TARANAKI
District Health Board

Impact Evaluation of the 'Treaty, TDHB and Me' Training

June, 2020

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Picture of Te Niho o Te Atiawa at Parihaka

Executive Summary

The aim of the evaluation has been to assess whether participants were able to make changes in their practice, resulting from information they gained from attending Taranaki District Health Board's (TDHB) Treaty, TDHB and Me one day workshop. A total of 76 individuals throughout the DHB participated in this evaluation. This comprises about 40% (76 out of 193) of the participants who attended one of the five one-day training sessions from April to October 2019. The evaluation used a number of ways to gather feedback including group, individual, email responses and an on-line survey.

Key Impacts

Overall, the evaluation showed that attending the Treaty, TDHB and Me had increased participants' understanding of the impact of historical trauma on Māori, through learning about the history of Māori in Taranaki, and had led to a better understanding of key issues for Māori today. New graduate nurses had a higher existing level of knowledge regarding Te Tiriti o Waitangi, being cultural safe towards Māori and had better pronunciation of reo Māori than older staff. The most common change made by participants as a result of attending the Treaty, TDHB and Me training was increasing their use of reo Māori in the work place, with a strong emphasis on trying to correctly pronounce the names of their Māori patients. While this may seem a small first step, many older staff lacked the confidence to use reo Māori before attending the training.

On the whole, participants were optimistic that the training course had lead to better communication with Māori patients and their whānau, and this would lead to better health outcomes for Māori. Meeting the staff from Te Pā Harakere (Māori Health team), gave staff 'faces to the names', and built a stronger working relationship between the hospital staff and Te Pā Harakere.

Enablers of Change

The findings demonstrate that having a number of staff in the same work area who had attended the training is more likely to lead to a change in practice as they 'were all on the same page'. Grouping of participation by staff teams should be encouraged to attend this training to get the maximum impact and resulting change.

It is evident that being on a Marae, especially at a place of such historical significance as Parihaka had a deep impact on participants and was a key aspect of the training. One group of participants noted that a tangi was taking place at another Marae at Parihaka (there are three Marae at Parihaka) on the day of the training. Participants' commented that being on a 'living Marae', made them more aware that Māori culture was alive and well. For those who might have not been on a Marae before in their lives, the training gave them an insight into Te Ao Māori (world view of Māori) that they otherwise would not have had. This provided an opportunity for transformational change, i.e. realising that Māori had a

different world view to Pākehā, but Māori are expected to conform to Pākehā ways and Pākehā values that may be different to their own.

Barriers to change

The key barriers to change included being restricted by a lack of resourcing, e.g. staff and time, as well as negative reactions to change from other workmates who had not attended the training. There were a few staff who, after completing the training, did not think they needed to change their attitudes or practices. These staff generally made comments that they 'treated everyone with respect' or had 'always worked well with people from other cultures'. These types of statements tend to shutdown any discussion around racism, do not take into account the experience of Māori, and in doing so protect the racial bias that exists in status quo. It was evident that further support is needed for staff to being able to safely 'call out' instances of racism in their workplace and address institutional racism.

Recommendations

Based on the findings of this evaluation the following recommendations are made to Taranaki DHB:

1. Taranaki DHB continue to deliver the Treaty, TDHB and Me training.
2. Continue to deliver the training on Marae, particular on a lived papakāinga such as Parihaka.
3. Provide more support during the training to enable participants to address equity in their workplaces. This could include co-designing solutions that would be suitable in their communities or workplaces.
4. Continue to build relationships between Te Pā Harakere (Māori Health Unit) and staff who work in hospital and community services.
5. Support staff to continue to develop skills in reo Māori, with a strong focus on correct pronunciation of names.
6. Support Managers to enable all staff to attend this training.
7. Support Managers, using a co-design process, to establish tikanga best-practice in their workplace.
8. Conduct an annual evaluation of the changes that have occurred as a direct result of attending this training. This could be done through the use of simple rubrics regarding 'what success would look like'.

Introduction

The purpose of this evaluation was to assess the effectiveness of the Taranaki District Health Board (TDHB) 'Treaty, TDHB and Me' training programme in effecting change in knowledge, attitudes and practice regarding Te Tiriti o Waitangi from a Taranaki perspective and the impact on historical trauma on the health of Māori today.

Background

Te Pā Harakeke, the Māori Health Unit of TDHB, is currently running a one-day marae-based Treaty training course. The course is targeting all staff across the TDHB and is delivered at one of the three marae at Parihaka. A bus is provided to transport staff to and from Parihaka. Staff can register for the Treaty, TDHB and Me course through the on-line star garden application on TDHB intranet. The information given about the programme when enrolling is as follows:

> ***Description**: Experience a marae-based Pōwhiri. Parihaka and its historical legacy. Understand Te Tiriti o Waitangi from a Taranaki Perspective. The impact of our history on health of Māori today. TDHBs Māori Health Strategy. The TDHB obligations: what that means to me. Key Māori Cultural Concepts and Cultural safety in the hospital setting.*
>
> *Trainers: Te Pā Harakeke, Māori Health Unit.*
> *Venue: Te Paepae o Te Raukura. Parihaka, Mid Parihaka Road. Pungarehu*
> *Target Group: All TDHB Staff - new employees to the organisation and other interested parties.*

A total of five one-day training sessions were held from April to October 2019

Existing Evaluation Information

Standard workshop evaluation forms provided by the Human Resources Department, TDHB have been used to evaluate each workshop presentation in the course. Findings from the workshop presentation feedback forms have been collated and analysed, with the findings used to inform workshop development. Workshops held from July, 2019 also asked participants to think about 'the one thing' they would change as a result of attending the training course. They were asked to email their 'one thing' back to the course co-ordinator. It is noted there has been a low response rate for participants regarding emailing intended changes.

Follow-up evaluation

Due to the low response rate regarding follow-up information from the course it was decided that all participants be followed–up 1 to 3 months after completing the one-day training course to assess what information they retained and whether or not they were able to make intended changes. Patton (1997) states that following up participants after workshops 'can serve the dual function of learning reinforcement and longitudinal evaluation'.

Aim of the evaluation

Aim: To assess whether participants were able to make changes in their practice, resulting from information they gained from attending the Treaty, TDHB and Me one day workshop.

This aim is supported by the following objectives:

- To collect information on the key learnings from the Treaty, TDHB and Me course
- To collect information on the changes participants have made after attending the Treaty and Me course
- To collect information regarding enablers of change in their workplace.
- To collect information regarding barriers to change in their workplace.
- To assess the effectiveness of changes regarding improving Māori Health in Taranaki.

