

Te whakarāpopoto matua | Executive summary



Major trauma is one of the leading causes of injury and long-term disability. Māori experience higher rates of injury yet have less access to, and lower use of, health services that are intended to support rehabilitation. This is an important problem to solve.

Understanding experiences of whānau Māori, from a strengths-based perspective, may help in identifying alternative views for system design and delivery of care that are culturally responsive. The goal of this project is to share the taonga of the voices of patients and whānau who have undergone a lived experience of major trauma rehabilitation. In doing so, we identify recommendations and feasible actions that can be undertaken across the trauma system, particularly hospital care and during rehabilitation, that promote positive experiences for Māori.

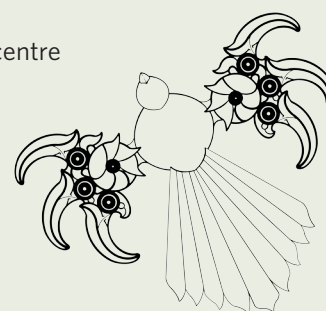


Tikanga | Project design

We used whānau-led kōrero (conversations) to allow an in-depth exploration of the experiences and perspectives of individuals and their whānau as they navigated life after their injury and the impacts of that injury. We invited individual patients who had experienced major trauma to have a support person or whānau member present at their interview. Where individuals took up this option, their support people were able to contribute to the interview when they thought it was relevant and appropriate to do so.

We had kōrero with 21 participants and 7 whānau that began with whakawhanaungatanga (building connection). Once participants and whānau felt comfortable, the interview began, with the main focus being on their rehabilitation journey. Topics covered during the kōrero included:

- background to the events surrounding the injuries
- their time in hospital and, if applicable, a rehabilitation centre
- their transition home
- follow-up support
- what helps and hinders recovery
- how services met their cultural needs.

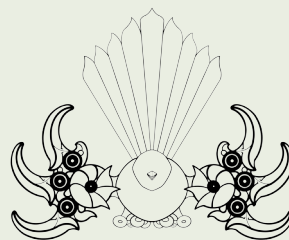


The rehabilitation experience

Patients and whānau were appreciative of the care and support received during some of the most traumatic experiences of their lives. Many described the factors that made their rehabilitation journey positive, with the result that the most important factors became evident among all 28 participants and whānau. As might be expected, these factors were related not just to physical wellbeing, but also to social, spiritual and mental wellbeing (specifically around Tā Mason Durie's health model Te Whare Tapa Whā) that affected all whānau (Table 1).

Table 1: Summary of how observed themes impacted experiences of care when they were explicitly included in the rehabilitation journey for whānau

Theme	Impact on experience of care when theme was:	
	Available (positive)	Unavailable (negative)
Cultural capability and responsiveness of health services	<ul style="list-style-type: none"> Providers actively participated with patients and whānau in discussing care They built trust 	Patients and whānau did not feel trusted or valued
Culturally appropriate support	<ul style="list-style-type: none"> Quality of interactions was enhanced Health and social support became available 	<ul style="list-style-type: none"> Follow-up visits occurred once only and/or were very brief Patients and whānau had limited time engaging with care teams
Whakawhanaungatanga as the basis for relationships and engagement in care	<ul style="list-style-type: none"> Communication between patients and clinicians was culturally effective Patients and whānau actively participated in decision-making 	<ul style="list-style-type: none"> Patients and whānau were disengaged from care They had limited involvement in developing care plans
Psychological and emotional wellbeing, including support for whānau as informal caregivers	<ul style="list-style-type: none"> Providers cared for whānau wellbeing They dealt with all issues that mattered 	<ul style="list-style-type: none"> Providers did not consider or support mental wellbeing This affected both patients and whānau It prolonged the healing process
Communication, decision-making and service coordination	<ul style="list-style-type: none"> Providers engaged whānau in care plan Patients and whānau accessed available services Their confidence in care plan and providers increased 	Patients and whānau felt isolated, uninformed, uncertain where to turn for help and unsure what and how to ask



Recommendations and actions

With the health and disability system now in transition, the voices of whānau present an opportunity to inform a shift in the design and delivery of services to enhance experiences (and potentially outcomes) for Māori.

Applying an equity-focused lens, we have identified the following recommendations and actions as important considerations in building culturally and medically responsive health and social services for trauma care.

1. Ko te whakawhanaungatanga me noho hei whāinga matua mā ngā kaiwhakarato tauwhiro hapori | Whakawhanaungatanga must be a priority for all health and social service providers

Action: All trauma clinicians practise whakawhanaungatanga with Māori patients and whānau.

2. Me whai e ngā ringa tauwhiro pāmamae i te tikanga ahurea | All trauma clinicians must adopt and be accountable for a culturally effective approach

Action: All large trauma centres make kaiāwhina (assistants) available to be an integral part of trauma teams.

Action: Where available, and patients agree to it, routinely refer Māori trauma patients to the hospital's Māori support service.

Action: All hospital trauma clinicians receive training in cultural competency and are encouraged to learn te reo Māori.

3. Me tātari, me aro turuki me te tautoko hoki e ngā kaiwhakarato hauora me ngā kaiwhakarato tauwhiro hapori te oranga ngākau o te tūroro me te whānau | Health and social service providers must assess, monitor and support the psychological and emotional wellbeing of the patient and whānau

Action: Providers routinely screen all Māori major trauma patients for clinical signs of pain, post-traumatic stress disorder (PTSD) and concussion, with whānau engagement and referral as appropriate.

Action: All health and social service providers, where feasible, assess the wellbeing of the patient and whānau using a hauora Māori (Māori health) model.

4. Me noho tahi me te tautoko ngā rāngai i ngā whānau Māori | Agencies must involve and provide supports for whānau Māori

Action: All agencies working with major trauma patients and whānau, including regional trauma networks, use a consumer/whānau panel to inform service improvement.

Action: The Accident Compensation Corporation (ACC) and the National Trauma Network develop patient and whānau information resources specifically for Māori and actively distribute them across trauma teams and contracted provider services.

5. Me mahi tahi me tautoko hoki e ngā rāngai ngā ratonga Māori | Agencies must invest in kaupapa Māori service providers and support their use

Action: ACC and trauma services facilitate options for routinely referring Māori patients to kaupapa Māori (Māori-themed) or rongoā māori (natural medicine) services.

Action: ACC strengthens mechanisms to liaise with other agencies on complex social cases through identifying need early.

Action: All health and social service agencies invest in training staff, including ACC case managers and hospital Māori support service staff, to effectively communicate with rangatahi (youth).

6. Me ine e ngā rāngai ngā kaupapa nui ki te Māori | Agencies must measure what matters to Māori.

Action: The Health Quality & Safety Commission continues to rework in-hospital patient experience survey tools so they include cultural competence of providers.

Action: The National Trauma Network routinely measures patient-reported outcomes for Māori.

By opening up about their care experiences, whānau have provided a taonga rich in detail about where the deficits and strengths in services lie; this can be used to optimise care experiences.

This report identifies a number of feasible actions that, when implemented effectively, will improve experiences for injured Māori and ultimately lead to improved rehabilitation outcomes.

