de-identified data. Funding could be included in service delivery contracts for early-stage Māori researchers to develop this talent pool.

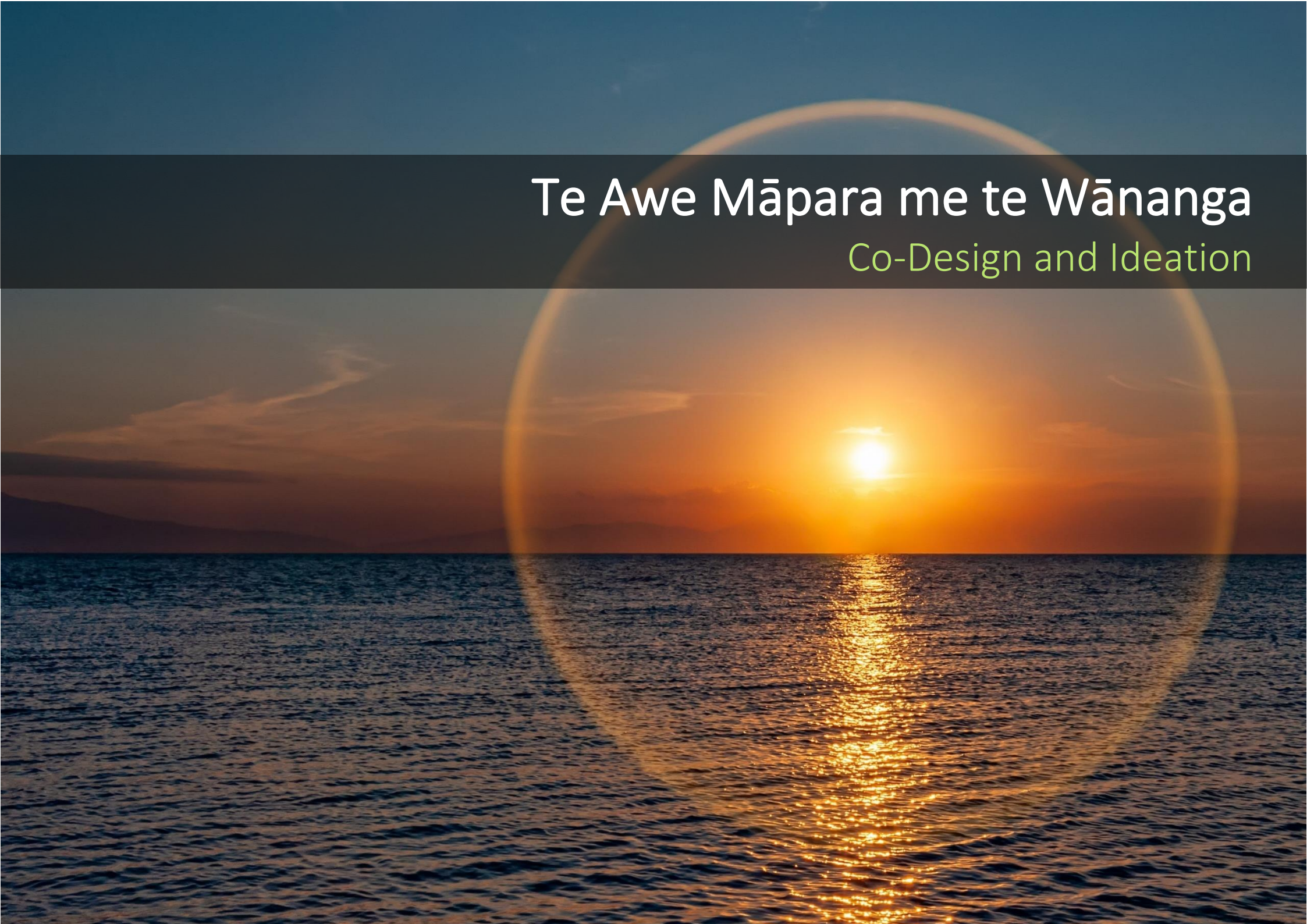
10. There are potential benefits from the restructure of the health system whereby TAS functions now sits with Te Whatu Ora and the implementation of Te Aka Whai Ora. Closer relationships could be enabled that support trusted data sharing.
11. Data use by Te Aka Whai Ora to understand population need and service gaps from kaupapa Māori focussed providers within localities. This could enable more targeted commissioning to ensure there are better options across the motu for Māori to access services that reflect Māori needs and support better uptake of services.
12. Iwi and Māori health care provider organisations could use data to understand their population needs and gaps in local services. This can be done on de-identified data that includes location

information and with the collection of iwi data.

13. Data from those that identify as Māori and have never had an interRAI assessment could be used for proactive contact to ensure equity of access. The age cohort could be decided based on resources.
14. Analytics on the mature data set we now have is limited. Increased focus on use of the entire data set to understand current state and future projection modelling is possible. The data provides excellent before and after information on the effectiveness of interventions and patient pathways to understand what works well. Predictive analytics on future service requirements are possible but not yet done.

Te Awe Māpara me te Wānanga

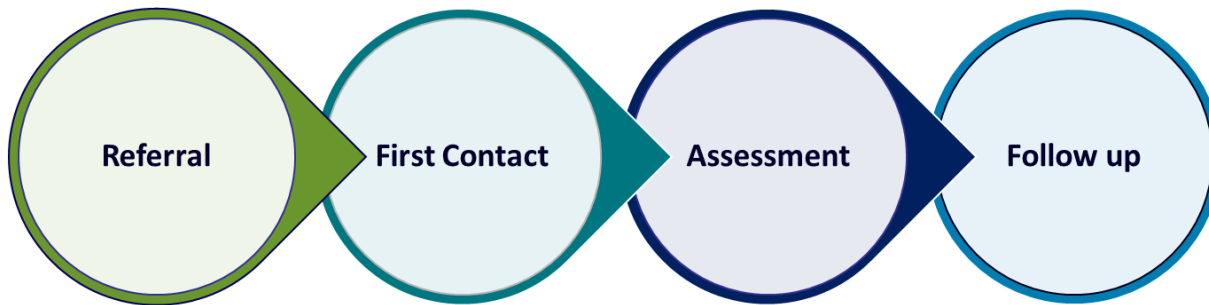
Co-Design and Ideation



Te Awe Māpara me te Wānanga Co-Design and Ideation

Following strong engagement from kaumātua and the wider sector across the discovery phase, three co-design hui were organised with representative groups of stakeholders to move into working up what an approach to interRAI assessment that is responsive to the needs of Māori looks like.

Figure 3: Schematic of the different phases of the assessment process.



Based on all the knowledge and information amassed during the discovery phase the co-design hui focussed on the Home Care Assessment. This assessment was chosen as the focus because it was deemed to best capture the complex needs that Māori usually present with.

