



Ngā Wānanga o Hine Kōpū

Evaluation Summary Report

JUNE 2022

“Our commitment to the whānau is not to normalise ngā mea Māori but to absolutely celebrate it as a way of life, as a way of living ... i takahia mai tātou i te wāhi ngaro kia haere mai i roto i wēnei āhua, kia tau mai ai koe ki te ao kikokiko, me tō mōhio – he uri koe nō ngā Rangatira ... to reclaim and relive our actual practices, being Māori and what that means and how special it is.” (Moe Milne, 2021)

Ngā Wānanga O Hine Kōpū

Ngā Wānanga o Hine Kōpū is a two-day wānanga for whānau on labour, birthing and parenting. It aims to prepare whānau for bringing new life into the world. The wānanga delivers antenatal knowledge grounded in tikanga and mātauranga Māori, including Māori birthing practices. The wānanga emphasises the special place of “Hine” in the Māori universe, the feminine in Māori spirituality that includes the atua wāhine. It’s a celebration of women and pregnancy [Go here to learn more](#).

Run in five locations across Te Tai Tokerau, the wānanga is driven by:

- a kaitiaki group that provides leadership on the development of the programme
- the Poutuarā (the strong standing backbone) who are the wānanga facilitators
- kaimanaaki (midwives and other professionals)
- Māori providers within each takiwā or region.

Created with input from kaumātua and kuia from around the region, a key part of the wānanga is its grounding in Māori cosmogony and the Māori creation narrative to help whānau understand their place in the world.

Wāhine Māori have a strong desire to seek out mātauranga Māori or indigenous knowledge about hapūtanga

Many report their frustrations at the lack of access to Māori specific resources within the maternity system¹.

Colonisation has imposed Western child-rearing ideologies and deliberately undermined Māori parenting practices and whānau support systems. The Tohunga Suppression Act 1907, designed to suppress Māori healing practices and contain the dangerous impacts of charlatans, remained law until 1962. As a result, many Māori practices around pregnancy and birth were silenced or lost. This has profoundly affected wellbeing as seen in the poor health equity for Māori across the health sector.

The growth of wānanga hapūtanga and the resurgence in customary antenatal and child-birthing practices demonstrate Māori strength and persistence in resisting colonial ideologies. The integration of precolonial narratives, tikanga and Māori birthing practices into maternity can provide a space of healing for whānau and for te iwi Māori and help achieve equity for Māori.

1 Simmonds, N. (2016). Transformative Maternities: Indigenous Stories as Resistance and Reclamation in Aotearoa New Zealand. In: Robertson, M., Tsang, P. (eds) *Everyday Knowledge, Education and Sustainable Futures. Education in the Asia-Pacific Region: Issues, Concerns and Prospects*, vol 30. Springer, Singapore. https://doi-org.helicon.vuw.ac.nz/10.1007/978-981-10-0216-8_6

The current health system reforms are committed to achieving Pae Ora

Supporting the wellbeing of pēpi, tamariki and their whānau requires a fundamentally different approach from what the health system currently provides. A key part of the health system reform is to maximise the contribution that the Early Years System can make to achieving Pae Ora.

The review of the Well Child Tamariki Ora (WCTO) programme (2019/20) found that change is required to achieve equity for tamariki Māori and Pacific children². The review identified the need for a more responsive, integrated, evidence-based, and whānau-led approach. Redesigning WCTO to address equity issues was specifically recommended by the Health and Disability System Review report. The Maternity Action Plan has also been reoriented to have a greater equity focus and to align with the WCTO transformation³.

Ngā Wānanga o Hine Kōpū demonstrates leadership and innovation that can inform health system reforms

An evaluation of Ngā Wānanga o Hine Kōpū set out to develop an evidence base to support equity focused programming and delivery for wāhine hapū and their whānau. It aimed to surface the power of whānau-led mahi, expertise and capacity, and to document the value of critical aspects of the Hine Kōpū approach. It also considered the ripple effects of the Hine Kōpū philosophy to other parts of the health sector, highlighting what some of the enablers, tipping points and possibilities for increased system leverage might be.

Key insights from the evaluation can help to inform the re-design of the Early Years System to be whānau centric and equity-focused, informed by experiences of whānau, and responsive to community needs and aspirations.

The evaluation was completed by Kataraina Pipī, Huhana Moselen, and Kate McKeegg with advice from Julian King. It involved whānau who attended the wānanga, Poutuarā who facilitate the wānanga and Kaimanaaki who provide input as well. It also included analysis of District Health Board (DHB), Ministry of Health (MOH), and wānanga administrative data. Te Hiringa Hauora prepared the summary below, which demonstrates some of the ways in which the wānanga has had profound impacts on whānau and the local maternity environment. It focuses on the Value For Investment (VFI) component of the evaluation.



2 <https://www.health.govt.nz/publication/well-child-tamariki-ora-review-report>

3 <https://www.health.govt.nz/our-work/life-stages/maternity-services/maternity-action-plan>

Whānau experience culturally safe, affirming support at Ngā Wānanga o Hine Kōpū

Key themes from the evaluation findings showed that whānau:

- felt culturally safe and supported at Ngā Wānanga o Hine Kōpū
- gained knowledge and the confidence to explore their potential for self-determination through wānanga
- affirmed their cultural identity, and connection to whakapapa and whenua through reconnection with Māori birthing practices
- established supportive and enduring relationships at Ngā Wānanga o Hine Kōpū
- felt the role of māmā, pāpā and whānau were celebrated and affirmed throughout the wānanga.