Methodology

It was proposed that information was to be collected through the use of face-to-face interviews either as a group or individual interviews. Due to logistical problems in trying to gather staff for group interviews a number of other methods, including emailed individual interviews and an on-line survey were also used. Face to face interviews were conducted using a semi-structured interview guide, (see Appendix One) and conducted by members of the Public Health or Te Pā Harakeke, Māori Health Unit. In group interviews the use of 'sticky wall' and putting answers in a box were also used.

Where possible interviews were conducted during normal staff meetings or staff 'hand-over' on clinic wards.

The key information gathering methods included:

- A group feedback session with New Graduate Nurse as part of a study day held on 9 October 2019.
- Emailed individual interviews from New Graduate Nurse (not part of the 9 October study day)

- Group interviews throughout the DHB
- An on-line survey sent to all staff who attended the Treaty, TDHB and Me training in 2019.

It was also proposed that interviews would be conducted by both a Māori and Non-Māori interviewers. However it was not always possible to have two interviewers at each face-to-face interview. The Non-Māori interviewer noted that when the Māori interviewer was not present Non-Māori participants were more likely to express comments that reflected their own unconscious bias and negative stereo-types they held about Māori. This shows the ethnicity of the interviewer did create a bias, and reflects what has been termed 'backstage' behaviour where all white people behave differently with all white people than if a person of colour was present (Diangelo, 2018).

Information collected from the interviews was analysed according to themes. All participants who completed the training from April to October 2019 were approached to participate in the follow-up interviews.

Detailed Findings

A number of follow-up interviews were conducted with staff who attended the Treaty, TDHB and Me training in 2019. These included a group feedback session with New Graduate Nurse as part of a study day held on the 9 October 2019, emailed individual interviews from New Graduate Nurse (not part of the 9 October study day) and group interviews throughout the DHB and an on-line survey send to all staff who attended the Treaty, TDHB and Me training in 2019 between April to October 2019.

Group Interview of the New Graduate Nurses – Study days 9 October 2019

A total of 14 NETP nurses participated in the follow-up evaluation session held at the end of their study day on the 9th of October at the Education Centre at Base Hospital in New Plymouth. All participants were female and were aged between 21 and 45 years of age. The majority (10 out of 14) were aged in their twenties. The average age of the group was 25.6 years of age.

Nearly all (13 out of 14) of the participants identified as New Zealand European/Pākehā as their ethnic group. The remaining respondent identified as both New Zealand European/ Pākehā and Māori. All had clinical roles and nearly all (11 out of 13 who answered the question) were employed at Base Hospital. The remaining two participants worked at Hawera Hospital.

Group discussion – sharing with comments on whiteboard.

- What changes did you make as a result of the Treaty, TDHB and Me Training?
  Prompt: Could be changes in the way you think or attitudes you hold, or change in the way you do things, e.g. communicate, interactions with Māori Whānau, ways you now do thing, or more awareness of others interaction with Māori.

A group discussion was held with key points written up on paper in front of the group. The key points included:

- Utilised expertise of the Māori Health team
- Better understanding of Taranaki history and impacts on tangata whenua
- Importance of correct pronunciation of a reo Māori name
- Better understanding of the inequities between Māori and Non-Māori – having it pointed out, that there is a major difference in health outcomes.
- Better understanding of Taranaki as I am not from here
- Having that world view. "*Just being at Parihaka and having that world view. Opens up a whole different world view*."

- Experience of going out to Parihaka – not just a Marae visit, but a living community.
- Difference between tapu and noa
- Being more confident engaging with Māori. "*Had a patient who was Māori recently who passed away, just being more confident".*

The information from the next two questions were collected through the use of a sticky wall exercise, where participants were asked to write each answer on a post-it-note. These were collated after the feedback session.

What was the one thing you changed?

- Better pronunciation of Māori names (5 respondents)
- Incorporating the principals of tapu and noa into practice (4 respondents)
- Now utilising expertise of the Māori Health Team (3 respondents)
- Better cultural perspective (1 respondent)
- Consider the health outcomes for Māori and how I can decrease the equity gap (1 respondent)
- Spoke up when a patient's cultural needs were not being met (1 respondent).

What things helped you make those changes?

- Speaker /discussion at the Parihaka study day (7 respondents).
- Now seek or engage better with the Māori Health team (2 respondents).
- Better able to involve whānau/taking time to listen (2 respondents).
- Helped utilising the blue linens (1 respondent).
- Knowing there were others who were also in support of making the change (1 respondent).
- Understanding the history and the inequalities that exist as a result (1 respondent).
- Asking people how they pronounce their names (1 respondent).

For the next questions participants were asked to write their answers on a slip of paper and put in a box. The answers were collated after the feedback session.

What were the barriers to making those changes? – put in the box….

- Time pressures (4 respondents)
- Lack of confidence with reo Māori / worried will say the wrong thing (3 respondents)
- No Māori language courses /lack of Māori resources (3 respondents)

- Māori health team very small and under high demand meant that when I needed help they were not available (3 respondents). One respondent had a perception that the Māori Health team were not available 'after hours'.
- Communication (1 respondent).
- Discrimination in the workplace (1 respondent).

A group discussion was held with key points written up on paper in front of the group. The key points included:

What difference has the change made/or will make?

- Patient and whānau feel welcome
- Help us incorporate the three treaty principals
- Closes the gap
- Make sure that whānau receive the support they need
- Change in knowledge
- Māori whānau more likely to open up and trust us
- Consider health literacy, understanding what we are saying to them
- Safer discharge if the family is involved, so understand the care at home
- Māori whānau are more open to Māori Health team members
- Better experience in hospital, so not afraid to come back.
- More culturally safe.

Do you have anything else you would like to say?

- Have reo Māori classes offered at the TDHB, be best as a study day be the most effective due to people working shift work.
- Study day on tikanga as well especially around death and loss, tapu and noa.
- Investigate separating the linen.
- DHB karakia that we all learn when people pass away.

Presenter at Treaty, TDHB and Me training

Summary of Individual questionnaires from New Graduated Nurses

A total of seven individual questionnaires were completed by those new graduate nurses who had attended the first study day. Participants in the first study day (8th October) did not have the opportunity to participant in the group feedback on the Treaty, DHB and Me held the next day on the 9 of October. The questions used in the individual questionnaire were slightly different from those of the group feedback (see Appendix One).

What was the 'one thing' you said you would change as a result of going to the Treaty and Me training?

The majority (4 out of 7) stated using more reo Māori or trying harder to pronounce Māori names was the 'one thing' they would change as a result of going to the Treaty, DHB and Me training.

> *Speaking more Te Reo to patients and their family/whānau. For example saying "Morena" instead of "good morning".*

Taking more time to gain a better understanding of the patient, such as asking 'why a patient may be behaving or reacting in the way they do' was mentioned by another three participants. As one participant stated:

> *Take the time to gain rapport and understand the history of the patient and family (socially, physically, spiritually, and mentally and emotionally) to then understand and cater for specific needs.*

What changes did you make as a result of the Treaty and Me Training?

