

A low-angle photograph of a lush tropical forest. Sunlight filters through the dense canopy of green leaves and ferns, creating a dappled light effect. The trees are tall and slender, with thick trunks and sprawling branches. The overall color palette is dominated by various shades of green, from deep forest greens to bright, sunlit yellows and whites where the light hits the leaves.

REVIEW OF THE MINISTRY OF HEALTH FUNDED

RONGOĀ *Sector*

PREPARED BY RESEARCH EVALUATION CONSULTANCY

REPORT INFORMATION

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Tuku mihi ki a koutou katoa.

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EXECUTIVE SUMMARY

Introduction

The rongoā Māori health sector provides a unique, indigenous health service to New Zealanders based on mātauranga Māori and Māori approaches to health. The Ministry of Health (the Ministry) has supported access to and delivery of rongoā services since 1991. The Ministry currently has contracts with 20 providers, covering 15 DHB regions, for the delivery of rongoā services. Providers must provide rongoā services in accordance with the Ministry's Tikanga ā-Rongoā 2014 standards. The current contracts are set to end 30 June 2021 and the Ministry has issued a request for proposal for rongoā services via the GETS platform. The new contracts will commence 1 July 2021 and cover a three-year period.

Review Purpose

The purpose of the review is to identify the current state of rongoā services and the challenges and opportunities in strengthening evidence and expanding access to rongoā Māori services in parallel with developing the rongoā Māori workforce. The review also contributes to the rongoā tender process, the upcoming rongoā contracts and the design of contract reporting, and evaluation over the life of the new contracts. Specifically, the Ministry sought feedback on contracting, reporting, workforce development, impact, and benefits for clients and mātauranga Māori and Kaupapa Māori approaches.

Review Contributors

The review gathered feedback from all 20 Hauora Māori, rongoā contract holders through two face-to-face and one online Zoom workshops with contract managers and/or rongoā practitioners. There was representation from Hauora Māori rongoā practitioners as well as subcontracted practitioners. The reviewers facilitated a fourth online Zoom workshop with Te Kāhui Rongoā (Trust). In total 46 participants contributed to the review. A sample of provider contract monitoring reports and a Department of Conservation research report on rongoā rākau also informed this review.



Review SUMMARY OF FINDINGS

How does rongoā enable true kaupapa Māori approaches and encourage the use of mātauranga Māori in the Health and Disability system?

- Review contributors describe rongoā as mātauranga Māori wellbeing and as holistic and whānau-centred, shaped by unique iwi, hapū, and whānau tikanga.
- The contract specifications and exclusions narrow the scope of rongoā practice and limit the extent to which practitioners can express kaupapa Māori practices and mātauranga Māori as part of Ministry funded rongoā services. In the absence of funding, there is limited scope to utilise other kaupapa Māori approaches.
- Current legislation and regulations are a poor fit with rongoā, and the aspirations of the rongoā sector.
- We see in rongoā the typical clash of te ao Māori and te ao Pākehā worldviews. This phenomenon is not new but reflects a process whereby the rongoā sector must assert their views, values, and position if they are to be understood by the Ministry and its policy, legislation, and funding arms. Ministry engagement with the rongoā sector is best described as patchy and the sector feel they have often not been consulted nor resourced to enable this to occur.
- There is a lack of clarity within the Ministry about who is responsible for ensuring the involvement of the rongoā sector.
- The rongoā sector is reliant on government and the broader health sector to learn and increase their understanding of rongoā, and then reflect that understanding in contracts, reporting, and ways of working.
- Rongoā as an expression of mātauranga Māori means governance and oversight needs to reside with Māori and the rongoā sector. However, there is no funding to maintain a rongoā Māori leadership group and representative body, and the sector is too small and lacking its own resources to fund this.

Aspirations

- Review contributors see a role for Te Kāhui Rongoā as an advocate for rongoā and the sector. They envisioned a robust partnership between the Ministry and the rongoā sector. They see Te Kāhui Rongoā as having the necessary Māori thought leadership that is critical to the ongoing development and protection of rongoā and note that a long-term funding commitment is needed for Te Kāhui Rongoā to fulfil this role.
- Te Kāhui Rongoā is seeking transformational change. They seek a strategic relationship that speaks to a broad vision and mission to protect and grow rongoā, and the resources to bring that to life. They want a true partnership that acknowledges rangatiratanga and for rongoā to be led, developed, and protected by the rongoā sector. They seek acknowledgement and respect for the place of rongoā in Aotearoa, as an expression of mātauranga Māori, guaranteed under the Treaty.