Ngā Wānanga o Hine Kōpū demonstrates a value for investment

VFI asks how well resources are used, whether they are being used well enough, and to what extent that resource use is justified⁴. VFI assumes that worthwhile resource use means that some value is created. This value could take many different forms (eg, cultural, social, spiritual, environmental, economic).

Understanding value in Māori terms recognises that mātauranga Māori approaches are often measured and assessed according to Western frameworks, which have contributed to health inequity for Māori. Incorporating a Māori world view recognises that 'value', in Māori terms, does not always equate with, nor easily translate to a Western view of what is 'valuable'. To have culturally relevant evaluation and assessment mechanisms, quality for Māori must be defined by Māori⁵.

For this analysis, the VFI approach has been adapted, to develop culturally-specific criteria which focus on whether equity has been resourced and delivered economically, efficiently, and effectively, from a Māori cultural perspective.

This analysis acknowledges that Ngā Wānanga o Hine Kōpū is connected to a broader context of health system investment; resources that create policies and conditions that impact on the ability for a program to achieve equitable outcomes. Because of this, the value for investment of Ngā Wānanga o Hine Kōpū hinges on whether equity has been derived from the resources and conditions of the health system in which the wānanga operates.

Equitable outcomes for Māori are critical for the health system reforms

The WAI 2575 report argues that the Crown has failed to deliver equitable health outcomes for Māori and is therefore in breach of Te Tiriti o Waitangi⁶. Addressing this inequity requires government to consider the issue of equity as being not just limited to access, but encompassing fair resource allocation, provision of service options that are culturally responsive and flexible, and provision of service options that are free from racism.

The case for Māori health equity is clear and is the key criterion for the VFI analysis.

See Appendix One for a table, which has been developed to describe what we would see from Ngā Wānanga o Hine Kōpū and the health system if equity was being resourced and delivered economically, efficiently and effectively, from a Māori perspective. These criteria are used to assess the value for investment in Ngā Wānanga o Hine Kōpū, and what is derived from the health system. The VFI analysis draws from all the evidence collected as part of the evaluation of Ngā Wānanga o Hine Kōpū. The following section outlines a summary of the VFI analysis.

4 <https://www.julianking.co.nz/wp-content/uploads/2018/02/OPM-approach-to-assessing-value-for-money.pdf>

5 <https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>

6 <https://www.health.govt.nz/our-work/populations/maori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry>

Resourcing and delivering equity economically

Ngā Wānanga o Hine Kōpū provides a wealth of cultural knowledge and resources...

Ngā Wānanga o Hine Kōpū has an abundance of cultural resource. This is embodied in the people who contribute their time; some paid, many voluntary. The Milne whānau, Poutuarā, kaimanaaki and Māori midwives, tohunga (eg, rongoā, weaving), kuia and kaumātua, are key contributors to the wānanga. They are holders of mātauranga about pregnancy and birthing, and their knowledge is drawn on in many ways. They provide subject expertise, and crucially, the relational resource or whanaungatanga and tikanga that allows connection between wānanga participants, to awaken what they already hold inside, for learning and growth to occur.

“There was a lot of aroha there and you could be open and there was no failing it. Ki te taha Māori that’s the way we should do them for us. Those mainstream classes they can’t cater to us.” (He Pāpā)

Providing inviting and culturally safe spaces for māmā and whānau requires acknowledgement of the resources needed. This includes appropriate venues, people, and healthy kai – all of which contribute to cultural safety.

...and combines these with clinical knowledge in a way that is culturally safe for Māori.

“One of the things I’ve noticed that when we talk about... maternal health, whānau get to see that when mainstream talk about depression and mental health, it feels like it’s a Pākehā disease or illness... they realise that those are natural emotions that happen in te ao Māori... our whānau go ‘oh’, what I’m feeling is not a disease or illness ... it’s part of our natural progression of going through emotion... When whānau feel ok ... it’s not a stigma, or a whakamā ... and that’s when they start to open up... this is when our whānau get to feel safe and they get to feel valued, and this is what opens up the rest of the experiences.” (Poutuarā)

By ensuring the right quality of resources are available, Ngā Wānanga o Hine Kōpū is resourcing equity economically.

But health system settings do not explicitly acknowledge these resources...

The Northland DHB budget for Ngā Wānanga o Hine Kōpū covers venue hire, catering and Lead Maternity Carer (LMC) hours. This funding model assumes a similar service specification, and similar required resources, as in mainstream antenatal education services⁷. The Ministry of Health specifications for DHBs state that the delivery of antenatal education should “ensure that information resources and education sessions are culturally appropriate and delivered in a manner that takes account of Māori cultural values and beliefs⁸.” However, specifications do not articulate the different resources needed to ensure delivery is culturally appropriate for Māori. This imposes a barrier to equity.