The three groups that were engaged were:

- Kaumātua group from Ngati Whātua Orakei
- Kaumātua group from Otautahi (Christchurch)
- Mātauranga Expert Advisory Group which conducted online

An iterative approach was taken, with each hui building upon the ideas developed from the previous allowing for continuous testing and

refinement of ideas.

The hui were structured to share back the findings to date, giving kaumātua time and space to reflect on the current state to then craft insights, generate ideas and courses of action.

The schematic (Figure 3) showing the different phases of the assessment process was presented

and used to structure the korero. The outlined process resonated with kaumātua, who emphasised the notion that the assessment process and delivery of services were intertwined. A culturally appropriate assessment requires the assessment and service provision to prioritise, acknowledge and embed Te Ao Māori perspectives and protocols in ways that empower kaumātua and whānau to exercise their tino rangatiratanga.

Six key values derived from previous discovery phase were then shared and discussed with the co-design groups. These values were:

- Whanaungatanga
- Manaakitanga
- Wairuatanga
- Tika / Pono
- Tapu / Noa
- Rangatiratanga

In the context of the assessment, these values were strongly endorsed. The team then facilitated a group discussion linking the values to the four-step assessment process. Kaumātua shared how these values manifest in an applied manner, but also how they relate to principles of culturally safe assessment from an aspirational lens.

The findings of the three co-design hui were consolidated and are presented in the section below.

Ultimately, the message was clear - a culturally appropriate assessment model for Māori must prioritise and embody a Te Ao Māori approach throughout the whole process that can be adhered to whether or not the assessor is Māori.

A close-up photograph of hands weaving a green and yellow braided cord. The hands are positioned in the center, with fingers carefully manipulating the strands. The cord is made of natural fibers, showing a mix of green and yellowish-brown colors. The background is dark and out of focus, emphasizing the intricate weaving process.

Te Arotakenga o Ngā Kitenga

Analysis of Findings

He Kōrero Whakataki Introduction to the Analysis of Findings

Following the comprehensive discovery phase, co-design hui and analysis of feedback and insights, it was clear that for a culturally appropriate assessment model to be grounded in the things that matter to Māori, it was important to identify and apply cultural values and a series of criteria upon which an assessment model could be built (Figure 4).

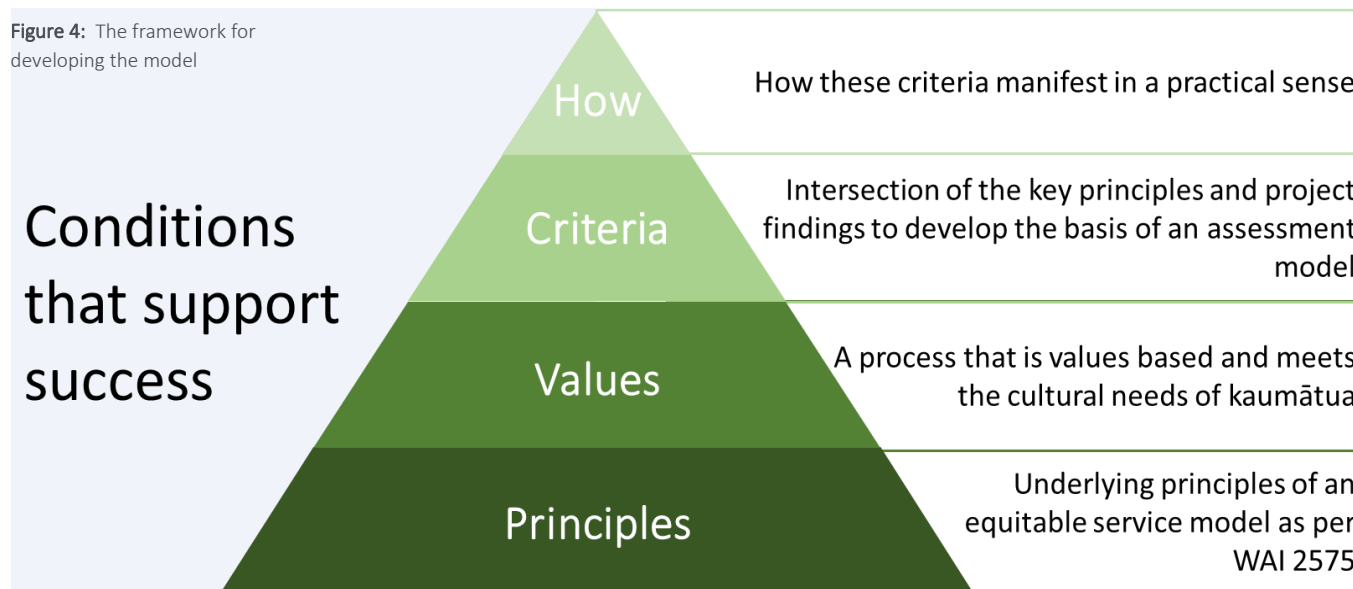
These values and criteria were formulated following the analysis of the critical findings from widespread stakeholder engagement.

Respectful of time

Kaumātua and assessors both acknowledged the time constraints and challenges to complete assessments. Assessors often felt rushed, hindering the assessment process and a lack of time to ‘get to know’ kaumātua, which resulted in kaumātua feeling disempowered, disrespected and vulnerable.

It was strongly suggested that more quality time would allow meaningful interactions and stronger relationships to be established, and overall

Figure 4: The framework for developing the model



facilitate a higher quality, culturally appropriate assessment.

Honouring time commitments by assessors was also identified as key to a successful assessment, and when not done could induce feelings of hōhā and whakamā. Kaumātua shared that in preparation for an assessor to visit, a significant part of the day is spent getting the home ready. Kaumātua recalled instances where assessors are no longer able to make the appointment time and must cancel. There was a sentiment that assessors felt that it would be acceptable to reschedule, without acknowledging the inconvenience and frustration caused to kaumātua - who reported

that an initial poor interaction with assessors was likely to hinder the quality of their relationship and the subsequent assessment at a later time.

Relationship building and relational engagement

Kaumātua shared the importance of building relationships with the assessor. Often, the visit to complete the interRAI assessment is the first time that the kaumātua and assessor meet, with kaumātua describing the assessor as strangers. Kaumātua were clear that comfortability with the assessor is a prerequisite to a successful assessment in which goals and aspirations are shared openly and honestly, a commitment which

is achieved through relational engagement. Additional time, as well as changes to the way assessors interact with kaumātua, were highlighted as possible methods to address these issues.

Linked to relational engagement is the concept of the ‘rituals of first encounter’. This concept relates to the way assessors think, prepare and conduct themselves when meeting with kaumātua for the first time. Abiding by tikanga such as taking off shoes before entering the home, sharing a cup of tea and having a conversation to unpack what’s ‘on top’ before commencing the assessment were associated with favourable outcomes by kaumātua.

