

POLICY ON BICULTURALISM

Definition:

In 1840, at the signing of the Treaty of Waitangi, three principles were agreed to. They were:

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| Article | i | The responsibility to govern. |
| Article | ii | The responsibility to protect Maori interests, and where necessary address grievances. |
| Article | iii | The responsibility to ensure that Maori people enjoy all the rights and privileges of citizenship. |

It is the concept of partnership and equity embodied in these principles that are the basis of a bicultural health service.

Partnership occurs when two people or peoples are given a share in decision making so that the outcome is equal. The relationship between Maori as tangata whenua of Aotearoa and the Auckland Area Health Board is recognized as the essential partnership.

Equity is the application of the principles of fairness and natural justice. It involves the provision of appropriate resources so that equal outcomes can be achieved. These concepts of partnership and equity apply to the development of all policies within the Board. To achieve equity of outcome requires an inequitable allocation of resources.

1. Policy:

The Board will ensure that the Treaty of Waitangi permeates all aspects of health service delivery.

The Board will forge a bicultural partnership in health development.

2. Strategies:

The Board will use the following concepts to implement the policy:

Participation - communities have the opportunity to have a genuine say;

Representativeness - people who speak for the community are representative of the community.

Empowerment - communities are informed as to how, when, and where decisions are being made, and how their representatives can influence the results.

EQUITY

2.1 Equity within the Board will be achieved using the following techniques:

- Alternatives |
- (a) All policy will reflect a Maori perspective.
 - (b) Provision will be made in the budget, to target specific areas adversely affecting Maori people.
 - (c) Maori values in the allocation and provision of resources and services will be recognized.
 - (d) Personnel policies will be developed to ensure the health service meets the principles of partnership and equity. *Outcome.*
 - (e) Maori people will be given the right to identify and determine their own health needs, problems and solutions.

Equity
Employment

2.2 Employment

Appropriate Maori people will be employed at all levels especially where there is face to face contact within the Maori community. Where additional skills are required eg (in the area of management) the training will be given in a way that strengthens and encourages Maori values but gives the trainee the added skills to cope with the new area he/she is entering.

To achieve partnership, power must be shared. Maori people will be encouraged and assisted into management. Their views and opinions to be given equal status with other decision makers.

2.3 It is important that the differences that make people unique and special be accepted and should not be seen in terms of right and wrong.

- Maori skills in
- (a) Language and culture
 - (b) Management
 - (c) Organisation
 - (d) Leadership
 - (e) Teamwork
 - (f) Communication
 - (g) Flexibility

Will be acknowledged as valid qualifications for positions where decisions are made which will effect Maori people.

2.4 Bicultural Understanding and Respect

Partnership can only occur when both partners respect and understand each others perspective.

As Maori people have an understanding of, and function reasonably well in European society, it is important that non Maori New Zealanders acquire knowledge and understanding of Maori cultural values.

2.5 Environment

In fulfilling the Board's statutory requirements, recognition and advocacy of Maori perspectives will be accepted. This includes a proactive approach to the protection of the environment, as the environment is a taonga (treasure) interms of the Treaty of Waitangi.

OBJECTIVES AND OUTCOMES

1. That the number of Maori Community Health (and mental health) workers are increased by 20% per year over the next five years.
2. To identify appropriate Maori staffing levels in the main health disciplines, and appropriate strategies for achieving these.
3. Increase the number of Maori staff. The ratio will depend on the outcome of the Equal Employment Opportunities census.
4. To ensure that there is a bicultural component to all staff orientation programmes by June 1990.
 - (a) It will be required that all managers undergo briefing and show a commitment to biculturalism.
 - (b) Educational programmes for all staff are to be developed.
 - (c) Marae visits and involvement in Maori activity will be supported by Managers.
 - (d) On-going support, training and monitoring will be facilitated by Managers and given by the Maori people of the district.
5. To expand existing opportunities for staff to learn about biculturalism.

6. That the Area Health Board requires all new senior appointments to demonstrate appropriate understanding on bicultural health issues, or are currently engaged in developing such knowledge.
7. That the Area Health Board shows its commitment to Maori Health (as defined by Maori Communities) by advocacy in the areas of:
 - 7.1 Consideration and development of proposals that address the needs of those who are denied access to primary health care for financial reasons, with particular respect to children.
 - 7.2 Maori language development, by support of Kohanga Reo health programmes and by advocacy supporting Maori language TV and radio broadcasting.
 - 7.3 Advocacy maintenance or restoration of traditional food sources. The prime Auckland example of which is The Manukau Harbour.
 - 7.4 Advocacy for research into traditional Maori medicines and healing and the integration; where appropriate, of these practices into primary health care.