What are the challenges and opportunities in the contract monitoring and reporting requirements for rongoā providers?

Challenges

- Contracts are designed by the Ministry and reflect Westernised concepts of health. As a result, they cover a standardised and reduced scope of rongoā practice. Contracts do not support the full scope of practice, and some practitioners deliver rongoā services that are outside the scope of contracts. Aspects of rongoā are therefore under-reported, and rongoā continues to be misunderstood and misrepresented.
- Contract service specifications drive service delivery and there is no space or funding to support practitioner development or to grow the rongoā sector. Contract design and development occurs in isolation from rongoā providers and practitioners, further entrenching the disconnect between contracts and practice.
- Contract reporting focuses on volumes and outputs, and most providers and practitioners feel the focus on numbers diminishes the essence of rongoā practice and the mana of the reporter, tūroro and whānau. Despite contract reporting allowing for narratives, there appears to be little guidance about their content, purpose, and format, as reflected in the variability of the narratives.
- Ministry contracts are with Hauora Māori Providers. Rongoā services are delivered by providers or subcontracted to individual practitioners or rongoā collectives. Rongoā is seen as a specialised practice, distinct from Hauora Māori with its own whakapapa and mātauranga.
- Funding is an issue. The funding model assumes a single treatment focus per client contact, which does not support the integrated, holistic, whānau-centred approach of rongoā. Further, review contributors report funding of subcontracted services is between a third to a half of the per client contact fee paid to providers.

Opportunities

- Look to rebuild relational trust and a positive relationship with Te Kāhui Rongoā, as they are critical for supporting practitioner development, quality assurance, and growing the rongoā sector.
- Consider co-designing contracts with providers and rongoā practitioners and explore opportunities to contract directly with rongoā practitioners.
- Consider ways to improve provider and practitioner understanding of the intention and application of reporting – its uses, audience, and content.
- Consider revising the contract reporting template to better support the collation, analysis, and reporting of data for use by the Ministry and by the rongoā sector, and look to provide clarity on the structure and purpose of narratives.
- Review the funding model and the conditions for funding subcontracted practitioners to achieve more equitable funding.

¹ Consumer, client, customer, patient.

TORU

THREE

What are the challenges and opportunities to support workforce development, attraction, retention, and quality assurance for rongoā providers?

Challenges

- There is no single journey to becoming a rongoā practitioner. There are differing views of what it means to be a rongoā practitioner, what modalities 'count' as rongoā, and what training and development pathways are perceived as valid. As a result, some providers of rongoā services find it challenging to find new practitioners. There are many varied pathways into the field. Some practitioners see rongoā as a birth right, a gift they are born into through whakapapa, and they place a high value on the whakapapa credentials of trainers and mentors. Other practitioners come to rongoā through mātauranga Māori and a more holistic approach to wellbeing, accessing training through formal courses and qualifications and informal training opportunities. Some will have training and professional qualifications in mainstream health and related wellness fields including nursing and therapeutic massage.
- The mix of workforce development pathways can make it difficult to attest to the suitability of potential staff or subcontractors. Attestation by experienced and well-respected practitioners is preferred. Qualifications, while important, are secondary to endorsement by a respected mentor or practitioner.
- Growing and developing as a rongoā practitioner is a lifelong journey. Many practitioners see themselves as professional but feel the medical profession and other allied health professionals do not perceive them in the same way.

Opportunities

- Consider ways to support Te Kāhui Rongoā to grow and develop the rongoā sector. For example, providers and practitioners express a desire for hui-ā-tau, hui-ā-iwi and developing training pathways.
- Consider ways to support Te Kāhui Rongoā financially to cement their role as leaders within the sector and improve awareness by practitioners.

What are the impacts and benefits of rongoā for service outreach and whānau?

