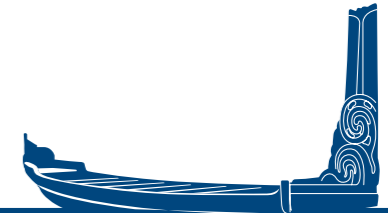
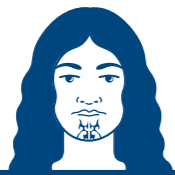


Māori responsive good practice expectations:^{*} A culturally appropriate setting for conducting death reviews

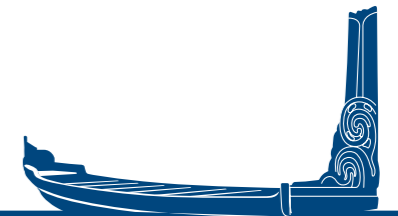
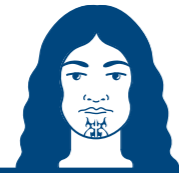


	Tika	Manaakitanga	Mana	Mahi tahi
	Getting the story and the interpretation right	Being culturally and socially responsible	Advancing equity, self-determination and social justice	Establishing relationships for positive change
Māori-centred¹	<p>How we do it: Method and analysis</p> <ul style="list-style-type: none"> Captures Māori realities and perspectives. Reliable ethnicity data. 	<p>Way we do it: Culturally responsive</p> <ul style="list-style-type: none"> Recognises Māori own aspirations for health, and respectful of tikanga. Ethically, legally, culturally safe ways of collecting and storing information. Māori knowledge and expertise is held within every MRC. 	<p>Why we do it: Te Tiriti o Waitangi and equity</p> <ul style="list-style-type: none"> Optimal health and wellbeing for Māori. Improving outcomes for Māori, reducing inequities so Māori enjoy the same optimal health as all other New Zealanders. 	<p>Who we involve: Meaningful Māori representation and participation at every level</p> <ul style="list-style-type: none"> Māori stakeholders and experts. Consultation with Māori Caucus. Māori knowledge and expertise is held within every MRC.
Governance	<ul style="list-style-type: none"> Governance is exercised in partnership with Māori. Agents able to evoke practice changes are identified. 	<ul style="list-style-type: none"> There are clear processes and systems in place to ensure MRC activities regarding Māori are culturally and socially responsible. All MRC agents are aware of, and have agreed to, the MRC Māori responsive good practice expectations. 	<ul style="list-style-type: none"> All MRC agents and members self-monitor the work of the committee in advancing equity, self-determination and social justice. All MRC agents and members ensure that equity, self-determination and social justice informs the work of the committee and its members. 	All MRC agents and members monitor and report on the implementation of changes.
Ethical practice²	<p>Aroha ki te tangata. Be respectful for the people that are being researched, both those that live now and those that have passed.</p>	<ul style="list-style-type: none"> Kia tupato. Be cautious, culturally safe and reflexive. Manaaki ki te tangata. Look after the people and take the time to listen and understand. He kanohi kitea. Be a known and familiar face to those participating in the research. 	<p>Kaua e takahia te mana o te tangata. Do not trample on the mana of people.</p> <p>The people are the experts on their own lives, challenges, needs and aspirations.</p> <p>Collaborate with elders and kaupapa Māori researchers who can provide advice and guidance.</p>	<p>Kia mahaki. Be humble.</p> <p>Share knowledge in a way that prioritises Māori ways of being and doing, and not being experts in their lives, and leads to shared understanding.</p>
Benefit to Māori	Accurate stories and interpretations lead to recommendations to health care providers that can prevent deaths in the future.	Findings are written in a way that are accessible to the majority of Māori people.	Analysis and interpretation of information considers equity and social justice issues. Māori are involved in self-determining appropriate and acceptable recommendations.	Recommendations make a difference for Māori and prevent avoidable deaths.
Systems and equity approach	Informed by a critical analysis of the historical and contemporary socio-political contexts from Māori.	<ul style="list-style-type: none"> Kaumātua advice and oversight is sought and acted on in a timely manner. Māori Caucus advice is sought and acted on in a timely manner. 	<ul style="list-style-type: none"> Analysis and interpretation of information considers equity and social justice issues. Māori are involved in self-determining appropriate and acceptable recommendations. 	<ul style="list-style-type: none"> MRC members and agents work with Māori, including appropriate Māori health professionals, to consult on, and to promote recommendations. MRC members and agents work with a range of people, professional bodies and organisations, to consult on, and to promote recommendations.
Data sources, collection and storage	<ul style="list-style-type: none"> Key providers and organisations involved in the life of the person leading up to their death contribute to the review. Relevant clinical files are considered as part of the review. Epidemiological analysis should include a consideration of equity. Information from whānau, and those who knew the tūpāpaku best, should be included in the review where possible and in a way that is appropriate. (Need for protocol to be developed) 	<ul style="list-style-type: none"> There is a clear understanding amongst all MRC members and agents, and any others who are party to, or have an interest in the review, about who owns the information, and how long it will be stored. The methods for collecting data are appropriate and include the right skills and safeguards. Obligation to use data if it is collected. Informed by Indigenous data protocols. 	<ul style="list-style-type: none"> All information should be cared for respectfully, and that align with: <ul style="list-style-type: none"> tikanga protocols for information collection and management ethical practice legal requirements. Any tensions between Māori as kaitiaki of their own data and the restrictions of the legislation are proactively managed and resolved. 	<ul style="list-style-type: none"> Learnings from this data should lead to positive change that will benefit Māori. Learnings from this data should be shared with Māori stakeholders (including participants in the review) in a way that will benefit Māori.