Kaumātua also highlighted the transition of care between assessors and other service providers engaging with the kaumātua, where any new face requires a fresh ritual of first encounter. Kaumātua felt new assessors or service providers would skip the important rituals because the original assessor had already established the relationship. Rather, they expressed the opinion that every new person throughout the assessment process must undergo that process to build a relationship.

Ultimately, relational engagement exemplifies the value of ‘whanaungatanga’ and requires changes to the assessment process. Doing so ensures that

mutuality, reciprocity and respect are the foundation of an assessment process which can otherwise be invasive.

The power of ‘three’

The anecdote of ‘three cups of tea’ was raised as something that helped and would help to build and foster positive relationships between kaumātua and assessors. Sharing ‘three cups of tea’ was considered polite and appropriate – a first cup of tea to establish connections, trust and common ground, a second cup of tea to provide information and conversation about the purpose of the engagement and the third cup of tea where trust and confidence is established, and permission is granted to proceed with the assessment. At the core, this approach reinforces the importance of honouring the time and space that has been provided by kaumātua and their whānau, and a focus on a conversation about health and wellbeing.

Adaptability and transferability of assessment delivery

Several assessors and kaumātua shared that a culturally appropriate assessment model should be able to be competently delivered by a broader range of people and not restricted to accredited health professionals. It was acknowledged that

changes to the assessment model and wider conditions of assessment (e.g. training, education) could be considered, ensuring all assessors are trained in engaging and conducting assessment in a way that empowers kaumātua to understand and share what is important for them, in ways that they feel safe and supported. It was felt that assessors should not be limited to only those with clinical qualifications as currently prescribed.

Hauora and Wellbeing

Kaumātua acknowledge the importance of an assessment process that mirrors the ways in which they interact with their whānau and communities, including strength-based conversations that prioritise health, wellbeing, opportunity, shared knowledge and understanding.

Health and wellbeing were described as hauora – a broader understanding and acknowledgement of wellbeing that was not restricted to the physical symptoms of illness, but a more holistic conversation that includes but is not limited to tikanga whānau (whānau wellbeing), tikanga wairua (spiritual wellbeing) and tikanga hinengaro (cognitive wellbeing). All these elements must be in balance for kaumātua to achieve hauora, or optimal health.

It was suggested that more time to be able to listen, share and learn would help to respectfully build and strengthen connections and help assessors to understand what is important (and not important) to kaumātua and their whānau.

Whānau at the centre

Many whānau have an important role and responsibility for providing care and support for their kaumātua.

It was shared that assessors should approach every engagement and assessment as a new opportunity for a conversation about health and wellbeing, and in circumstances where whānau provide care and support, ensuring time and space is always provided for them to contribute to conversations about the care and wellbeing of their kaumātua.

Whānau felt that the current assessment model is punitive and disadvantages kaumātua who have strong whānau support. Assumptions were made by assessors that due to the care provided by whānau, full access to eligible support services was not required. However, this often created greater burden, stress and tension for both whānau and kaumātua.

This reiterated the importance of involving whānau in all aspects of the engagement and assessment

process, to ensure that a whānau-centred and collective approach was adopted to determine whānau and kaumātua priorities and aspirations.

Permission before progress

At all stages of the engagement and assessment process, it is important to ensure that kaumātua and their whānau feel comfortable in the information that is being shared, the interaction with the assessor and their conduct.

We were reminded that kaumātua and whānau have in the first instance, given permission for an assessor, in many cases as strangers, to be welcomed into their home and private spaces.

This aligns with concepts of 'being a good manuhiri' and 'quality time', ensuring that permission is sought by kaumātua and their whānau before progressing conversations towards a clinical assessment, and to not rush or dominate conversations.

Assessors who approached conversations with humility, empathy, patience and a genuine desire to help kaumātua created mutual trust, respect and willingness to share.

Information for clarity and understanding

Several examples were provided of kaumātua completing an assessment, and the next contact made with them was a service provider wanting to organise another meeting to install equipment or discuss home care support.

There seemed to be a void of information and clarity provided to kaumātua and whānau, about the assessment process and the outputs, such as a care plan, and how that leads to the provision of support services.

Suggestions were made for assessors to (1) ensure kaumātua and whānau understood all the information shared, and to seek permission to progress before moving onto other information, (2) leave behind information that simplifies the complex assessment process, summarises the information collected and describes next steps, and (3) ensure there is an appropriate handover, or transition from assessment to service delivery, where new people/health providers will need to be introduced and may not be familiar with the concepts and approaches of first rituals of encounter.



Te Taura Aromatawai

Assessment Model

Te Puakitanga o te Whakaaro nui Introduction to the Assessment Model

Following the completion of the discovery and co-design phases, key priorities emerged in the development of a culturally appropriate assessment model.

The proposed assessment model is underpinned by Te Tiriti principles recommended for adoption under WAI 2575. Adopting these principles as the foundation of the assessment model will ensure that both the model and process are grounded in the needs of Māori and kaumātua.

The kaumātua engagements across the motu highlighted the desire for a relational approach to assessment, driven by values which uphold the mana of kaumātua. Guiding principles, values and criteria will ensure that the operational structure of the assessment is grounded in the things that kaumātua value.