Impacts and benefits

- Workshop participants identify the key impacts and benefits of rongoā come about because it is a mātauranga Māori approach to wellbeing. As such, rongoā reconnects whānau to te ao Māori and their identity. It decolonises wellbeing and gives expression to whānau rangatiratanga by encouraging and empowering whānau to be their own healers.
- Rongoā provides a complementary or alternative approach to mainstream health services. It supports whānau to reclaim traditional healing as a birth right and it reaffirms and elevates traditional Māori healing as a valid and legitimate wellbeing practice for today's society.

Opportunities

- Look to re-establish and affirm the place of rongoā for whānau Māori – as their birth right and as a valid and legitimate cultural wellbeing legacy through positive communications and support of the rongoā sector.
- Consider ways to support the promotion of rongoā to the medical and health community, to increase their understanding of rongoā to better support ways of working and referrals.





REVIEW CONCLUSION

A substantive amount of work is needed to support rongoā, rongoā practitioners, and the rongoā sector.

Rongoā as an expression of mātauranga Māori means governance and oversight needs to reside with Māori and specifically the rongoā sector.

The key priority is to re-build relationships with Te Kāhui Rongoā and to support and resource its governance, management, and operations for the long-term.

Funding for the development of the rongoā sector is the responsibility of multiple agencies, including, but not limited to, the Ministry of Health, the Accident Compensation Corporation, and the Department of Conservation. Cross-agency collaboration and multi-agency funding will need to be secured for Te Kāhui Rongoā and the long-term sustainability of the rongoā sector.

In the meantime, new contracts are intended to be in place by July 2021. There are some considerations for the Ministry about what aspects it might change in relation to contracting, including the scope of services, contract model and contract funding. For reporting, changes could involve revised reporting templates, improved communication about the purpose of reporting, and use of the data to inform the development of rongoā, rongoā practitioners and the rongoā sector.



Review

OF THE MINISTRY
FUNDED RONGOĀ
SECTOR

Background

The rongoā Māori sector provides a unique, Indigenous health service to New Zealanders based on mātauranga Māori and Māori approaches to health and wellbeing.

Rongoā Māori is informed by a body of knowledge that has at its core the enhancement of Māori wellbeing, including that of the taiao. In this way, Rongoā Māori is a wellbeing-oriented practice. It is a specialty based on a body of knowledge accumulated by tipuna Māori that is applied in totality to bring about wholeness or interconnectedness of body, mind, emotion, spirituality, energy, society, culture, relationships, and environment. It is a way of being in the world and sharing the appropriate knowledge to help restore balance.

This review – and the long-term strategic aspirations for the rongoā sector – is informed by:

- Whakamaua: Māori Health Action Plan 2020-2025
- Ko Aotearoa Tēnei: Report on the Wai 262 Claim
- Health and Disability System Review
- Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575 claim).

Recently, the Ministry of Health published Whakamaua: the Māori Health Action Plan 2020-2025, which includes the high-level outcome of 'the inclusion and protection of mātauranga Māori throughout the health and disability system.' (p. 4). This outcome is about strengthening mātauranga Māori across the health and disability system as an important enabler of Māori health and wellbeing. It acknowledges the relevance and value of distinctive Māori knowledge systems and indigenous ways of knowing, doing, and being embedded in kaupapa Māori models of care at all levels of the health and disability system, including rongoā Māori services and whānau-centred community health care. One of the eight priority areas under Whakamaua also relates to developing the Māori health and disability sector, which houses

the action "strengthen evidence and expand access to rongoā Māori services in parallel with developing the rongoā Māori workforce". (p. 8)

In 2011 the Waitangi Tribunal released 'Ko Aotearoa Tēnei: A Report into Claims Concerning New Zealand Law and Policy Affecting Māori Culture and Identity' (Ko Aotearoa Tēnei) response to the Wai 262 Waitangi Tribunal Claim. Ko Aotearoa Tēnei provides further impetus for strengthening the place of rongoā Māori within the health and disability system, and outlines several recommendations for the Ministry of Health to consider, namely:

- "Recognise that rongoā Māori has significant potential as a weapon in the fight to improve Māori health. This will require the Crown to see the philosophical importance of holism in Māori health, and to be willing to draw on both of this country's two founding systems of knowledge.
- Incentivise the health system to expand rongoā services. There are various ways in which this could be done – for example, by requiring every primary healthcare organisation servicing a significant Māori population to include a rongoā clinic.
- Adequately support Te Paepae Matua to play the quality-control role that the Crown should not and cannot play itself.
- Begin to gather some hard data about the extent of current Māori use of services and the likely on going extent of demand." (Waitangi Tribunal, 2011)

Further, in Ko Aotearoa Tēnei, given the extent of environmental degradation and the challenges of access to the remaining bush, recommendations included that the Department of Conservation and the Ministry of Health coordinated rongoā policy. By working together, rongoā rākau would remain available to tohunga rongoā, and mātauranga rongoā would get continual support.