The majority (4 out of 7) of the respondents stated they had used more reo Māori and attempted to pronounce Māori words correctly.

> *Speaking more Te Reo to patients and working on my pronunciation of names. I now ask how to pronounce names and do my best to remember how to pronounce the name and if my colleagues pronounce it incorrectly I correct them.*

Two respondents had spent more time finding out more about their patients.

> *Always digging more into the patient past medical history but also discussing more with them more personal background when appropriate.*

What things helped you make those changes?

The majority (4 out of 7) of the respondents stated that the Treaty, TDHB and Me training had helped make those changes. As one respondent stated:

> *I think ongoing education is essential to identifying a need for change in practice. I feel as though the treaty day opened my eyes to parts of practice that I can do better.*

Another respondent was now getting more support from the Māori Health team. Another participant was now using the admission paperwork and care plans to ask more in depth questions about their patients. Another was now networking more with multidisciplinary team members.

One respondent did not answer this question.

What things made it difficult to make those changes?

Nearly half (3 out of 7) of the respondents stated that having an unsupportive workplace was a barrier to making changes. Being a new graduate placed them in a difficult position to make change. As one participant stated:

> *The hierarchy and judgement within my work environment. Many staff were unenthused about having cultural safety representatives- an audible sigh was heard when it was originally presented to the meeting. I still went ahead with it, but it's difficult to swim upstream.*
>
> *New working environment. Level of experience.*

One respondent was unsure of how to contact the Māori Health team, which made things difficult and another respondent mentioned the lack of time.

Two respondents did not answer this question.

What was the most significant change you made?

Nearly all (6 out of the 7) respondents identified the most significant change they made. Two respondents were now using more reo Māori in their interaction with patients and whānau and another two were now spending more time with patients and whānau to gain a better understanding of their needs. Another respondent was now more confident to 'speak up for service uses', when relevant. One respondent had taken on the 'Cultural Safety' role in her workplace.

Why was that significant to you?

Nearly all (6 out of the 7) respondents explained why it was the most significant change they made. Three respondents felt getting to know their patients better had built a better patient relationship and felt like they were making a real difference in their ability to meet patients' needs. As one participant stated:

> *Rapport is very important for me as I want to have trusting and wholesome relationships with my patients and their whānau and know them holistically. I also want people to have their independence and allow them to make the decision on whether to confide in me*

Another two participants had either taken on a leadership role (in cultural safety) or challenged more senior staff, which is significant given their positions as new graduate nurses.

> *Because was originally nerve wracking speaking up to more senior staff with more knowledge and experience.*

Another respondent felt using more reo Māori was significant as it was something she had been afraid to do in the past.

> *It is something that I have always wanted to do but I have been afraid I will pronounce words wrong and offend people. But the course was really clear that people won't be offended and will appreciate us trying.*

What difference has the change made/or will make?

Nearly all (6 out of 7) of the respondents felt the key difference the change had made was a better relationship with their patients. Some typical comments included:

> *Better therapeutic relationship with my patients and early detection of supports that may be needed for easier discharge planning.*

> *Establishing a better relationship with people when I can pronounce their name correctly.*

Another respondent felt that the change she made taking on the Cultural Safety role in her workplace had raised awareness.

> *I feel as though the change makes the difference of awareness more than anything. I feel like we could be doing more in our practice and this position will help me be an agent of change for the positive.*

Why do you think this difference is important?

The key reasons given by respondents as to why the change they made and the resulting difference it made was important were improving patient care and outcomes and identifying being culturally safe as a core competency in nursing.

> *Because Māori culture is important. The integration of Māori culture within a work force is necessary. It's part of the competencies, it's part of the Treaty, it's part of the HDC Code of Rights. It's morally, ethically and spiritually 'right'.*
>
> *People deserve to have their culture respected and it is part of our competencies as nurses.*
>
> *Better health care, leading to better health outcomes.*

Do you have anything else you would like to say?

Generally respondents gave positive comments regarding the Treaty, TDHB and Me training. Two respondents gave suggestion from improvement including have more physical activity and reviewing the day to reduce any repetitive information.

> *Awesome day, very insightful. There was a lot of discussion which was good. More activity would be good as it gets warm in the Whare and very cozy which can be a distraction.*
>
> *Keep this day running. Include all walks of life. Keep the conversation going.*

Summary of group interviews conducted throughout the DHB

A total of eight group interviews and one individual interview were conducted with staff who had attended the Treaty, TDHB and Me training in 2019. The interviews were conducted from 30 October 2019 to 26 November 2019. All interviews were conducted at Taranaki Base Hospital, New Plymouth.

Sample Profile

There were a total of 30 individuals who participated in the interviews.

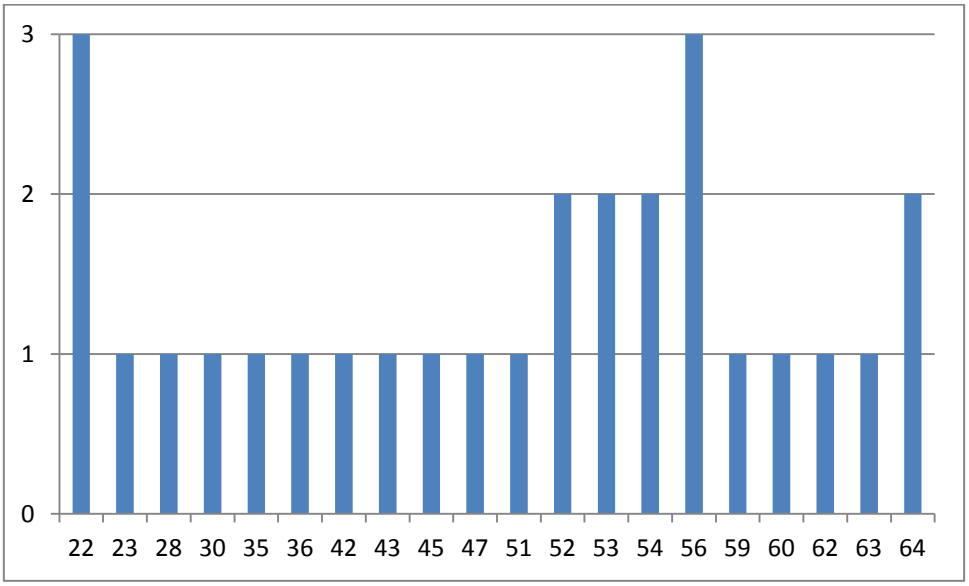
Gender

Nearly all (27 out of 30) were female and the remaining three participants were male.

Age

The majority (20 out of 28) of the participants who stated their age were aged over 40 years of age. The average age was 46.5 years of age. The most common age group was between 50 and 59 years of age.