7 <https://nsfl.health.govt.nz/system/files/documents/specifications/t1maternityservicesdhsfundedmay2014.docx>

8 https://nsfl.health.govt.nz/system/files/documents/specifications/t2_pregnancy_and_parentinginfo_and_ed_service_22_dec_2015.docx

...nor demonstrate an understanding of why those resources are necessary.

Kuia and kaumātua, weavers and weaving materials, harakeke (flax), muka (prepared fibres from harakeke), rongoā experts, mātauranga, tikanga, whanaungatanga, are resources that enable the wānanga to deliver equity. Current service specifications assume a one-way, didactic teacher-student style of learning common to many mainstream education services. But this style of knowledge transmission is not how learning occurs in Māori settings; through tikanga and a reciprocal wānanga process. The use of clay to create ipu whenua (placenta holder), muka to create pito (placenta) ties, and harakeke for wahakura (sleeping pods) are necessary resources that help create a space of knowledge transmission that is culturally appropriate and effective for Māori.

“...we introduced mirimiri in labour, ipu whenua, muka and showed them how well our tūpuna did it, because they grew us, they knew it. I found out these things for myself, that we are more of a tactile people ... it gets mixed up with a whole lot of other things like vaccinations, and immunisations and all that clinical stuff and sometimes in that mix you lose the mauri again ... to stand up in front of people and talk forever, they just shut down, but once we introduced the ipu whenua and the clay and they got busy with that they would sit there for hours listening to us. It is all that tactile stimulation stuff that works.” (Lead Maternity Carer)

Consequently, financial resourcing for wānanga delivery is inadequate...

Without adequate specifications for a culturally appropriate Māori antenatal service, current resourcing is insufficient to cover the inputs needed to deliver an effective service, and equity for Māori.

...and this means Ngā Wānanga o Hine Kōpū is currently heavily reliant on volunteer resource.

The funding for Ngā Wānanga o Hine Kōpū comes from a range of budgets within the NDHB, with additional resources from Māori providers. Because of insufficient financial resourcing, the wānanga currently relies heavily on the input of voluntary support in every community the wānanga is delivered. This unpaid support and resource is offered by Māori providers, kaumātua and kuia, weavers, artists, rongoā experts, other whānau members, as well as by the Milne whānau.

Key people tautoko and support by gifting their time to source materials for wānanga activities...

Midwives and Poutuarā go to great lengths in their own time to ensure there is a supply of muka and harakeke for demonstrations, and for the incorporation of this tikanga into whānau birth plans. Muka is a fibre extracted from harakeke, and this requires knowledge, skill, and time to harvest and prepare. Muka is used in the wānanga to make ties for the pito/umbilical cord, contributing to the reclamation of traditional Māori birthing practices.

... and to contribute to the delivery of the wānanga...

Māori providers contribute to the success of the wānanga by providing venues and releasing staff to provide delivery support to the wānanga. Kaimanaaki are often resident professionals working in locations where wānanga are run, ie, the Maternity Unit, Te Ao Mārama, at Hokianga hospital. Kaimanaaki step in to support and fill gaps where needed, often outside of their paid, contracted roles to do so. The availability of wānanga is largely constrained by the resources of local Māori providers to be able to release Poutuarā and Kaimanaaki from their contracted roles, to support wānanga delivery in each area.

... because they know the wānanga is vital to whānau hauora and wellbeing.

Many people who tautoko Ngā Wānanga o Hine Kōpū do so because 'it's about oranga whānau'; they believe in the kaupapa and will go the extra mile to support it. They indicated their commitment to the kaupapa would continue, regardless of the amount of money available for its delivery; that Ngā Wānanga o Hine Kōpū is all about whakapapa and fulfilling the potential of tūpuna that wāhine hapū grow within them.

"...when whānau are hapū...they hold aspirations of greatness and it's the systems and life that bring them down below. Our job is to maintain and fulfil whānau aspirations. That's the whānau space of wānanga...." (kōrero from evaluation wānanga, 2021)

This can leave people feeling burnt out and that affects the sustainability of Ngā Wānanga o Hine Kōpū.

The informal support networks of those who contribute to the wānanga, the hau kainga, have been a real strength of the wānanga, however there is evidence that key people are feeling stretched. They worry that as demand for the wānanga grows, they are not quite sure how the 'survival of the kaupapa' might be assured. Succession planning, growing the depth of leadership, coordination, and expertise for wānanga facilitation and training are essential. However, on top of the demand for the wānanga there is limited resource to be able to do these things well; service specifications and funding models are not facilitating equity economically.

Kaitiakitanga by those delivering Ngā Wānanga o Hine Kōpū is seen in the care taken for all resources ...

Kaitiakitanga is a concept about guardianship, protection, and stewardship of natural and cultural tāonga for today and future generations. Where tāonga, like mātauranga surrounding birthing practices, have been on the brink of extinction for a long time, their survival is dependent on Māori being able to care for, grow and revitalise the mātauranga and tikanga.

Kaitiakitanga is reflected in the ways and the extent to which people gift their time, their support, their knowledge, and other resources to the wānanga. There is a deep sense of commitment to maintaining the standing of the mātauranga and tikanga of the wānanga. It is about reclamation, normalising and celebrating what it means to be Māori.