The Health and Disability System review (the HDS review) found that a system that does not reflect mātauranga Māori or enhance rangatiratanga will not improve the health and wellbeing of Māori. The HDS review recommended that, in line with recommendations of the Hauora Report (Wai 2575), te Tiriti principles in key health legislation are updated.

The HDS review noted the importance of mātauranga Māori to provide cultural constructs and insights for improving Māori health and wellbeing and the delivery of health care and services in Māori communities.

Māori leadership for mātauranga Māori in contemporary health settings is critical to ensure the appropriate protections and processes are in place to protect the integrity of mātauranga in health. The HDS review supports embedding mātauranga Māori in the health and disability system and recognising the holistic approach of mātauranga Māori towards health and wellbeing.

A major issue identified in WAI 2575 was the accommodation of mātauranga Māori and rongoā Māori in health policy and the delivery of mainstream health services, and access to rongoā services. The Waitangi Tribunal found the Crown's legislative and policy arrangements for primary care are not consistent with the principle of partnership and do not afford Māori the role and mana motuhake guaranteed under the Treaty. The Tribunal also concluded that Māori are guaranteed tino rangatiratanga rights over hauora Māori. However, hauora Māori is considered lesser in value or priority in the present system, even though hauora Māori is in greater need of active support.

Review purpose

Currently, there are 20 rongoā providers contracted through the Ministry of Health, covering 15 DHB regions. All services provided must be in accordance with the Ministry's Tikanga ā Rongoā 2014 standards.

The current contracts run through to 30 June 2021, at which point providers who have successfully applied via the GETS platform will sign a new set of agreements. These contracts will be for three years and valued at \$3 million per year, up from the \$1.95 million per annum previous level of funding.

The purpose of the review is to identify the current state of rongoā services and the challenges and opportunities in strengthening the evidence and expanding access to rongoā Māori services in parallel with developing the rongoā Māori workforce.

The review also contributes to the rongoā tender process, the upcoming rongoā contracts, and the design of contract reporting and evaluation over the life of the new contracts.

More broadly, the review contributes to improving understanding of mātauranga Māori across the health and disability system as an important enabler of Māori health and wellbeing. It also contributes to one of the eight priority areas under Whakamaua to "strengthen the evidence and expand access to rongoā Māori services in parallel with developing the rongoā Māori workforce". (p. 8)

The Ministry contracts with Hauora Māori providers to deliver rongoā services, and providers either deliver rongoā services as part of their services or subcontract delivery to rongoā practitioners (individuals or collectives).

Reading this report

- rongoā services refer to the three core services contracted by the Ministry; mirimiri (massage), whitiwhiti kōrero (including pastoral support), and karakia/ritenga (cultural support) to address health issues.
- rongoā refers to a broader conceptualisation of health and wellbeing practices based on a Māori world view, guided by respective iwi, hapū and whānau tikanga and mātauranga Māori.
- providers refer to the organisations contracted by the Ministry.
- practitioners refer to the person/s providing rongoā and rongoā services to whānau. (We acknowledge that they are also referred to as healers, traditional healers and rongoā practitioners).





Rongoā

AS AN EXPRESSION
OF MĀTAURANGA
MĀORI

Rongoā as an expression of Mātauranga Māori

Rongoā practitioners described rongoā as mātauranga Māori wellbeing. However, rongoā practitioners cannot give full effect to their mātauranga because of the narrow scope of practice under the Ministry contracts and restrictions imposed by legislation. Current legislation and regulations are a poor fit with rongoā, and the aspirations of the rongoā sector. There are also a set of underlying tensions and assumptions that impact the perceptions of the value and legitimacy of rongoā. Rongoā as an expression of mātauranga Māori means governance and oversight needs to reside with Māori and the rongoā sector. However, there is no funding to maintain a rongoā Māori leadership group and representative body.