Figure One- Age of Participants



Ethnicity

Nearly all (26 out of 30) of the participants identified as New Zealand European as their ethnic group. A further two participants identified as Māori, one participant identified as Indian and another respondent identified as 'other ethnic group'.

Type of role

The majority (24 out of 30) of participants worked in clinical roles. The remaining six participants worked in non-clinical roles.

Location of work

All participants were based at Taranaki Base Hospital in New Plymouth.

Changes they made as a result of the Treaty, TDHB and Me training

Participants were asked what changes they made as a result of the Treaty, TDHB and Me training. The most common (7 out of 9 interviews) change was around improving communication with whānau, including better pronunciation of reo Māori.

> *Communication, especially with family, when there are lots of people in the room, and that can be very intimating. Probably just widened up my mind to be able to communicate to a bigger family rather that just the patient and one other family member.*
>
> *Pronouncing things [Māori words] better but still need a lot of practice. Just more of a concern of getting it wrong, or being too shy to say it. [Interviewer: More confidence that before the course?] Yes definitely. When I hear it [Māori words] I practise it to myself, but I am still not very open. Be good to do, and as a few more people attend I think that will be more open. It was fun on the bus saying Oakura, on the way back on the bus.*
>
> *More aware of my pronunciation or lack of it. Trying to pronounce Māori words. To be aware of the words. Now got set words up on the whiteboard to know what they mean as well*
>
> *Really pumped going back, that bus was going off, every town we went through we had to say it in Māori. [The presenter] did the pronunciation really well, got us all really excited. If I had to learn Māori, that is the man I would go to. Didn't make you feel thick, made you feel good. The way he said I know you all say Okato, Oakura,*

know how you fellas mispronounce it. When I go out the coast I pronounce every town name correctly. Make sure I am doing it property. Every week I have the Māori week; [team member] goes round puts stickers on things so we know what things are in Māori. Make it fun. Pronunciation was reinforced at the training.

Having an increased understanding of Taranaki history and the impact of historical trauma on Māori patients mentioned by most (7 out of 9) groups.

More understanding of the historical factors than had led Māori to being on the back foot for their health and wellbeing. As result when I am talking to people about caring for their Māori patient it's about exploring further their understanding of their health and their health care.

Increased awareness of local history. Increased an awareness of the impact of that history on local Taranaki Māori and throughout the rest of New Zealand. To think of the inequalities that have arisen through that shared history. Didn't know much about Parihaka to be honest, even through I am from here. I knew vaguely about the Māori wars, but not much. I have reasonable good understanding of history, but it was the local impact.

For me it was learning things I didn't know about, historical things that I found incredibility interested and love to find out more. What was the chap's name [The presenter] he is often on the radio, learning all the history was a big eye opener that gives you an understanding of the wider political issues as well. Always learning, reading and trying to understand society here, in New Zealand. When you are in England and you come for a holiday you think it is paradise. And it is to a certain extent, but there are lots of things that don't get talked about in the holiday brochures and on the TV. So for me, you hear comments all the time, casual kind of racism I suppose, and try and make sense of it, when you don't come from here and haven't grown up here. Why do people say that about Māori? Why do people say that about anyone? For me always trying to work everything out, what is going on. That historical trauma concept is really interesting. Feel more able to challenge things [All agreed].

Gaining a better understanding of health equity was mentioned by about a third (3 out of 9) of the groups.

Been thinking a lot more about equity, especially as I work out in Waitara and south as well. Good to have that day and hear about the lack of equity to some of our consumers especially in Waitara and the south.

Two groups gave examples of how their change in attitude towards Māori whānau had translated into a change of practise and doing things differently.

We have a significant change in practise. I work as [name the role] and luckily there was a few of us there together, always easier if others have gone through the same process, it was really about attitude. Recently had a patient who was really difficult to engage in the hospital system to get to appointments to remain on the ward when he has been admitted, so we used a lot of that learning to almost remote control for this patient, so allowed him to go home in the evening, allow him freedom to come and go from the ward, engaged with the Māori Health team and it is significant a completely different way of engaging with him, but also the attitude carried when we were engaging with him. [Interviewer: what was the change?] Just letting go of some of the rules. It's about the patient, rather than if they leave the ward and they don't return in a certain amount of time we automatically discharge them. It was working out what is going on here, what are the barriers we have got and what we had, instead of imposing the set of rules that are normally set in place. That was made easier as there was several out there [at the training] at the time, so easier to implement a change, as needed a change from a group of us, rather than just one person.

I found with my Māori patients that often a family member likes to stay with them, putting them in a side room if need be. Just asking them what they need. Asking them what they need not assuming that every Māori family is the same. All do things different.

Sticky Wall exercise – 'One thing' they had changed'.

Participants were asked to think about the 'one thing' they had changed as a result of attending the Treaty, TDHB and Me training and write it on a post-it-note, as part of a sticky wall exercise.

A third (10 out of 30) of participants stated the 'one thing' they had changed was working on their pronunciation of reo Māori. Having better communication and being more confident in interacting with Māori whānau, especially being more mindful of accommodating whānau needs was a key change stated by six participants.

Other changes included:

- Increased knowledge and understanding of the Te Tiriti o Waitangi (5 participants). For two of these participants this had led to a change in attitude towards Māori.
- More awareness of and knowledge of health equity (3 participants).
- Better advocate for Māori Health (2 participants). Of these participants, one stated they now felt more confident in challenging stereotypes and racism 'when I hear it'.

- Increasing their knowledge in Te Reo/tikanga Māori through 'working on my mihi', attending waiata, or having brought a special bowl for when Māori patients on the ward pass away (3 participants).
- Better understanding use of health literacy tools (1 participant)
- Using the Māori Health team. (1 participant). The participant explained they now knew where and who to contact.

While the majority of participants were able to identify a change they had made as a result of attending the Treaty, TDHB and Me training, a few (mainly older) participants struggled with being able to think about a change they had made. The key reasons given as to why they did not make changes included, they felt they were already 'culturally aware' or 'were respectful of all our patients no matter what'. Some typical quotes included:

> *Don't think I have changed, been aware of things my whole working life. Been school teacher in South Auckland, know people from around here. Started my practice in a huge multi-cultural society [South Auckland] have to have respect to function. Even now 50% of my caseload are Māori, the feedback I get is positive, basically if I don't know I am prepared to ask, been like that for years, that hasn't changed, that is how I work.*

> *I think when you talk of change – us being older nurses we have always treated everyone with respect and always been culturally aware, no matter what background they had. I didn't feel we needed to change. There was some talk that we need to change some things when Māori died in the ward, don't have many die in the ward, tend to take them home. Changes we were going to make, [Interviewers: putting water out?] Yes, but it doesn't happen they tend to die at home, couldn't find a bowl.*

Sticky Wall exercise – 'What things helped you make those changes?'