Poutuarā see themselves as *"guardians of the kaupapa in this space and time... we make our spaces safe for our whānau..."*

"Too many times have we seen a kaupapa set up for whānau and boom it's gone... it's no longer running. The most important thing is that Hine Kōpū is still running, it's gained respect and it's still going. Whānau believe in the kaupapa and the mana of the kaupapa – sustainable change is when whānau say, 'I identify with this ... I can put my own whānau spin on it, and then own it afterwards'." (Tanya Milne, 2021)



...but the health system does not enable full expression of kaitiakitanga, and this affects the cultural safety and sustainability of the wānanga.

Many go above and beyond to support the wānanga because they recognise the importance of the Hine Kōpū kaupapa for Māori māmā, whānau and pēpi. However, there are concerns about not being able to pay for key roles, particularly cultural roles like kaimanaaki. Here, insufficient financial resourcing means the ability to care for, and express kaitiakitanga for those crucial roles, has the potential to place the wānanga in a culturally unsafe and unsustainable position. The current funding model requires resource to be gifted by people because of the importance of the kaupapa and the norm of collective contribution, even if this may knowingly incur cost to that person or their wellbeing. This funding model does not allow the full expression of kaitiakitanga within the context of the wānanga, and in this way, the health system imposes a barrier to equity.



Delivering equity efficiently

Ngā Wānanga o Hine Kōpū sees decision-making power shift to whānau Māori through its kaupapa Māori, by- and as-Māori approach to wāhine hapū and whānau care.

“This wānanga is the answer, because this wānanga, is tino rangatiratanga. It’s whānau led, and it’s whānau remembering the solutions that we already have... and there are things we don’t have (in the current system) so I want this to be the mainstream. I love this space. It’s very healing as a health practitioner.” (Midwife)

The value of Ngā Wānanga o Hine Kōpū is the way it addresses inequities, and like any initiative, it’s desirable to do this as efficiently as possible because more equity can then be delivered for more people. This section of the VFI looks at what Ngā Wānanga o Hine Kōpū does and how efficiently it delivers equity.

There is a growing body of evidence that shows whānau-centred approaches strongly correlate with high-level whānau gains, with intermediary and long-term improvements in wellbeing outcomes for whānau⁹.

Ngā Wānanga o Hine Kōpū is kaupapa Māori by design. The delivery of the wānanga opens itself up to a whānau-centred, whānau-led process; Māori whānau design the format collaboratively with kaimanaaki (leaders/guardians) and Poutuarā (facilitators) of the wānanga. This can happen in the moment and through tikanga-based processes like whakawhanaungatanga.

Yet the health system reflects Crown decision-making power over what is appropriate antenatal care...

The generic Māori Health objectives in the DHB service specification state “where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service”¹⁰. However, participation in decision making is not transparent at the systems level of service specification for Pregnancy and Parenting Information and Education¹¹. Currently, these service specifications acknowledge that for Māori, a service “...will consider and provide advice and support around pregnancy and parenting issues of specific cultural significance for Māori, (and) ensure that information resources and education sessions are culturally appropriate...”. Yet mandatory key messages for an education service do not include what these issues of specific cultural significance might be.

There is opportunity for service specifications to incorporate culturally appropriate practice for Māori but this has not been exercised. The design of key messages appears void of Māori input and privileges a medicalised interpretation of pregnancy and parenting. As an example, safety and key equipment considerations for baby describe the use of a “bassinette/cot” in the context of safe sleep. Here, it would be simple to include “the wahakura”, which makes up a significant aspect of the experience of Ngā Wānanga o Hine Kōpū.

9 Te Puni Kōkiri., 2015. *Understanding whānau-centred approaches Analysis of Phase One Whānau Ora: research and monitoring results.*

10 <https://nsfl.health.govt.nz/system/files/documents/specifications/t1maternityservicesdhsfundedmay2014.docx>

11 https://nsfl.health.govt.nz/system/files/documents/specifications/t2_pregnancy_and_parentinginfo_and_ed_service_22_dec_2015.docx

... and this affects the ability of Ngā Wānanga o Hine Kōpū to deliver equity efficiently.

To deliver equity efficiently, the locus of power in the design of service specifications for Māori must shift to include, at a minimum, the participation of Māori. In order to maximise the efficiencies for equity inherent in a Māori-led service however, the design of service specifications must ultimately be based on Māori tino rangatiratanga; by Māori, as Māori.

Current service specifications fail to deliver equity efficiently due to the Crown locus of control in the design of specifications. This is a systems-level barrier to equitable outcomes for wāhine hapū, pēpi Māori, and whānau Māori.

Relational efficiencies are harnessed by Ngā Wānanga o Hine Kōpū through its cultural fit with Māori whānau...

Relationships are a social capital of their own, and cultural fit provides a quality of experience that facilitates more rapid and transformative change¹². There is also a growing body of evidence that systems produce better outcomes when relationships are characterised by trust, and the perspectives of those involved are valued¹³. Without good relationships and cultural fit, resources are likely to be wasted, and equity will not be achieved efficiently. Cultural fit ensures a form of relational efficiency that is fundamental to achieving equity. Such efficiency is apparent within Ngā Wānanga o Hine Kōpū.

“Finding a group of people that actually care and have them make connections for you, to others that care.” (He Pāpā)

...and those wanting something more from their antenatal care.