Narrow scope of rongoā practice

Rongoā refers to a broad conceptualisation of health and wellbeing practices based on a Māori world view, guided by respective iwi, hapū and whānau tikanga and mātauranga Māori.

Workshop participants variously described rongoā as:

- mātauranga Māori wellbeing
- mana motuhake and not a tangent of health
- our (Māori) connection to the environment
- Ranginui, Papatūānuku, and whakapapa of old
- holistic, whānau-centred and shaped by iwi, hapū, and whānau tikanga.

Rongoā Māori is a wellbeing-oriented practice. The core purpose of rongoā is the enhancement of Māori wellbeing, including living in harmony with the taiao (natural world/environment). The foundation of rongoā is a body of knowledge, mātauranga handed down by tipuna Māori.

This knowledge is applied in totality to bring about wholeness or interconnectedness of body, mind, emotion, spirituality, energy, society, culture, relationships, and environment. It is a way of being in the world and sharing the appropriate knowledge to help restore balance.

For workshop participants, and the rongoā sector more broadly, rongoā is holistic, interconnected, and interdependent. In contrast, rongoā services as reflected in the Ministry contracts reduce rongoā to a set of modalities or therapies and three core services; mirimiri (massage), whitiwhiti kōrero (including pastoral support), and karakia/ritenga (cultural support) to address health issues.

The contract specifications and exclusions narrow the scope of rongoā practice and limit the extent to which practitioners can express kaupapa Māori practices and mātauranga Māori as part of the Ministry rongoā contracted services.



“

Traditionally practiced, rongoā is a way of restoring connections and balance to people, communities, and the whenua. Rongoā is more than reductionist interpretations of karakia, bodywork, and plant medicines. Rongoā embodies culturally appropriate ways of managing our standards and health and safety practices, guided by respective iwi, hapū, and whānau tikanga.

Rongoā does not exclude modern medicine delivered in a culturally appropriate way; it embraces it – however not at the expense of our own values and the culture that has sustained us despite the challenges of colonisation.

(Te Kāhui Rongoā Trust. (2019). Submission on the Māori Health Action Plan 2021-2025), p1.



”

“The fact that they call it a rongoā contract, but we’re not allowed to practice our traditional rongoā, only mirimiri. This looks like they don’t acknowledge our traditional mirimiri, which encompasses everything. As we all know, our Indigenous practices are all holistic, we don’t compartmentalise, but the contract forces us to compartmentalise.”

(Workshop 1 participant)

Tension and assumptions that impact on perception of rongoā

Practice restriction imposed by legislation

There are several pieces of legislation or guidelines that govern complementary and alternative medicine, and rongoā Māori, including the:

- Medicines Act 1981
- Food Act 2014
- Dietary Supplements Regulations 1985
- Fair Trading Act 1986
- Consumer Guarantees Act 1993
- Health and Disability Commissioner Act 1994
- Health Practitioners Competence Assurance Act 2003
- Code of Health and Disability Consumers' Right
- Tikanga ā-Rongoā toolkits.

The Medicines Act 1981 makes it illegal to identify or label rongoā as Māori Medicine, while the Health Practitioners Competence Assurance Act 2003 (Section 9 amended in 2009) also prevents rongoā practitioners from using practices familiar to physiotherapists, chiropractors, or osteopaths. These restrictions occurred despite similar practices in mātauranga rongoā existing before Western models of physical therapy professions were established.

The current Ministry contracts do not include funding for rongoā rākau (plant remedies), although practitioners can deliver these therapies outside of their Ministry-funded contracts.

Section 32 of the Medicines Act 1981 provides an exemption for natural therapists to manufacture or supply patients with a general sale of medicine or dietary supplements. In theory, this exemption only applies to patients who seek consultation and does not allow the therapist to advertise or state products as having a therapeutic purpose; however, there is little oversight of practitioners operating under this exemption.

Rongoā rākau contravenes the Medicines Act. Some practitioners develop workarounds, providing rongoā rākau outside of their Ministry contracts. Some have pursued natural therapy qualifications to umbrella their rongoā rākau practice – and keep themselves and their organisations safe. Others practice rongoā rākau knowing that it is illegal but electing to do so, for the perceived benefits it offers tūroro and whānau.