Participants were asked to think about 'what things helped make changes?' and write it on a post-it-note, as part of a sticky wall exercise.

Nearly half (13 out of 30) participants stated having a better understanding of Taranaki history and what Māori have been through, had helped them make changes. Having support from other team members, especially those who had also attended the course, was mentioned by seven participants. Other things that helped people make changes included:

- Getting support from the Māori health team at the DHB (5 participants).
- Session on pronunciation at the training (5 participants)
- Having the training on the Marae/creating a positive and welcoming Marae experience (3 participants).
- Attending the Unconscious Bias training (1 participant)
- Being part of the Taranaki Toa group (1 participant).

Barriers to making changes

Participants were asked to write down the barriers to making changes and put them in a box provided.

Just over half (17 out of 30) felt there were system level problems such as lack of time due to high workloads and lack of resources to make changes. Some typical comments included:

Bureaucracy– staffing limitations and health structure. The Health system is structured for the dominant culture – the white European one, and really there is no flexibility there.

Staff pressures – not a cultural thing, nursing is very task orientated and personal things are put on the back foot. You have got to do the basics or you get emails. That is the system we have to operate in that, and nothing we can do to able it.

Allocation of resources. The before school check, the appointment are at CACC.

Time to attend things like the hospital waiata on a Wednesday.

Slowness of large organisation to take action or make changes.

Environmental barriers e.g. being unable to transfer patients to a single room.

Having unsupportive team members was mentioned as a barrier by another 11 participants. Of these participants, three were new graduate nurses, who felt they lacked the confidence and experience to make suggestions for change. These findings suggest the need to work with Managers to encourage as many staff as possible to attend this training. Some typical comments included:

Attitudes of some Non-Māori towards Māori and vasa-versa, resentment towards each other.

Not all team members were receptive.

Others attitude and lack of understanding of the barriers for patients access the health system.

Maybe some people still resistant, they think Māori have equal rights but don't understand equity.

Other barriers to change included:

- Lack of confidence in speaking reo Māori (2 participants).

- Not knowing who to contact in the Māori Health team (1 participant).

What difference did the change make/or will make?

A group discussion was held regarding what difference participants thought the changes had made or will make.

About half (6 out of 9) of the groups interviewed hoped that improving their pronunciation and communication with Māori whānau would led to better working relationship with patients and whānau and more comfortable hospital stays. As part of this relationship building those participants who worked out in the community, felt the training had given them justification for taking extra time with Māori whānau or 'going the extra mile'.

> *Building better relationships – I would hope, perceived on my part, with Māori patients. [Interviewer: What do you think that would lead to?] I would hope they would feel more comfortable accessing healthcare if they are able to build better relationship with those giving the care. I would hope they would feel more comfortable and have a better understanding of their own health.*

> *Appreciate change in pronunciation. Shows you are making an effort and helps with the relationship. More tolerant and more aware. Better understanding as working with a family at Parihaka. Willing to go the extra mile to achieve services to people, lots of stuff we do, but we have always done that. Better awareness that it's ok to keep doing that and now why we do it.*

> *We are community workers, one thing I do is to allow a lot more time with my visits with a Māori family and I know there is going to be lots of people there, which there often are.*

Another key difference for participants of three of the nine groups was an increase in their understanding of Taranaki history and the impact of the historical trauma on Māori. This had lead to a greater understanding of the differences in health outcomes between Māori and Non-Māori.

> *Constant awareness. More the local knowledge of the local history and the way it was presented. Understanding of the why the inequalities in health occur, rather than making broad statements of it is just a lifestyle choice, just alcohol, tobacco and substances and that sort of things, other reasons for that. Only 150 year ago, not far*

away. It reinforced that and broadened my perspective. [Interviewer: Far reaching impact of historical trauma?] Never really thought of that to be honest.

Other key differences included:

- Using the Māori Health Team/or having a better understanding of the work of Māori Health in the DHB. (3 groups)

  Spoken to some of our team and encouraged them to use the Māori Health team more often. Even if it is just for advice, don't have to call them in. If not sure about something just ring them up. Told two or three to do that. Not just for the ward for out in the community as well, should use them more.

  I was made aware of what Māori Health were doing. I found that really encouraging, taking the bulls with the horns and trying to address these inequities that exist around the place.

- Thinking about the need for further training on tikanga Māori, White Fragility, and Cultural Safety (as opposed to cultural competency). (1 group).

One group commented that they did not see a lot of Māori patients on their ward.

Not sure how many Māori patients we have had since the training [October] probably only had one Māori patient, if we have been lucky.

Additional comments

When asked if participants had any additional comments all groups gave very positive comments about the Treaty, TDHB and Me training. Highlights of the day included being taken out to Parihaka, having local presenters, the food, the session on reo Māori and the bus ride home.

Very worth while day, well not just a day, but an experience.

A really good day, just cold. Soup was really good. Really good to practise the pronunciation. Very positive and comfortable and things explained on the bus. Other training [engaging with Māori] people have walked out. Cool going out on the bus and practicing the place names on the way home. Presented with people who worked with us in the DHB, instead of people from outside.

It is seriously one of the best treaty study days I have been to and I have done lots. Really worth the extra effort to take us away from here [the DHB]. A great way to do it.

I think it was a really safe environment to learn what went on and we felt very very welcomed. I think a really nice environment, the day we went out there was a tangi and procession, sat silently as the body went past, to see that and be part of that was special as well.

Huge thing – right people to present. Having that guy [The presenter] made me want to speak in Te Reo. Brought it to life. Sharing a meal, got to talk to lots of different people. Good lots haven't even been on a Marae.

Two participants made suggestions for additional training that could be used to re-inforce the learning from the Treaty, TDHB and Me training. This included Cultural Safety, Tikanga Māori (face-to-face training) and existing courses on Unconscious Bias and on-line Reo Māori courses.

One group, which contained a New Graduate Nurse, felt it would have been beneficial to learn about the Māori Health team, and who to contact at induction/start of the year.

One group who attended a more recent training which had included the use of scenarios at the end of the training were critical of the way it had been facilitated, and felt that they generally tried to treat everyone with respect.

The scenarios at the end about hiring Māori, felt we were getting attacked, just how it was facilitated. We are taught as baby nurses to treat everyone equally. In nursing everyone is equal, we respect everyone.

Picture of Parihaka

Summary of on-line survey conducted throughout the DHB

A total of 25 staff who had attended the Treaty, TDHB and Me training in 2019 completed the on-line survey monkey questionnaire. The survey monkey link was emailed out to all staff that had completed the Treaty, TDHB and Me training in between April and October, 2019. Staff who had already participated in the evaluation through individual or group interviews were asked not to complete the survey. The survey link was open between 28 February to 16 March 2020.