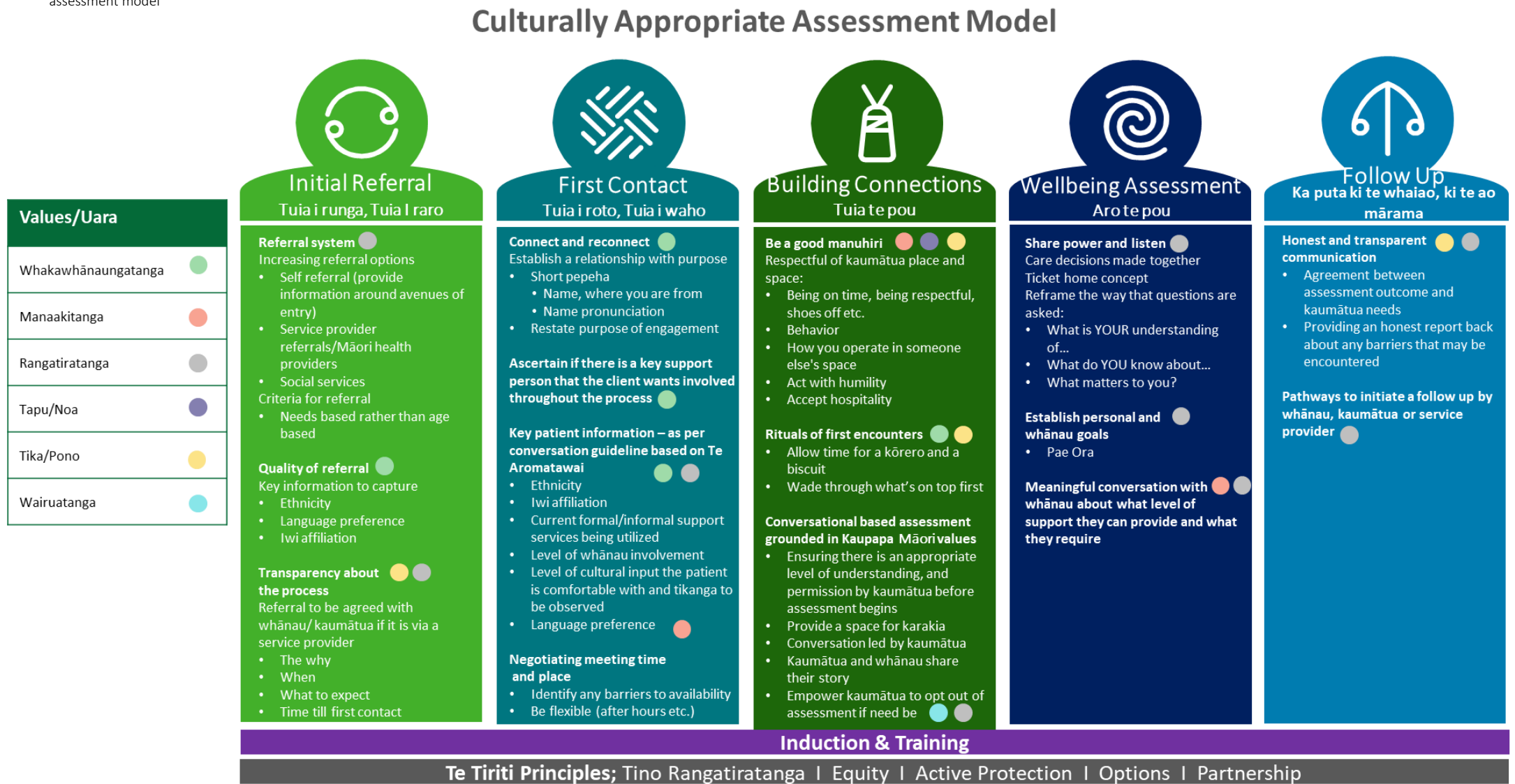
This model also acknowledges that a culturally appropriate assessment model requires an environment that enables the model to be successfully adopted. Factors that sit outside of the assessment process itself but that contribute to

creating such an environment were highlighted by key stakeholders. These have been identified as the conditions necessary to support success and will need to be considered and addressed in tandem with recommended changes to the assessment process to ensure a meaningful transition towards a culturally appropriate assessment.

These findings have been articulated in the proposed assessment model on the next page (Figure 5). We acknowledge the role that the Waikato Māori NASC team's Te Aromatawai model has played in shaping key components of the proposed model and supporting collateral. The intention is to build on this model and supplement it with the findings that have been amassed over the duration of this mahi to advocate for the holistic and culturally appropriate assessment of kaumātua.

The assessment model is divided into phases, with a pou (pillar) for each point of engagement, which incorporates a values-based Te Ao Māori approach. The phases are: Initial Referral, First Contact, Building Connections, Wellbeing Assessment and Follow Up. The purpose and intention of each phase is described in this section.

Figure 5: The proposed assessment model





INITIAL REFERRAL

Tuia i runga, Tuia i raro

The purpose of the Initial Referral is twofold:

1. To link clients to an interRAI Assessment provider in their respective area.
2. To create a pathway for patients/ clients to receive funded care services

Increasing referral options

Intention – To reduce barriers that may be contributing to inequity of access for Māori to the interRAI Assessment and therefore access to funded care services i.e. needs based entry criteria.

Quality of referral

Intention – Capturing key information such as ethnicity, language preference and iwi affiliation can assist providers with identifying important cultural needs and inclusion and track any ethnic variation of care needs from the point of referral.

Process Transparency

Intention – To build understanding and awareness of the process and allow kaumātua to have determination within the engagement that integrates a culturally responsive approach.



FIRST CONTACT

Tuia i roto, Tuia i waho

The purpose of the First Contact is twofold:

1. To establish first contact and state purpose of the assessment
2. To identify key information and personal preferences

Connect and reconnect

Intention – To form connection, build relationship and confirm the kaupapa of the referral and assessment process is well understood.

Identifying key information

Intention – To ascertain culturally appropriate and acceptable ways of interaction and personal preferences to optimise efficacy when assessing Māori. This will include but need not be limited to language preferences, any whānau to be present and any tikanga to be observed.

Agreement to visit

Intention – To ensure there is the appropriate level of understanding, and consent of the kaumātua to complete the assessment. Including negotiation of time and place.



BUILDING CONNECTIONS

Tuia te pou

The purpose of Building Connections is threefold:

1. To build connections and a relationship between the kaumātua and the assessor.
2. To inform and empower kaumātua and whānau with key information to understand the assessment purpose and process.
3. To listen to their story

Be A Good Manuhiri

Intention – To ensure assessors are knowledgeable about how to conduct themselves in the home of a kaumātua. This will give the assessor the best opportunity to build connections and rapport with the kaumātua and their whānau.

Rituals Of First Encounter

Intention – Using the hui process that begins with mihi (greeting) and whakawhanaungatanga to place the focus on making connections through conversation, and ensuring appropriate time is allocated to this activity.

Conversational based assessment grounded in kaupapa Māori values

Intention – To apply principles of first engagement, based on the values underpinning the assessment model that ensure:

- Trusted relationship is formed
- There is the appropriate level of understanding, and permission by the kaumātua before assessment begins
- Kaumātua and whānau share their story
- Manaakitanga - reciprocity for sharing, caring for one another and showing mutual respect



The purpose of the second assessment, the Wellbeing Assessment, is threefold:

1. To gather additional required information for the interRAI assessment
2. To establish kaumātua and whānau goals and aspirations
3. To determine support needs

Share power and listen

Intention – Shifting the dynamic so kaumātua and whānau are empowered to lead the conversation and can share in the care, needs and decisions that are important to them. Keeping kaumātua and whānau at the centre whilst exploring the aspects required to complete the interRAI assessment.

Establish personal and Whānau goals

Intention – To allow kaumātua and whānau to consider if they have wider goals and aspirations to attain hauora.

Meaningful conversation with Whānau about what level of support they can provide and that they require.

Intention – Conversation based engagement in which specific care needs can be explored and available support and services (funded and unfunded) can be openly discussed.