While Ngā Wānanga o Hine Kōpū is kaupapa Māori, 16% of Ngā Wānanga o Hine Kōpū participants have not been Māori. Strong relational capabilities in the wānanga are also seen through the experience of those who are not Māori.

“I had been to one (other antenatal class)... and I think it was very clinical. There wasn't any kind of relationship building or anything like that... it didn't incorporate the spiritual side of the journey that pregnancy and birth is... to have that reminder of that sacredness and the power of that beginning is hugely valuable... as a Pākehā, that was quite a gift... to have that shared with me.” (Māmā, Pākehā)

12 Goodwin, D., Sauni, P., Were, L. (2015). Cultural fit: an important criterion for effective interventions and evaluation work. *Evaluation Matters—He Take Tō Te Aromatawai*, 1, 25- 46.

13 See <https://medium.com/office-of-citizen/its-all-about-relationships-systems-based-changemaking-470207584bf4>

Efficiencies from collective cooperation are also harnessed by Ngā Wānanga o Hine Kōpū...

The collective nature of the wānanga, both in the way it has developed and is experienced, demonstrates efficiencies through the leveraging of social capital. Progressive benefits are felt by whānau and community as equity is delivered through the wānanga.

“Whānau definitely changed their parenting practices/behaviours – you could see it in their eyes. Whānau keep coming back, even after they’ve had their babies because they love it.” (Whānau Ora practitioner)

...where communities of practice and localised adaptations are emerging to strengthen the kaupapa...

Poutuarā and kaimanaaki are invited to carry the kaupapa of the wānanga. There is a time and resource element involved in this process; it is not a matter of completing a course and all is known. Poutuarā are continually learning and extending their knowledge through the wānanga. This cyclical, reflexive process of development shows the natural succession and quality development processes within the wānanga, which is fundamental to its longevity.

“We don’t say we are the facilitators of the wānanga, we are participants.” (Poutuarā)

The wānanga take place in community settings, with support from local Māori providers; kaimanaaki bring local knowledge and expertise to the wānanga so that learning is relevant to whānau in their local context. There are often existing relationships; people know one another and feel comfortable in the space. These elements give rise to a sense of community ownership of the wānanga, which is critical to buy-in, promotion and sustainability of the wānanga.

“Our midwives are from here and they are Māori and had their babies and moko here.” (He kaimahi Māori)

“...we’ve got our own flavour of doing things, and that is hard for colonised world to understand...it doesn’t have to be the same and that’s why we...can’t replicate...I love how koha has gifted that wānanga space.” (Māori Midwife)

...and wānanga are becoming a pathway for growing and developing the Māori health workforce.

As the wānanga has organically grown across regions, the pool of Poutuarā has increased to 12. Poutuarā are local mana wāhine who hold knowledge and passion for Māori-led antenatal care. They are not midwives but have a pivotal role in reducing barriers to engagement and facilitation. Through Ngā Wānanga o Hine Kōpū they have built confidence supporting whānau engagement with the maternity sector, and some Poutuarā are now carrying the kaupapa as they have expanded their own knowledge. The development of Poutuarā is a deliberate strategy to build local capacity and capability to deliver the wānanga in locally and culturally appropriate ways.

Local Māori providers who support the wānanga also benefit from the learning opportunity each wānanga offers. Strong working relationships and collective cooperation are seen to grow local capability, facilitating the efficient delivery of equity.

“This is a train the trainer programme... we went to all our providers and have been running training with our kaimahi Māori. Initially we would run them, train them, and then step back ... they and whānau are the key stakeholders in this mahi.” (Koha Aperahama, 2021)

But these efficiencies are hindered by inadequate funding and resourcing...

There has been some additional investment by the Northland DHB into the development of resources for Ngā Wānanga o Hine Kōpū, as well as the training for Poutuarā. However, this has been a one-off investment, and not enough to capitalise on the efficiencies in the wānanga.

Some Māori providers are finding themselves stretched and unable to release Poutuarā from their substantive roles to support the wānanga. With wānanga booked out months in advance, and a growing demand to attend the wānanga, there is a case for increasing the investment for resource and kaupapa Māori workforce development.

In the last few years there has been a commitment to developing a facilitation workforce, able to begin delivering the wānanga in different rohe across Northland. But there are still many communities who do not have the resources to be able to shape and deliver hapū wānanga for themselves.

...which is further compounded by inefficient funding models.

Like many Māori services, the existing DHB funding models for antenatal education do not fund what is required to run the wānanga in a culturally appropriate way. As the wānanga has grown, and its value has been acknowledged by whānau and community, the DHB has brought together extra financial support from a range of budgets, in a patchwork funding model, to try to improve the financial resource available to the wānanga. This injection is intended to support co-facilitation and training, as well as leadership and co-ordination functions.

Poutuarā, by contrast, are primarily funded by local Māori providers and undertake their role in the wānanga as part of their substantive roles with these providers, adding another piece to the patchwork funding model.

The inefficiencies introduced by a system that does not have a coherent funding model for a valued and growing service such as the wānanga imposes another barrier to the delivery of equity for Māori; for wāhine hapū and their whānau, and for the Māori midwifery and health workforce.