Of the 123 staff who received the email, 25 staff went on to complete the questionnaire. This is an overall response rate of 20%. The margin of error for this survey is large at +/- 17.57%. This means that the findings are not generalizable to all the staff who attended the Treaty, DHB and Me course and only represent the views of the 25 respondents.

Sample Profile

There was a total of 25 individuals who participated in the interviews.

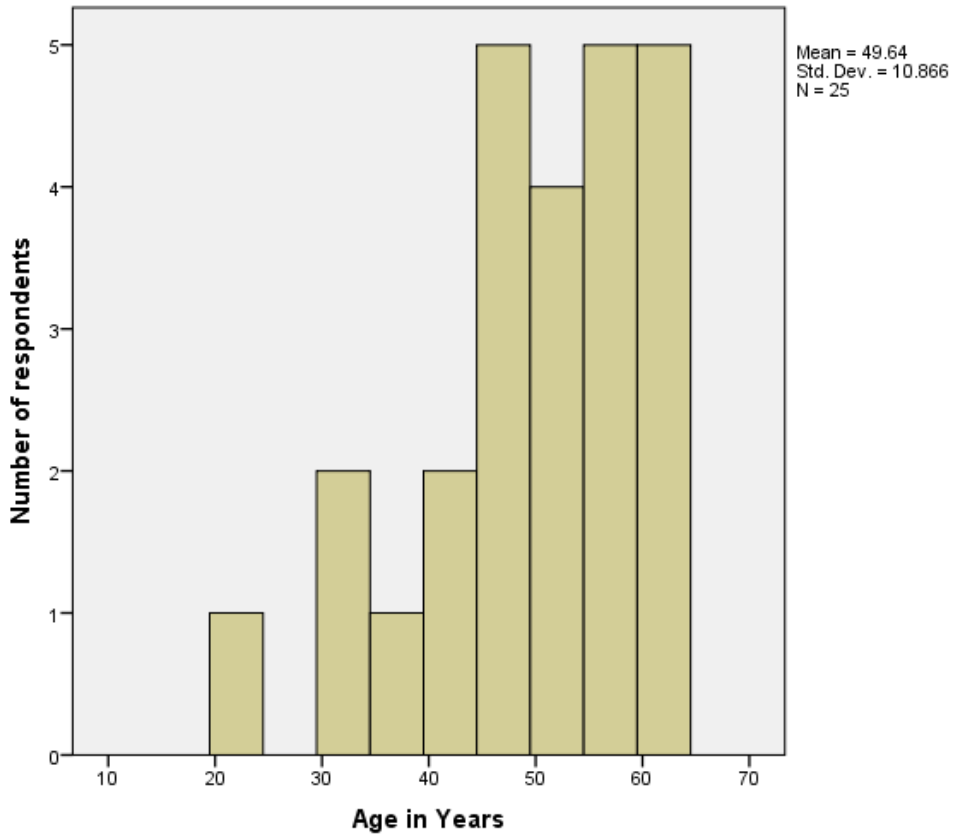
Gender

Three-quarters (19 out of 25) were female and the remaining six participants were male.

Age

The majority (21 out of 25) of the participants who stated their age were aged over 40 years of age. The mean age was 50 years of age, with a minimum age of 22 and maximum age of 64 years of age. The most common age group was between 50 and 59 years of age.

Figure Two- Age of Respondents in on-line survey



Ethnicity

New Zealand European/Pakeha was the most commonly (11 out of 30) identified ethnic group. A further three respondents identified as Māori, two respondents identified as Asian and another five respondents identified as 'other ethnic group'. Four respondents did not answer this question.

Type of role

The majority (14 out of 25) of participants worked in clinical roles. Of the remaining participants, eight worked in non-clinical roles and three did not answer this question.

Location of work

Two thirds (17 out of 25) of respondents were based at Taranaki Base Hospital in New Plymouth. Of the remaining participants five were at Hawera Hospital, one was in an organisation outside the DHB, and two did not answer this question.

Changes as a result of the Treaty, TDHB and Me Training

Respondents were asked what was the one thing they had changed as a result of taking part in the 'Treaty, TDHB and Me' training. The question also provided a number of prompts such as 'changes in the way you think, attitudes you hold or change in way you do things such as communication, or interactions with Māori whānau, ways you now do things or more awareness of other interaction with Māori'.

The most commonly suggested change by eight respondents was around improving pronunciation of reo Māori and using more Māori words.

> *Working on improving my pronunciation of Māori words*
>
> *Made sure my Māori pronunciation was correct.*

Having better interactions with Māori whānau was the next most frequent change reported by six respondents.

> *I believe it changed the way I do things. I give more thought to how I interact with Māori whānau and I try to be more inclusive with all patients' relatives aware of their concerns at a stressful time. I found the training day promoted this being as it was a welcoming, supportive marae environment.*
>
> *I focus more on relationship, listening, understanding, rather than giving information and advice. So that what I do say is said in a way that is more likely to be understood and perhaps accepted. I practise Te Reo greetings etc in the workplace.*
>
> *Interactions with whānau, involving them in all decisions.*
>
> *More informed about local knowledge which adds value to informed discussions with local Māori.*

Four respondents felt they have gained a better understanding of the Taranaki history from a Māori perspective and the impact of historical trauma.

> *Better understanding of historical trauma*
>
> *More informed about local knowledge which adds value to informed discussion with local Māori.*

Three respondents felt that had gained a better understanding of health equity.

> *It gave me a better understanding of the issues pertaining to health inequalities and ways that we can help address them.*

Two respondents felt that they had become more 'cultural safe' in their work.

I have tried to reflect a practice that is 'culturally safe' to help Māori feel as comfortable as possible in the ED (Emergency Department) environment.

Other changes mentioned by only one respondent included:

- Realised there is a need for a Māori Advisor role in Mental Health and Addictions.
- Have used the Māori Health team.

Four respondents stated that they have not made changes as of a result of attending the Treaty, TDHB and Me training. Of these respondents, half (2 out of 4) stated they were already very much aware of the issues of Māori, by having a Māori family member or 'always being accommodating to various cultures'.

Enablers of change

Respondents were asked what things helped you make changes. The most common responses from respondents were the sessions on reo Māori pronunciation (4 respondents) and the sessions on local Taranaki history (4 respondents).

For the respondents who stated the reo Māori pronunciation session helped them make changes, most commented that the attitude of the trainer to 'give it a go' and the reason behind why names should be pronounced correctly had encouraged them to speak more reo Māori.

Attitude of trainers was to try! Rather than having to be perfect. And their attitude of kindness was memorable, made me feel comfortable.

Having the pronunciation lessons and understanding the importance of correct pronunciation as a respectful thing.

Gaining more awareness on local history for Māori in Taranaki had helped changed attitudes towards Māori for respondents. As the respondents commented:

Discussions held at the course. The awareness of past history has made me more tolerant of some behaviour we see.