The purpose of the follow-up is two-fold:

1. To check on the status of the kaumātua since the assessment
2. To identify any misunderstandings, answer any further questions or make adjustments to the assessment results

Honest transparent communication

Intention – To provide honest feedback about any potential barriers and establish agreement of assessment outcomes

Pathway to remaining connected

Intention – Relational engagement through effective communication after the in-home assessment is complete is essential for maintaining trust and respect throughout the assessment process. At the completion of the assessment phases scheduling a suitable time to go over the results together reinforces a mana enhancing approach.



Whakamātautau

Insights From the Testing Phase

He Kōrero Whakataki Context for the testing phase

The testing phase aimed to gather initial feedback on the assessment approach and prototype model from the assessor's perspective, with a focus on:

- The use of first engagement principles grounded in kaupapa Māori values to establish trust with kaumātua.
- Ensuring kaumātua understand and give permission for the assessment to begin.
- Encouraging conversation-based assessments led by kaumātua.
- Having meaningful conversations with whānau about the support they can provide and what they need.

It is important to note that the testing was focused on the assessors' usability and acceptance of the model and was not intended to be a comprehensive evaluation. For example, it did not test the sustainability of the model as part of current service provision, or the experience of the kaumātua. Both of which would be recommended before implementation of the proposed model.

The feedback from the testing phase led to the refinement of the assessment model.

Te Ara Whakamātau Prototype testing approach

The prototype was tested in four locations: Christchurch, Hawke's Bay, Taranaki and Waikato. Four assessors took part, completing a total of six assessments.

To support the assessors testing the prototype model, various collateral was developed including:

- Invitation letter
- Overview of the assessment model and values (previous section)
- Guidelines to describe the intention of the components of the model (previous section)
- A mapping of the interRAI items to the domains of the Te Aromatawai Assessment (Appendix C)
- Conversation guidelines based on those used for Te Aromatawai Assessment (Appendix C)

Before initiating testing, we met with the assessors to provide the context and intent of this work. As part of this, the model was introduced, collateral shared and an opportunity for questions provided.

The assessors were required to organise home visits with kaumātua and whānau to conduct an assessment using the proposed assessment

approach outlined. Using this approach, six assessments were carried out; two of which were conducted in a simulated environment and four on patients referred to NASC for home care support services.

Following the assessments, the assessors were invited to participate in a semi-structured evaluation interview. The guiding questions for the interview can be found in Appendix C.

The feedback from the interviews is discussed below.

Ngā Kitenga Matua Key findings of the Testing Phase

The findings of the testing phase are summarised in this section under the following topics:

- **First Contact**
- **Building Connections**
- **Wellbeing Assessment**
- **General feedback**

First Contact

All assessors noted that by default the first contact was done over the phone. A key check assessors completed during the first contact was to identify if kaumātua were aware that a referral had

occurred as this was not necessarily always the case.

Although assessors provided some insight into what the assessment appointment was for, it was felt that further detail should be provided face-to-face. One assessor framed the assessment as “a *korero hauora*,” a health conversation rather than an assessment, which was well received by the kaumātua.

Within the first contact conversation all assessors asked if any whānau or support person would be present.

Some assessors felt that asking about the preference to use or to have a person who spoke te reo Māori present at the assessment was not appropriate to ask over the phone. Similarly for asking about personal information around iwi affiliations. One assessor suggested the iwi affiliation question to be added to the first appointment.

One assessor asked the patient within the First Contact if any tikanga should be observed at the first visit, noting it was the first time the assessor had asked that question to a kaumātua.

One assessor also commented that they would not have normally asked about a person’s hapū and

marae but felt it was another good way of building a stronger connection early in the process.

Overall, the assessors reflected that the model enabled them to be more intentional in sharing information at First Contact. Allowing time to go over the assessment process and context helped set the foundations to build a meaningful relationship.

Building Connections

The assessors acknowledged and experienced that the approach, prioritising whakawhanaungatanga, supported a deeper rapport. It allowed for a stronger connection and made the kaumātua more comfortable to proceed and share their personal perspectives compared to a conventional assessment.

The notion of additional time for korero, biscuits and asking questions in a conversational way allowed the kaumātua /whānau to express what is important to them, surfacing their aspirations and needs.

Tikanga was generally observed by all assessors. One assessor was asked to conduct an opening karakia by the kaumātua who had expressed that tikanga was important to them. This suggests the importance of cultural competency to be included

in the interRAI training to ensure assessors can navigate these types of discussions and feel comfortable in allowing particular tikanga to be performed if desired.

The collateral provided ‘conversation guidelines and template’ was only used as a guide. Some assessors used the template to capture notes where others used a blank piece of paper.

After the first visit, all assessors transferred the insights gathered from the conversation into interRAI and made note of outstanding items to be followed up in the second visit. Based on the information gathered some assessors commenced the care plan, and any referrals or immediately required services were actioned.

At the end of the first visit assessors explained the next steps, options and a date and time for the second visit were agreed. One assessor specifically asked whether the kaumātua would be comfortable for the assessor to bring a laptop to finalise the required information and show the data/information collected and how it will be used.

The assessors reported that the ‘Building Connections’ visit took approximately 1.5 hours.

Wellbeing Assessment

Because the first visit was directed at building a connection and rapport between the assessor and kaumātua, the assessors were able to address specific care needs questions and gather additional required information for the interRAI assessment not covered in the first visit.

One assessor shared that the second visit felt ‘safe’ and the communication was open and genuine so it *“made it easier to ask the hard questions, e.g. asking specifics about body care”*.

Several remarks were shared that it was great to have time and explore in detail the aspirations of the kaumātua and whānau, whilst openly discussing support options.

The assessors reported the Wellbeing Assessment took approximately 1 hour, although one assessor completed the assessment with just a phone follow up which allowed them to capture any outstanding information to input into interRAI.

General Feedback

All assessors were positive about the new model. The intentional focus on a values-based approach and incorporation of tikanga was seen as a noticeable change from the usual NASC approach.

Assessors acknowledged that the approach provided permission and freedom not to rush the assessment resulting in:

- Kaumātua and whānau being more engaged
- Kaumātua and whānau feeling empowered to leading the conversations
- The true issues and concerns of importance to the kaumātua and whānau being raised
- The ability to explore these in more detail (instead of glossing over)
- A personalised approach based on kaumātua needs

One assessor specifically acknowledged a view of reciprocity in which the assessor gained personal and whānau insights- ultimately feeling enriched and privileged to be a part of the kaumātua journey.

The assessors highlighted that as part of the Building Connections visit, most elements of the interRAI assessment were covered with 75-85% of the items completed after this first visit.

The assessors specifically found the content from the conversations to be ‘rich’ and provided

important narrative that could be added to text fields in interRAI.

It was suggested that it would be beneficial for non-Māori assessors to partner with Māori assessors to observe the values approach in practice.