Delivering equity effectively

This section describes the outcomes of Ngā Wānanga o Hine Kōpū.

Delivering equity effectively, Ngā Wānanga o Hine Kōpū is an effective pathway for Māori māmā and whānau to access mātauranga and clinical knowledge in a culturally-safe setting...

Ngā Wānanga o Hine Kōpū is decolonising maternity practices. Whānau are in the process of reclaiming mātauranga and tikanga, but the value of clinical knowledge, and the necessity to prepare whānau for the maternity system is also acknowledged. How these elements co-exist in ways that strengthen is key, and the wānanga achieves this co-existence effectively, delivering equity for Māori.

“Being surrounded by people who could understand the barriers that Māori and their whānau experience. Also learning how to incorporate te ao Māori into the antenatal space.” (He wahine hapū)

Wāhine hapū and whānau are learning more about tikanga birthing practices, other mātauranga, and hearing whānau stories; connecting them with knowledge they otherwise wouldn't have access to.

“The most significant thing to me was being reconnected to my tupuna. Doing and learning these things at wānanga, which is what my ancestors would have learnt too, was something so special.” (He wahine hapū)

Whānau are also accessing clinical and mainstream drug and alcohol use information about safe sleeping, breastfeeding, car seats, mental wellbeing, drug and alcohol, smoking, and services that might be relevant to them.

“I learnt the best techniques to breastfeed my baby as well as the car safety requirements I need to take to ensure I take care... I also learnt different birthing positions and my rights within a hospital and what care I am eligible to.” (He wahine hapū)

...as well as wider supports for whānau wellbeing.

“We see those that are impacted by drugs, alcohol and domestic violence get messages that help them to shift. You see a light go on for whānau. They can express themselves, reconnection through te reo and tikanga. Some whānau are reconnecting relationships with nannies, aunties, wider whānau – going back home to reconnect and ask questions or collecting their own resources, like muka.” (Midwife)

But the effective delivery of equity is hampered by mainstream health workers who do not refer wāhine hapū and whānau to the wānanga...

Wānanga facilitators and Māori midwives expressed that mainstream health services and clinicians often do not refer wāhine hapū to the wānanga. They felt much more work was needed by mainstream health services and clinicians to improve access to the wānanga.

“I feel aroha for whānau...who aren’t engaging...and I want to know how we can reach them... that comes back to having to convince some of my colleagues that wānanga are enough... some of me feels like, just trust us... we know that wānanga can be enough... can you just encourage your whānau to come...” (Poutuarā)

...or who do not understand or value the wānanga.

Practitioners with limited knowledge or who do not value the wānanga present a barrier to the effective delivery of equity. The mainstream health system needs to support its worker’s understanding of Māori-led initiatives so they can effectively promote and encourage more māmā and whānau to engage in the wānanga.

“Once again I think it’s who your midwife is ... if you’re (midwife is) Māori, we encourage it as part of the birth plan, we’ll use muka and use pounamu to cut the pito and all that sort of thing. If you’ve got a non-Māori midwife who’s not adept or confident with that, then it’s not part of that toolbox eh?” (Midwife)

“..it was pretty clear that we were doing the right thing. What we did experience was the pushback from some of our colleagues... the fragility that we experienced at that point... it was pretty raw, it was pretty surprising, and it was pretty painful at times... you were just constantly feeling like you were having to explain yourself.” (Māori health worker)

The wānanga is more than learning information deemed clinically important for good birth outcomes...

Māmā and whānau described one of the most important things about the wānanga was feeling nurtured and cared for, at the same time as feeling empowered and confident about giving birth.

“Amazing, no other words, amazing... it made sense to me at that time... it was the support I needed.” (Māmā)

“I was treated like family as soon as we come in, I was made to feel empowered and strong.” (Māmā)

...it is a shared whānau experience of healing, connecting, and exploration...

The role of whānau are integral to the wānanga experience, as their investment in wāhine hapū “ensures the secure, safe passage of the ‘seed’ to the fulfilment of the dreams and aspirations of whānau”¹⁴. The wānanga affirms everyone has a valued part in the learning and birthing process, and many describe the benefit of whānau involvement.

“I felt grateful that my partner could be involved as it’s a whole different experience for him not physically carrying a pēpi but gathering knowledge on what māmā is experiencing and how he could be involved.” (He wahine hapū)

...of reclaiming taha Māori and identity...

Reconnection to language and Māori ways of being for many whānau begins when they engage in the wānanga. The wānanga empowers whānau, growing their understanding of themselves as Māori, and as benefactors of the teachings of their tūpuna.

“I wouldn’t have a clue about this tikanga and I wouldn’t be at weaving wānanga so this has introduced me to experiences in te ao Māori and teaching me my tikanga. It was definitely affirming of my taha Māori. I learnt a lot about the pūrākau that I didn’t know. I learnt more about Papa and Rangī, other atua. Yes it strengthened me.” (Māmā)

The wānanga serves as a vehicle for the reclamation of a traditional role of wāhine as whare tangata and the kaitiaki of whakapapa, and in this way, is effectively delivering equity for Māori. Without access and ability to connect to te reo, mātauranga and tikanga Māori, successive generations of tamariki and pēpi will likely incur the trauma and deprivation that flows from cultural disenfranchisement and loss of indigenous identity.