As a result of the legislative restrictions, workshop participants feel that traditional healing practices, such as rongoā rākau, are being "forced underground" and "unable to stand in the light." Therefore, the complete picture of rongoā services goes underreported and unacknowledged. Workshop participants also argue that this is creating a false image of what rongoā costs to deliver.

There are a set of underlying tensions and assumptions which affect perceptions of rongoā and its value and legitimacy. These presumptions result in a clash of Māori and non-Māori world views, differing definitions of rongoā, a questioning of the validity of mātauranga Māori and rongoā as a complementary or alternate health option, and limited governance and oversight of rongoā.

Clash of world views

We see in rongoā the typical clash of world views; te ao Māori and te ao Pākehā. A Māori worldview is holistic, interconnected, and seeks balance with the environment and all living things. In contrast, a Pākehā worldview is discrete, operates in silo's and asserts dominion over the environment and living things. This phenomenon is not new but continues to reflect a process of Māori cultural assertion, seeking to have their views and values understood by the dominant culture. Māori often have the burden of being in an educative role, the cross-cultural translators to inform policy and government agencies about what it means to be Māori and to live as Māori (Durie, 2001).

Māori are reliant on non-Māori organisations to learn and increase their understanding of what it means to be Māori and then reflect that understanding in contracts, reporting, and ways of working. As a result, Māori continually have to advocate their position and demand a place at the table to be part of development and planning at the outset – and not as an afterthought.

The clash of world views is also evident in the definition and perceptions of what constitutes rongoā. For workshop participants and the rongoā sector more broadly, rongoā is holistic, interconnected, and interdependent.

In contrast, rongoā services, as reflected in the Ministry contracts, are a set of modalities or therapies reduced to three core services: mirimiri, whitiwhiti kōrero, and karakia/ritenga. As noted earlier, this is a reductionist and narrow view of rongoā.



A close-up photograph of several long, narrow green leaves, likely from a flax plant, with distinct red edges. The leaves are layered and overlap, creating a sense of depth. The background is blurred, showing more of the same foliage.

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“Pākehā kaupapa is the structure and mechanism that rongoā is working under. There is a clash of systems – western vs mātauranga Māori, cultural vs clinical services, whānau- centred vs individual client-centred. Colonisation erodes the legitimacy of our way of knowing and being, our mātauranga.”
(Workshop 4 participant)

Validity of Mātauranga Māori and the validity of rongoā

The rongoā sector is fighting two battles concurrently: the validity of mātauranga Māori and the validity of rongoā as an 'alternative' health / wellbeing choice.

This struggle is evident across several domains. For example:

- Contracts which require practitioners to have a relationship with GPs. Rongoā does not exclude Western medicine when delivered in a culturally appropriate way. This type of requirement impacts on tino rangatiratanga the right of Māori to control their own culture, and the right of the rongoā sector to determine where, how and with whom rongoā is offered and shared.
- The development of Tikanga ā-Rongoā Standards using a non-Māori, generic Standards NZ framework and approach. While there was initial involvement by the rongoā sector, dissatisfaction with the process and the final output resulted in the sector not endorsing the standards.² The standards dictate to practitioners how Māori must practice their own tikanga.
- Existing legislation and policy that prohibits or negatively impacts the practice of rongoā. The Therapeutic Products Bill which will replace the Medicines Act 1981 was first drafted in 2018 and is currently around 600 pages. It makes no mention of mātauranga Māori and, by implications, fails to take account of rongoā and the implication of the proposed legislation, as it stands, on the practice of rongoā.
- The constant comparison of Western science and mātauranga Māori. Within a kaupapa Māori paradigm, Māori ways of knowing, doing and understanding the world are considered valid in their own right (Smith, 1990). For rongoā, there is an ongoing external accountability challenge imposed by the relevant systems, standards, and legislation. These aspects individually and collectively diminish the mana and validity of tikanga as a cultural accountability mechanism and the ability of the rongoā sector to exercise kaitiakitanga (stewardship) and rangatiratanga (governance).

These 'tensions' are not new. They have existed since the signing of the Treaty. They cut across all aspects of life and reflect the ongoing struggle by Māori to assert tino rangatiratanga.

