

Calderdale Framework -Aotearoa New Zealand Context

Cultural Considerations

Māori as tangata whenua hold a unique place in Aotearoa/New Zealand and Te Tiriti o Waitangi/ the Treaty of Waitangi is recognised as the nation's founding document. The health inequities that exist for Māori are acknowledged and the need for all involved in health to work towards reducing these inequities is recognised and supported by Manatū Hauora the Ministry of Health.^{1 2}An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori.

This Cultural & Diversity statement has been prepared as background for this work within Calderdale Framework activity in Aotearoa New Zealand and to encourage culturally competent practice in all project and clinical activity.

Health professional groups and health organisations will have specific guidance and training on culturally competent practice available to their members/employees. Individual Calderdale Framework champions, Facilitators and Practitioners are encouraged to draw on this to inform their Calderdale Framework activity.

Te Tiriti o Waitangi Principles³

The principles that underpin the relationship between the Government and Māori under the Treaty of Waitangi. The 2019 Hauora report recommends the following principles for the primary health care system

- **Tino rangatiratanga (self-determination) :** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Ōritetanga (Equity) :** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Whakamaru (Active protection) :** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Kōwhiringa (Options) :** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Pātuitanga (Partnership) :** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

¹ [Achieving equity | Ministry of Health NZ](#)

² Pae Tū : Hauora Maori Strategy available from:

[About Pae Tū: Hauora Māori Strategy | Ministry of Health NZ](#)

³ [Te Tiriti o Waitangi | Ministry of Health NZ](#)

Health Inequities

We all have a role to play in reducing inequalities in health in Aotearoa New Zealand; these inequalities affect us all.¹ Health inequalities or health inequities are avoidable, unnecessary and unjust differences in the health of groups of people. Reducing health inequalities is greatly assisted by tools, such as the Health Equity Assessment Tool (HEAT),⁵ that enable the assessment of interventions such as policies, programmes and services. Such tools examine the potential of these interventions to contribute to reducing health inequalities. From such an assessment, informed decisions can be made about how to build and strengthen policies, programmes and services.

Cultural diversity

New Zealand has a culturally diverse population and each individual and their whānau accessing the health system has cultural needs specific to themselves. Use of the Calderdale Framework in Aotearoa New Zealand will seek to be inclusive of different cultures and values, and respectful of all peoples in Aotearoa New Zealand.

The Calderdale Framework methodology is applicable across different clinical settings, services and has no boundaries in relation to applicability to health. However, in the New Zealand context, consideration of our obligations to Māori and New Zealand obligations under the Treaty of Waitangi, as well as our need to be inclusive of Pacifica and all other ethnicities is a core component when implementing the methodology.

To address these obligations and needs recommended actions include:

- **Use of the Health Equity Assessment Tool (HEAT)⁴**

The HEAT tool is appropriate to evaluate planned Calderdale Framework implementation activity at the project, service, District or regional level. It can help identify potential areas of change to better reflect the cultural diversity of Aotearoa New Zealand.

The HEAT tool aims to promote equity in health in New Zealand. It consists of a set of 10 questions that enable assessment of policy, programme or service interventions for their current or future impact on health inequalities. The questions cover four stages of policy, programme or service development.

1. Understanding health inequalities.
2. Designing interventions to reduce inequalities.
3. Reviewing and refining interventions.
4. Evaluating the impacts and outcomes of intervention

- **Aotearoa New Zealand training material** for Calderdale Framework Facilitators and Champions to reflect this Cultural & Diversity Considerations statement

- **Resources and documents used in Calderdale Framework activity**

- direct health practitioner users to utilise guidance and training on cultural competence from their professional bodies (professional standards) and organisations
- encourage Allied Health Assistants & support workers to complete
 - the CareerForce Level 3 training unit 32418 Describe Te Tiriti o Waitangi, and a bicultural approach in a health or wellbeing setting **and/or**
 - cultural competency training within their organisation

⁴ [The Health Equity Assessment Tool: A User's Guide | Ministry of Health NZ](#)

- **Clinical task instructions** (CTIs) developed specifically include enquiry about the cultural needs/preferences of the individual in relation to the task. This requirement has been included in the updated 2024 template for writing CTIs and is under regular review.

Other actions indicated for example by application of the HEAT tool to documents/processes over time.

Additional Resources and Information

- Te Tāhū Hauora (Health Quality & Safety Commission) resources on:
 - Equity [Equity Explorer | Te Tāhū Hauora Health Quality & Safety Commission \(hqsc.govt.nz\)](#)
[Health equity links | Te Tāhū Hauora Health Quality & Safety Commission \(hqsc.govt.nz\)](#)
 - Co-design in health [Co-design in health: free e-learning courses available | He hoahoa-tahi: He kaupapa ako-i utu kore | Te Tāhū Hauora Health Quality & Safety Commission \(hqsc.govt.nz\)](#)
 - Understanding bias in health care [Learning and education modules on understanding bias in health care | Te Tāhū Hauora Health Quality & Safety Commission \(hqsc.govt.nz\)](#)
- CALD – Cultural Competency Training for the General Health Workforce [Cultural Competency Training for the General Health Workforce | eCALD](#)
- The Pae Ora (Healthy Futures) Act 2022 [Pae Ora \(Healthy Futures\) Act 2022 No 30 \(as at 27 July 2023\), Public Act – New Zealand Legislation](#)
- New Zealand Health Strategy (July 2023) [New Zealand Health Strategy | Ministry of Health NZ](#)
- HEAT Tool –
 - [Health Equity Assessment Tool \(HEAT\) - GOV.UK \(www.gov.uk\)](#)
 - [Health Equity Assessment Toolkit \(who.int\)](#)
- Te Whatu Ora - [Health Equity and the Equity Adjustor Tool \(HNZ00022694\) – Te Whatu Ora - Health New Zealand](#)
- Healthify - [Cultural safety & cultural competence for healthcare providers | Healthify](#)

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