...giving rise to confidence and tino rangatiratanga in the birthing experience...

“I did not feel judged when having a kōrero about my hapūtanga and what I wanted for my birth. I learnt a lot about tikanga and kawa during hapūtanga and birth. It felt like such a safe space to have kōrero about it all, and I just learnt so much. It also felt amazing to be surrounded by health professionals who understood Māori culture.” (He wahine hapū)

“My tane and I set up our birthing plan in our whare and delivered our pēpi on our own. Pāpā learnt the oriori and welcomed our pēpi with it.” (Māmā)

14 Ngā Wānanga o Hine Kōpū resource booklet

...and this confidence flows through to aspirations for whānau futures.

“...you know when you see our whānau get it, the penny drops, you can see their absolute desire for the potential of everything happening to them. They can see that [what] was once impossible is now possible, what was out of reach is now here... Mana motuhake... they become their own destiny... they may be able to see this far, but they know their journey is now this long...” (Poutuarā)

“I was asked if I wanted to become a midwife, a male midwife... it’s still sitting in my heart... I’ve been thinking about it a lot, for a long time... I’d love to pursue that.” (Pāpā)

Ngā Wānanga o Hine Kōpū is transformative for all those who participate.

Wāhine hapū and whānau describe a quality of learning experience and impacts from the wānanga that can be profound and transformational; far over and above the outcomes expected in the mainstream antenatal education service.

“My confidence wasn’t there prior to being a dad. I was scared for my baby and my wahine because I was raised in an angry place, in an angry household so I had low confidence. But after that first wānanga, it blew me away, gave me a sense of belonging. That’s why I went to the second one without my partner. I love being a dad, every day, and if it wasn’t for that wānanga I wouldn’t be of this mind... for someone who was stuck in that dark entity... I wouldn’t be the dad I am today.” (Pāpā)

“We’ve had examples where Nana had a traumatic experience, and that has become the whakaaro... and we’ll wānanga around that... and then mokopuna will no longer carry that mamae.” (Poutuarā)

“I’m taking a reo wānanga and I’m making little connections here and there from what I have been learning. You know how everything was given – Io Matua Kore – shifting my mindset towards appreciating more our taiāo, our environment around us.” (Māmā)



These effects are improving birthing experiences...

Māmā who had given birth rated the wānanga 100% in terms of making a difference to their birth experience and influencing what they did after the birth. Many practiced what they had learned through the wānanga, reclaiming tikanga for their birthing.

“My birth was calmer. I was a bit more prepared as my pēpi had a wahakura to safely sleep in. My ‘wairua cup’ was full so I felt somewhat ready ... I had made an ipu whenua which I was super blessed and proudly made on my own.” (Māmā)

“I learned to trust and listen to my body. I used the muka to cut the cord as well as burying the whenua.” (Māmā)

...and birth outcomes...

Ngā Wānanga o Hine Kōpū is reaching Māori māmā, hapū with their second and subsequent pēpi who have never accessed antenatal education. Some māmā described sadness about not having had access to this kind of experience during their earlier pregnancies but were grateful to be part of the wānanga this time. Other māmā described safe practices with pēpi, and the strength of connection that was born through wānanga.

“It influenced me with safe sleeping, use of muka and ipu whenua as well as waiata Māori.” (Māmā)

...and delivering equity for māmā, pēpi and whānau.

People told us the most significant thing about the wānanga was that it was Māori, and this helped them feel safe, valued and valuable, able to heal, connect with others, and learn. They said the wānanga is empowering for wāhine Māori to birth in her own right. That it is a place where māmā and whānau are supported and looked after, where they will learn ‘heaps about hapūtanga’, and connect with other expectant māmā.

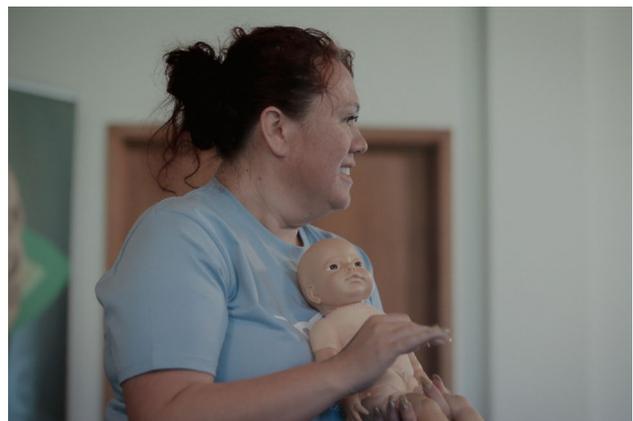




Resourced sufficiently, whānau-centered maternity care has the potential for transformational change

The evaluation of Ngā Wānanga o Hine Kōpū has uncovered the range of ways in which the wānanga is delivering meaningful, whānau-centered care for māmā and whānau in Te Tai Tokerau. This is despite the limiting structure of delivery service specifications and insufficient acknowledgement from the health system of the resources required. Understanding the critical elements of delivery of Ngā Wānanga o Hine Kōpū can inform how equity can be delivered in the new early-years system design. Whānau-centered and equity-focused care has the potential for transformative change in the maternal sector, but the system must sufficiently support whānau-centered ways of working to achieve intergenerational aspirations.