Hearing about the Māori experience in our locale and about the historical injustices that have occurred.

Having the course delivered on a Marae was a key aspect of change mentioned by a further three respondents. Being on a Marae enabled the respondents to see things from a 'Māori world view'.

Being out there has made me view Māori in a different light, but in a good way.

The realization that I need to enter their world, to give them the respect rather than them having to do everything the 'pakeha' way.

Two respondents felt the course had enabled them to become more aware of the inequalities in the health system for Māori, and how much more work needed to be done to reduce inequalities.

The shocking graph that shows that even when economics are removed the life expectancy of Māori is still much lower than the norm. Thinking of the difference of equity and equality.

Other comments included:

- The Treaty, TDHB and Me course had enabled changes, but did not say why this had (3 respondents)
- Meeting the Māori Health team (1 respondent)
- Already knew the information on the course (2 respondents).

Two respondents did not answer this question.

Barriers to change

The majority (21 out of 25) of the respondents were able to identify barriers that made implementing change difficult once they returned to work. The key barriers included:

- System level issues, such as resourcing issues, i.e. staffing, time and available resources in the DHB, and access to primary health care for Māori (4 respondents).

  Constraints of time, space, money and people.

  Access to primary care is a major barrier to Māori hoping to improve their health.

- Having been 'put off' previous training provided by the DHB (3 respondents).

  Being told by the last Māori TDHB presenter for a cultural education presentation that if you can't say Māori correctly don't speak it. I don't always get English pronunciation right try another language?

  Class room training days are not always the ideal environment to think about what we could do better and how to go about making change when in comes to Treaty training days.

- Lack of confidence or finding pronouncing reo Māori difficult. (3 respondents). One respondent noted that having other staff that lacked confidence in reo Māori made correct pronunciation more difficult.

  The appalling pronunciation of most of my colleagues as an accepted practice makes you feel self conscious.

- Lack of awareness and knowledge of other staff members (2respondents).

  Nil in many cases. The barriers are the people themselves – ignorance.

- Difficult to find further courses or training to build on skills. One respondent felt it was difficult to do additional course due to work and family commitments (2 respondents).

  Need more awareness and similar programmes

- Need to break 'old habits' and unconscious bias (2 respondents).

  There is a need to break out of one's routine to achieve these improvements.

Four respondents did not answer this question.

Differences made as a result of attending the Treaty, TDHB and Me training

Respondents were asked what difference has the change made, or will make. The majority (21 out of 25) were able to identify an impact or change in practise as a result of attending the Treaty, TDHB and Me training.

The majority (11 out of 21) of the respondents who answered this question felt that attending the Treaty, TDHB and Me training had given then a greater understanding of their Māori patients and had helped them provide a more responsive health service to Māori.

Different attitude on my part, increasing my efforts to help improve engagement and buy in from Māori in the services I provide.

Give more thought when interacting with family/whānau and try to get others involved such as social worker and doctor so they have a clearer idea of plan of care.

I keep in mind the Māori values learnt when interacting with the community.

It should make Māori feel more included, understood, respected and at ease.

Five respondents stated that attending the training had increased their use of reo Māori in the workplace, especially a focus on the correct pronunciation of Māori names.

More confidence in pronunciation and greater commitment to saying and normalizing Te Reo in the workplace.

It has made me aware of mispronunciation as a sign of disrespect. I now ask my patients how they pronounce their names and I do it correctly.

Other comments included:

- Change in attitude and awareness in general, but no specifics given (2 respondents).
- Better working relationships (2 respondents).
- Acknowledgment of personal connection to Parihaka, which was significant for the respondent (1 respondent).

Additional comments

The majority (20 out of 25) of the respondents made additional comments. 13 respondents gave general positive comments about the value of the training to them.

I really enjoyed the day. The presenters were knowledgeable and shared information in an interesting way.

The study day was very helpful

Three respondents felt that the course should continue to be delivered at a Marae.

Suggest this course remains marae based and not another class room lecture.

Two respondents made special mention of the importance of understanding the impact of historical trauma on Māori.

It is so important to understand the impact of colonisation for Māori and the huge effects of historical trauma that we must always acknowledge in our connections with Māori.

Two respondents felt it was important for all TDHB employees to attend this training.

Honestly this course was the best thing I have ever done. I wish I could do it again and make co-workers sign up for this course.

One respondent suggested that TDHB should provide reo Māori language courses, as a follow-up to this training.

Discussion

A total of 76 individuals throughout the DHB participated in this evaluation. This comprises about 40% (76 out of 193) of the participants who attended the five one-day training session from April to October 2019. The evaluation used a number of ways to gather feedback including group, individual, email responses and an on-line survey. No incentives were given to staff to participate in the evaluation.

The findings show that the Treaty, TDHB and Me has increased participant understanding of the impact of historical trauma on Māori, through learning about the history of Māori in Taranaki, and has led to a better understanding of key issues for Māori today. It was hoped by participants that this had led to a better relationship between Non-Māori staff and Māori patients and their whānau.

It was evident in this report that the New Graduate Nurses had a higher level of existing knowledge regarding Te Tiriti o Waitangi, being cultural safe towards Māori and had better pronunciation of reo Māori than older nurses. This may reflect the stronger focus on Māori health in the undergraduate nursing training than there was in the past. It was noted that the New Graduate nurses who had trained in Taranaki had already attended training at Parihaka as part of their study. The New Graduate Nurses, did however, find this training a good refresher and were interested in finding out about the existing health inequalities for Māori. Older staff members were more likely to have grown up in a time when there was limited use of reo Māori, and where Māori names and Māori place names were commonly not pronounced correctly.

The most common change made by participants as a result of attending the Treaty, TDHB and Me training was increasing their use of reo Māori in the work place, with a strong emphasis on trying to correctly pronounce the names of their Māori patients. While this may seem a small first step, for many older staff they had lacked the confidence to use reo Māori before attending the training. Having others in the team, who had also been on the training, and who were also trying to increase their level of reo Māori use, was supportive to making this change. Knowing the importance of pronouncing Māori names, such as a sign of respect due to the names being ancestral names, helped staff try harder to make this change. Participants responded positively to the approach taken by the presenter of the session on reo Māori, saying, ‘it was fun’, and they were encouraged to ‘give it a go’. One group reported they practiced the correct pronunciation of Māori place names on the bus ride back to New Plymouth. Providing on-going training to support staff to further develop their skills in reo Māori was strongly suggested by participants.

It is evident that being on a Marae, especially at place of such historical significance as Parihaka had a deep impact on participants and was a key aspect of the training. Participants were grateful for the opportunity to visit Parihaka and commented on the warm welcome and great food provided on the day. For those who might have not been on a Marae before in their lives, the training gave them an insight into Te Ao Māori (world view of Māori) that they otherwise would not have had. This provided an opportunity for transformational change, i.e. realising that Māori had a different world view to Pākehā, but Māori are expected to conform to Pākehā ways and Pākehā values that may be different to their own.