The model highlighted the strength of a conversational approach which assessors felt enabled higher quality engagement; allowing for pertinent issues to surface and reduce the barriers for kaumātua and whānau to seek help, now and in the future.

Assessors found the supporting collateral to be useful. Of note, questions about the level of cultural input and kaumātua requirements were prompted by the collateral with assessors reporting that these conversations helped the assessment and overall interaction flow better. Another assessor reported that the guiding questions were used as prompts while following the natural flow of the conversation rather than sticking to the proposed structure- allowing them to still cover the various domains.



Ngā Whakawhanaketanga

Recommendations for Change

He Kōrero Whakataki Introduction to Recommendations

The purpose of this project was to review and analyse the current interRAI assessment model and to develop a culturally appropriate assessment model for kaumātua. For reasons outlined in preceding sections of this report, the project focussed on the interRAI Home Care Assessment. Based on the findings and the analysis described in this report the following recommendations have been developed.

For a culturally appropriate assessment model to have the greatest impact it must exist within an equitable and culturally aware system. We acknowledge that Aotearoa's journey towards this is complex, will take time, and is beyond the direct control of the interRAI team. However, interRAI Services have an opportunity to lead and influence improved equity within the system. With this in mind, our recommendations are categorised into:

- Recommended changes to the assessment model within the scope of interRAI Services
- Recommendations for the wider sector to create conditions that will support the

success of a proposed culturally appropriate assessment model.

Recommended changes to the assessment model within the scope of interRAI Services:

1. Uptake of the proposed culturally appropriate assessment model

It is recommended that interRAI Services adopt the culturally appropriate assessment model outlined on pages 23-27. The model elevates the importance of a relational approach to engaging kaumātua and their whānau, assessing hauora and improving access to support services. Included is the recognition that whakawhanaungatanga is critical to better assessment with kaumātua and providing appropriate time and space is essential. Therefore, the uptake of the model will require a change to the operational delivery of interRAI assessments in Aotearoa.

It is recommended that the assessment process with kaumātua be guided by the 'conversation guidelines' with domains linked to the interRAI tool (Appendix C). This ensures a culturally appropriate approach to assessment is utilised whilst maintaining the collection of the current set of

data within the interRAI tool. Whilst the approach to assessment was identified as needing improvement, it was largely accepted that the data collected within the interRAI assessment process was relevant, critical and should be maintained.

2. Additional testing of the prototype model

It is recommended that further testing of the model is undertaken. This should include a focus on gathering additional feedback from a wide range of assessors and providers as well as feedback from kaumātua and their experience with the prototype in a testing environment.

Further testing will support the model shifting from a prototype to a final model which meets kaumātua and assessors' expectations and is sustainable and ready for implementation.

3. Workforce considerations

A. Training and workforce development of assessors

It is recommended that further training be provided to both Māori and non-Māori assessors to ensure that they are comfortable and competent in delivering assessments in a culturally appropriate manner. It is recommended that a comprehensive training programme is developed

to support assessors to gain a range of knowledge and skills, which includes but is not limited to the following:

- Beginner to intermediate level Te Reo and pronunciation skills
- Strong base knowledge of tikanga, including, a working knowledge of the values promoted in the new model e.g. tapū, noa, manaaaki, reciprocity
- Strong base knowledge of the insights revealed in this report about what matters most to kaumātua
- Conversational based interviewing

Development of the current assessors is critical to building a workforce that has the capabilities to deliver the new model. However, just as important will be to seek and recruit assessors with these skillsets in hand already.

B. Review criteria to become an assessor, to ensure traditional Māori tohu is valued as highly as a clinical qualification.

It is recommended that the prerequisite criteria of being a registered health professional to qualify as an interRAI assessor be revisited and options for those with traditional Māori tohu (qualifications) or experience to be trained as an interRAI assessor be explored.

The scope and timeframes of the current review did not allow for prototyping of whether non-registered health practitioners could appropriately be involved with, or lead aspects of the assessment process. However there was feedback, ranging from iLAB members through to service providers, that non-registered health practitioners working under supervision, could diversify the workforce and support practice that embodies tikanga, creating an environment where assessors are truly equipped to engage with kaumātua and whānau in a culturally appropriate manner.

4. Data recommendations

The following set of recommendations relate specifically to data management and Māori data sovereignty.

A. Data collection governance

It is recommended that a data governance model be implemented that prioritises Māori data sovereignty, protects data quality through structured collection and coding processes, increases training on ethnicity data protocols, uses careful prioritisation of ethnicity, and includes the collection of iwi data to improve data collection and use for all stakeholders.

B. Wider sharing of data

It is recommended that (de-identified) data sharing be utilised as part of ensuring health equity for Māori. By using data collected through interRAI assessments, organisations such as Te Aka Whai Ora, Māori health care providers and iwi can accurately identify population needs, service gaps and provide insights on how to commission services that reflect Māori needs and support better uptake of services.

Data from Māori who have never had an interRAI assessment can be used for proactive contact to ensure equity of access. This approach will help ensure that Māori have access to services that meet their specific needs and improve their overall health outcomes.

C. Improved User interface

It is recommended that an improved user interface be adopted. Doing so would support delivery and uptake of the prototype model; create an opportunity to elevate Māori perspectives and improve the efficacy and experience of the assessors. The solution should continue to support the structured collection process at the back end. To achieve this, it would be necessary to work with vendors with

deep understanding of Te Ao Māori and the New Zealand health sector.

Recommendations for the wider sector to create conditions that support the success of a culturally appropriate assessment model

5. Governance

A vital pre-requisite to ensuring an appropriate assessment model for Māori is a governance structure that oversees this process. It is therefore recommended that interRAI Services explores a co-governance approach, with Te Aka Whai Ora suggested as a logical governance partner.

6. Stronger interagency collaboration to ensure continuity of care

Kaumātua and service providers have acknowledged the fragmented nature of service provision, largely attributed to a lack of communication channels between assessment and service providers. It is therefore recommended that interRAI Services explore approaches to consolidate provider approaches to service provision to ensure the support needs

of kaumātua are being identified and appropriately met.

7. Allocate resources in a manner which supports whānau to support their kaumātua

It is recommended that funding and service provision be designed in a manner that supports whānau to support kaumātua. This necessitates ensuring that kaumātua with whānau support are not disadvantaged in the amount of funding and services that they may receive and an acknowledgement that there is a cost to whānau for providing that said support. Likewise, equitable funding based on need should be consistently provided across the country.

This approach acknowledges the value and importance of whānau support and ensures that funding models do not inadvertently act as a barrier to receiving the care that is required. It is important to note that the provision of care should be in a manner that supports and strengthens the relationships and connections within whānau. The provision of care should be guided by kaupapa Māori principles ensuring that kaumātua and their whānau receive care that is culturally responsive, respectful and appropriate.