“When whānau believe in the kaupapa and the mana of the kaupapa – sustainable change is when whānau say they identify with this, I can put my own whānau spin on it, and then own it afterwards. The more we can get our own people onboard with this ... if they own it, then they will continue to own it going forward.” (Tanya Milne)



Appendix One

The 3Es¹⁵

1 Economy

ECONOMIC DEFINITIONS	WHAT WOULD THIS LOOK LIKE IF WE WERE RESOURCING AND DELIVERING EQUITY?
<p>Buying inputs of the appropriate quality at the right price.</p> <p>(Inputs include staff, knowledge, materials, venues).</p> <p>Managing project resources economically.</p>	<p>Resourcing equity economically in the context of Ngā Wānanga o Hine Kōpū means:</p> <p>All required inputs (determined by Māori) for wānanga delivery are acknowledged in the health system settings. This includes cultural inputs; material (eg, muka, harakeke), knowledge (eg, mātauranga, tikanga), and relational (eg, whanaungatanga, tikanga).</p> <p>Required and sufficient inputs are sourced to ensure the overall cultural safety and experience of the wānanga.</p> <ul style="list-style-type: none"> • Key people (eg, Māori midwives, Poutuarā, rongoā experts, weavers, kuia and kaumātua, etc.) connected to local communities. • Cultural knowledge of tikanga, reo, and mātauranga are part of the programme design and delivery. • Materials for cultural practices such as weaving. • Suitable venues for all activities, including having children and whānau present. • Kai provided is sufficient and of high quality. <p>Resource management and stewardship is understood and enacted as kaitiakitanga.</p> <p>Financial resources are sufficient to adequately compensate all those involved in delivering the wānanga, and to source all required inputs.</p> <p>The benefit of collective contribution (economic cooperation and social capital) is acknowledged and is not resourced at the expense of anyone's wellbeing.</p>

15 <https://www.caaf-fcar.ca/en/efficiency-concepts-and-context/efficiency-economy-and-effectiveness>

2 Efficiency

ECONOMIC DEFINITIONS

Types of efficiency

Technical: Getting the most from the inputs (or getting a lot for the efforts).

Delivery: the right quality and quantity of outputs delivered within available resources.

Relational: ensuring there is cultural fit. Without good relationships and cultural fit, resources will be wasted.

Allocative: appropriate allocation of resources to activities.

Dynamic: timely implementation, adaptive management, learning and improving.

WHAT WOULD THIS LOOK LIKE IF WE WERE RESOURCING AND DELIVERING EQUITY?

Delivering equity efficiently means seeing:

A **shift in the locus of decision-making power** from for/with Māori to by/as Māori, within health system settings, and for Māori māmā and whānau.

Cultural fit for wāhine hapū and whānau in their wānanga experience, and for the wānanga within the health system.

Collective contribution is enabled.

Access and reach to Māori māmā and whānau is maximised with available resources.

Local and regional involvement contributes to wānanga development, ongoing learning, and adaption for each wānanga locality.

Communities of practice are established amongst Poutuarā, midwives, and providers.

Wānanga are **a pathway for growing the Māori health workforce**.

Resourcing equity efficiently means seeing:

Required inputs for wānanga delivery are included in **one coherent funding model**.

Resources are allocated to the right mix of inputs to build the mātauranga resource base (eg, tāngata, documentation), develop the workforce, and work with māmā and whānau in a kaupapa Māori way.

3 Effectiveness

ECONOMIC DEFINITIONS

Getting the expected results from the outputs (or doing the right things).

WHAT WOULD THIS LOOK LIKE IF WE WERE RESOURCING AND DELIVERING EQUITY?

Ngā Wānanga o Hine Kōpū is **delivering equity effectively** when:

More Māori whānau access services and information.

- Māori māmā and whānau access cultural and clinical antenatal education through the wānanga.
- Māori māmā and whānau access wider supports for whānau wellbeing through wānanga connections.

Tino rangatiratanga is in birthing experiences.

- **Māori māmā are confident and supported to ask for what they want** in their birthing experience, eg, on their whenua instead of at/in hospital; in the mainstream system but in ways that incorporate Māori birthing practices.
- Māori pāpā and whānau are confident and able to support māmā and pēpi.

Birthing experiences for Māori māmā and whānau have improved.

Whānau are a valued part of the learning and birthing process:

- and are confident in moemoeā (dream, vision), to **achieve their aspirations** for their whānau.

Improved birth outcomes for māmā, pēpi and whānau, extending to improved wellbeing after birth.

Māori māmā and whānau explore, reclaim, and affirm their taha Māori.

The **health system will be supporting** Ngā Wānanga o Hine Kōpū to **deliver equity** effectively when all the above occur, and:

- **service specifications and funding models articulate wānanga outcomes as holistic, whānau-centred and intergenerational**, and not simply as mandatory antenatal education checklists.
- **whānau-centred approaches to antenatal education are normalised.**
- the **health workforce promotes access to, and participation** in Ngā Wānanga o Hine Kōpū.
- **communities of practice are established** as midwives, Poutuarā, and Māori providers participate in wānanga, learn themselves, and develop localised approaches.

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