While the report showed that some staff were able to come back to the workplace and implement changes, other were restricted by a lack of resourcing, e.g. staff and time. Having a number of staff in the same work area who had attended the training was more likely to lead to a change in practice as they 'were all on the same page'. Grouping of participation by staff teams should be encouraged to attend this training to get the maximum impact and resulting change. It is important to highlight that teams who had multiple staff participate in the training noted increased confidence and capacity to shift work practice and language use norms. This is consistent with the premise of 'situated learning' explored in depth by Lave & Wenger (1991) and the notion of 'community of practice' later proposed by Wenger (1998). The key elements centred on 'shared repertoire' with similarities to the concept of 'cultural capital' (Bourdieu & Passeron, 1990) and 'thick' communities (Turner, 2001). That the close relationships of the workplace carry significant markers of collective identity, culture and values that become firmly embedded in daily practice. A single person entering the workplace will tend to conform with workplace practice. Having multiple staff members from a team attend training will help sustain commitment to shift work practice and language norms, while influencing those staff who have not yet participated.

The current Te Ahu – Taranaki DHB values lists manawanui/courage as a key value, which suggests that staff would be supported by the DHB to 'call out' instances of racism in their workplace. Diangelo (2018) in her book 'White Fragility' notes that in many instances white people find it very difficult to report racist remarks or behaviour of other white people for fear that it will jeopardise their career advancement. Diangelo (2018) maintains that white people avoid naming racism in the workplace as they may be accused of 'being politically correct or might be perceived as angry, humorless, combative, and not suited to go far in an organization' (p 58). While some staff who attended the training stated they had started to challenge racist remarks or attitudes in their workplace, this was not always the case. New Graduate Nurses were often in a difficult situation due to being new to the workplace.

There were a few staff who, after completing the training, did not think they needed to change their attitudes or practices. In group interviews, these tended to be older staff, who believed that they 'treated everyone with respect' or felt they had always worked well with

people of ‘other cultures’ or in ‘multicultural communities’. Diangelo (2018) states that these statements tend to end discussion around the racism, invalidate the experience of people of colour and, in doing so, protect the racial status quo.

> *Yet our simplistic definition of racism – as intentional acts of racial discrimination committed by immoral individual – engenders a confidence that we are not part of the problem and that our learning is thus complete. The claims we offer up as evidence are implausible. For example, perhaps you’ve heard someone say "I was taught to treat everyone the same” or “People just need to be taught to respect one another, and that begins in the home”. These statements tend to end the discussion and the learning that could come from sustained engagement. Further, they are unconvincing to most people of colour and only invalidate their experiences. (p9).*

The idea of New Zealand now being a multi-cultural society is often an argument used to undermine the relevance of Te Tiriti o Waitangi as the founding document of New Zealand. It may be important to explain at the start of the Te Tiriti o Waitangi session about the relationship being a bi-cultural model between Treaty partners, Māori and Non-Māori.

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Appendix One – Questionnaires/Interview Guides

Follow-up evaluation for the Treaty and Me Course - NETP – Study days (8 and 9 of October)

The purpose of this evaluation is to assess the whether the Treaty and Me Course has led to changes in the DHB. All the information you give will remain strictly confidential and only used to inform further development of Treaty training in the DHB. All your comments will be summarized to ensure no individuals will be identified in the final report.

Group discussion – sharing with comments on whiteboard.

- What changes did you make as a result of the Treaty, TDHB and Me Training?
  Prompt: Could be changes in the way you think or attitudes you hold, or change in the way you do things, e.g. communicate, interactions with Māori Whānau, ways you now do thing, or more awareness of others interaction with Māori.

Sticky wall (5 mins)

- What was the one thing you changed?
- What things helped you make those changes?
- What were the barriers to making those changes? – put in the box….

Group discussion (5 mins) – sharing with comments on whiteboard.

- What difference has the change made/or will make?
- Do you have anything else you would like to say?

Follow-up evaluation for the Treaty and Me Course – Individual Information Sheet

The purpose of this evaluation is to assess the whether the Treaty and Me Course has led to changes in the DHB. All the information you give will remain strictly confidential and only used to inform further development of Treaty training in the DHB. All your comments will be summarized to ensure no individuals will be identified in the final report.

Now some information about you…

1. Are you…

□ Male □ Female

2. Please state your age ….

3. Which ethnic group do you belong to? *Tick all that apply*

□ New Zealand European/Pakeha

□ Māori

□ Samoan

□ Cook Island Māori

□ Tongan

□ Niuean

□ Chinese

□ Indian

□ other (such as Dutch, Japanese, Tokelauan) Please State:

_____

Which best describes your role at Taranaki DHB? (tick all that apply)

□ Clinical □ Non-Clinical

□ Base Hospital □ Hawera Hospital □ Work in organisation outside Taranaki DHB

Individual questionnaire for New Graduate Nurses – Follow-up evaluation for the Treaty and Me Course

The purpose of this evaluation is to assess the whether the Treaty and Me Course has led to changes in the DHB. All the information you give will remain strictly confidential and only used to inform further development of Treaty training in the DHB. All your comments will be summarized to ensure no individuals will be identified in the final report.

- What was the 'one thing' you said you would change as a result of going to the Treaty and Me training?

- What changes did you make as a result of the Treaty and Me Training?

- What things helped you make those changes?

- What things made it difficult to make those changes?

- What was the most significant change you made?

- Why was that significant to you?

- What difference has the change made/or will make?

- Why do you think this difference is important?

- Do you have anything else you would like to say?

Survey Monkey (On-line Survey) Questionnaire: Evaluation of Treaty, TDHB and Me Training

1. What was the one thing you changed as a result of taking part in the 'Treaty, TDHB and me' training? *These could be changes in the way you think, attitudes you hold, or change in the way you do things, e.g. communicate, interactions with Māori whānau, ways you now do things, more awareness of others or interaction with Māori.*

2. What things helped you make those changes?

3. What were the barriers to making those changes?

4. What difference has the change made/or will it make?

5. Do you have anything else you would like to say?

Now some information about you…

6. Are you…

   □ Male □ Female

7. Please state your age ….

8. Which ethnic group do you belong to? *Tick all that apply*

□ New Zealand European/Pakeha

□ Māori

□ Samoan

□ Cook Island Māori

□ Tongan

□ Niuean

□ Chinese

□ Indian

□ other (such as Dutch, Japanese, Tokelauan) Please State:

_____

9. Which best describes your role at Taranaki DHB? (tick all that apply)

□ Clinical □ Non-Clinical

□ Base Hospital □ Hawera Hospital □ Work in organisation outside Taranaki DHB

10. Please state when you attended the 'Treaty, TDHB and Me' training.