² "Although the development of the standards was a collaborative journey with representatives from the rongoā sector, a number of representatives from the sector did not agree with the final version. The Ministry decided to proceed with this version." (Ministry of Health respondent)

Sector oversight of rongoā

Rongoā is described as a framework for wellbeing, based on mātauranga Māori and guided by tikanga ā-iwi, ā-hapū and ā-whānau. As such, the governance, development, and protection of rongoā must reside with Māori and with the rongoā sector.

Rongoā practitioners want the ability to determine appropriate and credible pathways, attestation, and endorsement of training and qualifications, have the benefits and protection of regulation, and be funded as a credible, valid profession.

Culturally, linguistically, and relationally the rongoā sector is best placed to have oversight of rongoā. Western notions of governance, regulation, accreditation, standardisation of service, and compartmentalisation of the service model are a poor fit with rongoā.

Aspirations

Workshop participants see a role for Te Kāhui Rongoā as an advocate for rongoā and the sector. They envisioned a robust partnership between the Ministry and the rongoā sector, with Te Kāhui Rongoā being at the forefront of any developments and tapping into rongoā experts as needed. They see Te Kāhui Rongoā as having the necessary Māori thought leadership that is critical to the ongoing development of rongoā, professional development pathways, quality assurance, navigating and developing appropriate Māori specific rongoā relevant legislation. They note that a long-term funding commitment is needed for Te Kāhui Rongoā to fulfil this role.

Te Kāhui Rongoā is seeking transformational change. They seek a strategic relationship which speaks to a broad vision and mission to protect and grow rongoā, and the resources to bring that to life. They want a true partnership that acknowledges rangatiratanga and for rongoā to be led, developed, and protected by the rongoā sector. They seek acknowledgement and respect for the place of rongoā in Aotearoa, as an expression of mātauranga Māori, guaranteed under the Treaty.

Areas for consideration

- Consider how the Ministry might support legislative change or interpretation to enable rongoā practitioners to practice the full scope of rongoā including rongoā rākau (also referred to as wai rākau).
- Consider how the Ministry might support the design of a model of governance and regulation that is Māori-centric. Such a model might give the benefits of protection and development for the sector and individuals, and maintain and develop mātauranga Māori and tino rangatiratanga.

A close-up photograph of a green leaf with several distinct holes, suggesting it has been eaten by an insect. The leaf is set against a dark, blurred background of other foliage. The word "Contracting" is written in a white, elegant script font across the middle of the leaf.

Contracting

MONITORING, AND
REPORTING

Practice restriction imposed by legislation

Rongoā is described by practitioners as holistic and whānau-centred, shaped by unique iwi, hapū, and whānau tikanga. The consensus from the workshop participants was the current Ministry rongoā contracts reflect a narrow view of rongoā and do not allow for the full scope of rongoā practice.

Current context

Scope of rongoā contracts

The Ministry rongoā contracts provide for three core services; mirimiri (massage), whitiwhiti kōrero (including pastoral support), and karakia/ritenga (cultural support) to address health issues. The current Ministry contracts do not include funding for rongoā rākau (plant remedies).

Although the contracts do not restrict practitioners from delivering rongoā rākau, practitioners believe the exclusion of preparation, prescribing, and dispensing of rongoā rākau does not reflect a true understanding of rongoā. Therefore, the full scope of rongoā practice, as an enhancement of Māori wellbeing, is not legitimised.

Workshop participants feel that contract specifications drive service delivery, and there is no space or funding to support practitioner development or grow the rongoā sector.

“Rongoā is more than mirimiri, whitiwhiti korero, it is broader than that. Rongoā is a way of life.”
(Workshop 2 participant)

Workshop participants commented that their whānau-centred style of delivery often operates outside the contracts, both in terms of time, resources, and scope. Generally, Western medical paradigms isolate and identify disease to manage wellbeing.

In contrast, rongoā practitioners treat the whole person, looking at the taha hinengaro, tinana, wairua, and whānau. Workshop participants also shared that rongoā is generally not a 9 to 5 occupation or service. Instead, practitioners offer services that respond to whānau need, which often falls outside standard business hours.

Contributing to this is the absence of any strategic plan or vision for the rongoā sector.