Appendix A: Glossary

Please note that the Māori terms below have been described in the context of this report and provide only one understanding of these concepts. We acknowledge that there may be alternative views and perspectives about the meaning of these terms.

Assessor	A clinician who uses interRAI tools to complete interRAI assessments.
DHB	District Health Board.
Hōhā	State of being offended, upset, annoyed or hurt by someone's actions or words.
Kaimahi	Someone who is employed in a professional or skilled role.
Kaumātua	A Māori term for elderly/ older person
Manaakitanga	The principle which refers to the process of hospitality and showing respect, generosity and care for others
NASC	Needs Assessment and Service Coordination – the DHB service which uses interRAI assessments.
Noa	State of being free from tapu
Pono	Concept of moral and ethical balance and refers to doing what is correct and appropriate in a given situation. It involves making decisions that are in line with one's values and beliefs, and behaving in a way that is honest and true to oneself.
Rangatiratanga	The expression of autonomy, self-determination, sovereignty and self-governance
Tapu	A Māori concept that includes but is not limited to, a set of customs and rules that govern behaviour, actions and interactions- often to do with a state of being restricted.
Tenzing	Tenzing Management and Technology Consultants Limited- the organisation which conducted the initial review of the interRAI service
Tika	The principle of doing what is right and just, following rules and values that uphold fairness
Tikanga	a system of values and customary practices. Correct procedures/protocol

Tino rangatiratanga	The fullest expression of rangatiratanga, autonomy, self-determination, sovereignty, self-government.
WAI 2575	Hauora Report on the Health Services and Outcomes Kaupapa Inquiry 2019 which made critical recommendations to ensure Te Tiriti obligations are upheld in the primary health sector.
Wairuatanga	Encompasses the concept of spirituality, including but not limited to a relationship with atua (spiritual deities), the environment, identity and cultural understandings.
Whakamā	A Māori term that is utilised in social and cultural contexts to describe feelings of shame or embarrassment
Whanaungatanga	Relationships and connections between individuals, families, and communities.

Appendix B: Acknowledgements

Ehara taku toa I te toa takitahi
engari he toa takitini

This project could not have been achieved without the support of the following groups and their contributions. Ngā mihi taiooreore ki a koutou katoa. Ko ngā mihi e kore e mimiti.

Internal groups	Kaumātua Rōpū	Organisations
Mātauranga Expert Advisory Group	Atiawa ki Whakarongotai	ACC
Project Steering Group	Ngā Hau e Wha Marae	Access Community Health
	Ngā Kete Mātauranga Pounamu	Age Concern
	Ngā Maunga Whakahii o Kaipara	Alzheimer’s NZ
	Ngati Whatua Orakei	BeIRAI
	Pariroa Pā	Dementia NZ
	Rauawaawa	Independent researchers
	Rehua Marae	Kupenga Hao ite Ora Support Net
	Te Kohao Health	Mana Atea
	Te Roopu Kuia Kaumātua o Te Whare Tapu o Ngāpuhi	National Māori Provider Expert Reference Group
	Te Roopu Tautoko ki te Tonga	Nurse Maude
		NZ NASCA
		Ryman Healthcare
		Te Aka Whai Ora
		Te Kohao Waikato
		Te Puna Ora Mataatua
		Te Whanau o Waipareira
		Te Whatu Ora
		Te Whatu Ora Lakes
		Te Whatu Ora Southern
		Te Whatu Ora Taranaki
	Te Whatu Ora Te Hauora a Toi Bay of Plenty	
	Te Whatu Ora Te Pae Hauora o Ruahine o Tararua Midcentral	
	Te Whatu Ora Waikato	
	Te Whatu Ora Wairarapa	
	University of Auckland	
	Waikato Maaori NASC	

Appendix C: Testing Phase Collateral

Culturally Appropriate Assessment Model: Conversation Guideline

The following guiding sections utilises the framing of Te Aromatawai, a Māori assessment model developed by the Waikato Maaori NASC service for the purpose of engaging and supporting kaumātua.

Te Aromatawai is described by the Waikato Maaori NASC as a ‘sacred pathway of shared knowledge and support’. Its purpose is similar to that of a *Kairaranga* who looks for the *Aho* to ensure the strength and integrity of the *Kete* they are weaving.

Te Aromatawai is underpinned by principles, knowledge and narratives that are significant and important to Te Ao Māori including kaumātua.

Heoi, ko ngā kupu whakamiha e kore e wahangūtia e mātou ki te whānau o Waikato Maaori NASC.

Our gratitude and endless thanks are extended to the Waikato Maaori NASC for allowing this project to utilise Te Aromatawai in safe and meaningful ways.

This template form functions to guide the conversation in a culturally appropriate manner and is not intended to replace the interRAI tool.

<i>Kairaranga</i>	Weaver
<i>Aho</i>	Lines of weaving
<i>Kete</i>	Woven basket

He Aha te Raruraru? (current situation):

Define problems, disability needs/those present/current living situation

Whānau / Whakawhanaungatanga (relationships and family support):

Identify opportunities or issues in regard to whānau support, or key relationships.

This also includes identifying needs of whānau of the kaumātua.

Wairua (spiritual health):

Identify opportunities or issues in relation to spiritual and cultural wellbeing.

Tinana / Hauora (physical health):

Identify opportunities or issues related to the physical body or general wellbeing.

Hinengaro / Awhi (cognition):

Identify opportunities or issues in relation to emotions and the psychological and mental wellbeing.

Awhi Kāinga (household):

Identify opportunities or issues in relation to managing day to day tasks in the household, consider the following:

- *Shopping*
- *Meal preparation*
- *Housework*
- *Laundry*
- *Finances*
- *Home Safety*
- *Home Security*

Manaaki Tinana (personal care/mobility):

Identify opportunities or issues in relation to managing personal care, consider the following:

- *Inside/outside*
- *In community*
- *Transfers*
- *Date of last fall*
- *Bed mobility*
- *Bath and shower*
- *Dressing*
- *Grooming*
- *Toilet*
- *Incontinence*
- *Medication*
- *Eating and drinking*
- *Personal Safety*

Matakerepō (sensory function):

Identify opportunities or issues in relation to sight, vision and speech.

Whakamātau (communication):

Identify opportunities or issues in relation to communication and engagement.

He Korero Anō (extra information):

Please provide any additional information/comments.

He aha tō Pīrangī (care plan):

Define whānau needs / outcomes / goals

Consider also the immediate services to put in place

Culturally Appropriate Assessment Model

Mapping of interRAI Home Care Assessment & the Conversation Guideline (based on Te Ara Whakamana – Te Aromatawai)

The following mapping table utilises the framing of Te Aromatawai, a Māori assessment model developed by the Waikato Maaori NASC service for the purpose of engaging and supporting kaumātua. Te Aromatawai is described by the Waikato Maaori NASC as a ‘sacred pathway of shared knowledge and support’. Its purpose is similar to that of a *Kairaranga* who looks for the *Aho* to ensure the strength and integrity of the *Kete* they are weaving.