1. Kaupapa Māori relates to Māori philosophies of the world, to Māori understandings on which our beliefs and values are based, Māori worldviews and ways of operating. Taken from: Pihama L. 2015. Kaupapa Māori Theory: Transforming Theory in Aotearoa. p 7.
 2. Katoa Ltd website, Kaupapa Māori research ethics.

^{*} This framework uses three (of the four) tikanga-based principles in the Māori Ethical Framework published in Te Ara Tika by the Health Research Council of New Zealand.

Māori responsive good practice expectations: Culturally appropriate components to embed in death reviews, reports and recommendations



	Tika	Manaakitanga	Mana	Mahi tahi
	Getting the story and the interpretation right	Being culturally and socially responsible	Advancing equity, self-determination and social justice	Establishing relationships for positive change
Benefit to Māori	<p><i>Our analysis, interpretation and recommendations:</i></p> <ul style="list-style-type: none"> › recognised the strength of tūpāpaku, and acknowledged the challenges they faced › reflected an equity and Māori perspective › followed tikanga and ensured the process was mana enhancing to all involved in the review process › did not reinforce negative stereotypes, or provide deficit and discriminatory explanations › focused on how services and systems could have helped prevent this death. 	<p><i>In developing our recommendations, we:</i></p> <ul style="list-style-type: none"> › actively sought a variety of Māori expert/stakeholder views (as Māori are not necessarily homogenous in their views) › undertook meaningful consultation with Māori, and provided realistic feedback timeframes and mechanisms › were influenced by, responded to, feedback provided by Māori experts/stakeholders › consulted with the Māori Caucus. 	<p><i>In undertaking reviews, writing reports and developing recommendations, we:</i></p> <ul style="list-style-type: none"> › recognised Māori rights to self-determination › recognised Māori disadvantage › supported cultural identity and connection › were informed by an equity, social justice and Māori interpretation of mortality outcomes › ensured our report and recommendations were accessible to Māori › examined what works, and doesn't work, to improve outcomes for Māori › identified changes that need to occur, and provided advice about how these changes can occur. 	<p><i>To promote positive change, we:</i></p> <ul style="list-style-type: none"> › established relationships with practitioners, professional bodies, and appropriate organisations to enact changes in policy and practice (and possibly legislation) › acknowledged the importance of Māori networks, and built relationships with Māori providers › developed strategies to ensure our recommendations could be acted on by agencies and services, to benefit Māori whānau, hapū, iwi and communities.
Systems and equity approach	<p>Focus on tūpāpaku and whānau</p> <p><i>In undertaking reviews, we considered:</i></p> <ul style="list-style-type: none"> › health and disability, including emotional stress and sense of well-being and belonging › significant relationships, including whānau, partners and friends › social environment (at home, work, and play), including marae, school, work, sports, peer group, church › physical environment (at home, work, and play), including housing, safety, transport › economic circumstances (at home, work, and play), including food, money, and ability to go out and participate in life › cultural perspective, including whakapapa, cultural identity and connection with marae, hapū and iwi › life course, including whānau dynamics and patterns, Interaction patterns, intergenerational patterns, belief systems, and significant events (e.g. trauma) › proximate factors, including extent to which the outcome could have been changed. 	<p>Focus on services, agencies and practitioners</p> <p><i>In undertaking reviews, we considered:</i></p> <ul style="list-style-type: none"> › access to, and engagement with, health and social services, including any barriers and health literacy › patterns evident in practitioners' thinking and reasoning, use of assessment and diagnostic tools, and interactions with organisation's management systems › quality, appropriateness, responsiveness and location of services, including any relationships tūpāpaku had with practitioners/clinicians › patterns in the application of policies, provision of services, and inter-agency and multi-agency communications/ collaboration › unequal treatment by health services, other agencies and societal institutions and policies. 	<p>Focus on society</p> <p><i>In undertaking reviews, we considered any potential impact of:</i></p> <ul style="list-style-type: none"> › colonisation, including racism (institutional and individual), implicit bias, historical trauma › inequities and marginalisation › social and economic determinants, including deprivation, education, employment, income, wealth, housing, incarceration. 	<p>Focus on review panel and advisors</p> <p><i>In undertaking reviews, we ensured there was:</i></p> <ul style="list-style-type: none"> › Māori representation on the MRC and review panels, and their contribution was invited and respected › consultation with the Māori Caucus and that their advice was heeded › appropriate input and oversight from Māori advisors throughout the review process › sought advice from a variety of sources for Māori advice, as Māori views are not necessarily homogeneous.
Governance and data sources, collection and storage	<p>Focus on tūpāpaku and whānau</p> <p><i>We included:</i></p> <ul style="list-style-type: none"> › information to understand the context of death from a Māori health and equity perspective › qualitative 'lived' information that provided insights in to the experience of the world: feedback and attitudes experienced in everyday life, including at home, school, work, retailers, banks, landlords, etc. 	<p>Focus on tūpāpaku and whānau</p> <p><i>We put in place:</i></p> <ul style="list-style-type: none"> › cultural oversight and expertise of data collection and management, in consultation with the Māori Caucus with kaumātua guidance › robust and appropriate process if having contact with whānau, for whatever reason. <p><i>We considered and managed:</i></p> <ul style="list-style-type: none"> › any risk of re-traumatising those affected by the death (s) being reviewed. 		