Te Aromatawai is underpinned by principles, knowledge and narratives that are significant and important to Te Ao Māori including kaumātua.

Heoi, ko ngā kupu whakamiha e kore e wahangūtia e mātou ki te whānau o Waikato Maaori NASC.

Our gratitude and endless thanks are extended to the Waikato Maaori NASC for allowing this project to utilise Te Aromatawai in safe and meaningful ways.

This mapping table functions to guide the transcribing of the information gathered throughout the assessment into the interRAI tool.

<i>Kairaranga</i>	Weaver
<i>Aho</i>	Lines of weaving
<i>Kete</i>	Woven basket

Quick reference one page mapping of InterRAI Home Care Assessment & Te Ara Whakamana – Te Aromatawai						
Whakawhanaungatanga Client Information	Identification Information A.1 – A.3 – A.5 – A.12					
He aha te raruraru? Define current situation	Psychological Wellbeing F.1 – F.2 – F.3 – F.4 – F.5		Disease Diagnosis I.1 – 1.2	Health Conditions J.3 – J.4 – J.5 – J.6 – J.7 – J.8		
Whanaungatanga Family Support	Identification Information A.13	Social Supports P.1 – P.2 – P.3 – P.4				
Wairua Spiritual Health	Mood & Behaviour E.1 – E.2 – E.3					
Tinana/ Hauora Physical Health	Functional Status G.3 – G.4 – G.5 – G.6	Oral Nutrition Status K.1 – K.2 – K.3 – K.4		Skin Conditions L.1 – L.2 – L.3 – L.4 – L.5 – L.6 – L.7		
Hinengaro/ Awhi Cognition	Cognition C.1 – C.2 – C.3 – C.4 – C.5					
Awhi Kāinga Household	Functional Status G.2 – G.7					
Manaaki Tinana Personal Care/ Mobility	Functional Status G.2 – G.7	Continance H.1 – H.2 – H.3 – H.4	Health Conditions J.1 – J.2 – J.9	Medications M.1 – M.2 – M.3	Treatment & Procedures N.1 – N.2 – N.3 – N.4 – N.5	Environmental Assessment Q.1 – Q.2 – Q.3 – Q4
Matakerepō Sensory Function	Communication & Vision D.3 – D.4					
Whakamātau Communication	Communication & Vision D.1 – D.2					
He Kōrero Anō Extra information	Responsibility O.1 – O.2					
He aha tō pīrangī? Needs, outcomes, goals	Identification Information A.10		Discharge Potential & Overall Status R.1 – R.2 – R.3 – R.4 – R.5		Discharge Potential & Overall Status S.1 – S.2	
Areas not included <i>In Te Aromatawai</i>	Identification Information A.4 – A.6 – A.7 – A.8 – A.9 – A.11 – A.14		Intake and Initial History B.1 – B.3 – B.4			

Post Assessment Interview Questions

First impressions

Overall, how do you feel the assessment was received by the kaumātua? And why?

First Contact

- How was initial contact made with kaumātua?
- What information was shared with them?
- What questions did they have?
- Did you leave your contact details with them?
- Any other feedback/observations?

BUILDING CONNECTIONS

The purpose of Building Connections is threefold:

1. To build connections and a relationship between the kaumātua and the assessor.
2. To inform and empower kaumātua and whānau with key information to understand the assessment purpose and process.
3. To listen to their story

Meet and Greet

- Talk us through how the initial meet and greet went.
- What were the first gestures that were extended by the kaumātua?
- Did you offer biscuits/cake or something similar?
- What were some of the initial conversations you had together?
- Do you feel you were a good manuhiri? Why?
- What worked well as part of the initial meet and greet?
- What could work better as part of the initial meet and greet?

Whānau

- Were whānau present at the assessment?
- What is their role/s in providing care and support for the kaumātua?
- How interactive were they in the assessment process?
- How did you involve them? What questions did they have?

Knowledge and information sharing

- What information was shared with kaumātua about the assessment process?
- What questions did they or whānau have?
- Did the kaumātua and/or whānau acknowledge their full understanding (and acceptance) about the information shared?
- What printed information was provided about the assessment process/next steps?

Progression/Permission

- Were you able to progress to the Wellbeing Assessment in this visit?
- Did the kaumātua or whānau agree to progress with the interRAI assessment?

Assessment Form/Guideline

- Did you use the (sample) Testing Form/Guidelines? How did you use it? Was it helpful? Why/Why not?



WELLBEING ASSESSMENT

The purpose of the Wellbeing Assessment is threefold:

1. To gather additional required information for the interRAI assessment
2. To establish kaumātua and whānau goals and aspirations
3. To determine support needs

Share power and listen

Intention – to shift the dynamic so kaumātua lead the conversation

- What questions did the kaumātua or whānau ask?
- How did you encourage the kaumātua and whānau to lead the conversation?
- Were there any barriers or circumstances in the engagement, which didn't allow the kaumātua to lead the conversation?
- What suggestions do you have to help shift the dynamic?

Meaningful conversation with whānau about what level of support they can provide and what they require.

Intention – conversation-based engagement

- Were whānau present? If not, do you know why? (kaumātua preference, whānau unavailable etc)
- What types of questions did whānau ask?
- Did whānau acknowledge their understanding of the process? How was this expressed?
- What was the biggest challenge aligning the information from the assessment to the interRAI items?
- What would help you to better align the information from the first assessment with the interRAI items?

Establish personal and whānau goals

Intention- to allow kaumātua and whānau to consider if they have wider goals and aspirations connected to their health and well-being.

- Did you ask whānau if they have wider goals and aspirations connected to their health and well-being?
- What were some of their goals?

Māori values

- How do you feel you were able to use/express the values in your assessments? What did this look like?
- What further support or information would have enabled you to further apply the values?

Tools & Guidelines

- How useful did you find the resources and information provided to support this prototype assessment process? (Very Useful, Useful, Not useful)
 - Invitation Letter
 - CAAM Prototype
 - Mapping of interRAI & Te Aromatawai tools
 - Guidelines of How to use the CAAM prototype
 - Testing Assessment Form Template
- What improvements can be made (content, format)?
- What additional information should be provided?

Final questions/comments

- Where there any barriers in completing the assessments as per intent?
- Overall, how do you feel about the effectiveness and appropriateness of this approach?
- What are three important changes/enhancements you would recommend ensuring the kaumātua is honoured and the clinical assessment achieves its purpose?



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