This lack of strategic direction affects the procurement of services and contracting. Rongoā practitioners are not involved in designing or developing the contracts, further adding to the disconnect between rongoā in practice and contract specifications.

The workshop participants would welcome a more collaborative co-design approach to the rongoā contract process.

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“There is a lack of strategic direction. No forward thinking about what rongoā might or should look like in five, 10, 20, 50 or 100 years. What is the strategy? The overall funding hasn’t increased significantly and the procurement process is antiquated.”

(Workshop 1 X/ participant)

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“That’s where the tuakana teina process comes into it. And then there is the tikanga of each region. We all have our own tikanga and we all must abide by tikanga of our own area first and foremost and then tikanga that applies to the rest of Aotearoa.”

(Workshop 2 participant)

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“I think there are a lot of fragmentations in this kaupapa. Our healers don’t get to come together with the support of the Ministry; they do it on their own on the back of their own oily rags. A lot is not funded, so we don’t even report on a lot of things that are happening in our rohe.”

(Workshop 1 participant)

Tikanga ā-rongoā standards

Current contract holders are required to deliver rongoā services in an equitable, accessible, efficient, and safe manner, following all Ministry standards, including the Tikanga ā-Rongoā 2014 standards. Most workshop participants acknowledge the need for contract standards and specifications to be in place to monitor and review service delivery. However, there is no clear consensus about managing the application of the Tikanga ā-Rongoā standards or their appropriateness.

Some workshop participants feel it is the responsibility of individual practitioners.

“You have to be responsible for your own safe practices.”
(Workshop 2 participant)

Some look to their mentors or suggest a tuakana/teina process as to how they typically monitor their practice and keep whānau and themselves safe.

For instance, the application of tikanga and being guided by tikanga ā-rohe, ā-iwi is also seen as Māori cultural quality assurance practice.

One workshop participant has previously asked the Ministry to provide complaint information or report on the adverse effects of the delivery of Rongoā Māori, and not a single complaint was received. They, therefore, suggest that Rongoā Māori is safer than Western medicine. They dispute the need for the Ministry to put in place standards or a complaint system arguing that for years using tikanga Māori has kept the practice of rongoā safe.

“And that’s because they deliver them you know in line with what they’ve got on their service specs. And it’s hard it’s hard to stay within those parameters eh and not venture out because of who we are and how we are.”
(Key stakeholder)

Other workshop participants see Te Kāhui Rongoā, with resourcing, as filling the role of quality assurance. However, despite Te Kāhui Rongoā involvement in the initial development of the Tikanga ā-Rongoā 2014 standards, they were not part of the finalisation of the standards. The standards, therefore, are referred to as the Ministry standards and are not endorsed by Te Kāhui Rongoā.

The view of Te Kāhui is that the standardised rongoā practices driven by the Ministry, under the New Zealand Standards Authority, are not appropriate, (Te Kāhui Rongoā Trust, 2019).

Any proposed role for Te Kāhui Rongoā would need to be part of renegotiation and trust-building towards a partnership with the Ministry and other government agencies who contract rongoā services or contract access to rongoā resources.

“[Rongoā rākau is] an integral part of traditional healing. It’s part of it it’s like going to church and not having a karakia.”
(Key stakeholder)



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“It really requires the Ministry to have a flexibility of approach and to really value the partnership with local iwi or providers to be able to weave in the diversity of our approaches. So, moving forward, the kaimahi and whānau experience would be enhanced if providers, managers, people like myself can co-design the contract specs with the Ministry. And it happens in other areas so there’s no reason why it shouldn’t be able to happen in this stream of work too.”

(Workshop 3 participant)

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“Not a single complaint yet they feel the need to tell us how to do our job to protect the safety of patients. If there are dodgy practitioners, then it is the job of the rongoā community to give those people a hand up and to bring them into the community. ...Nobody has a greater vested interest in the health and safety of our whānau than we do, and how dare the Ministry assume that they have greater care for our whānau than us, and therefore they must stand all over us.”

(Workshop 4 participant)

Tikanga ā-iwi, ā-hapū, ā-whānau

Workshop participants described the rongoā contracts as a standardised blanket approach that inhibits rongoā providers from growing their practices. The contracts compartmentalise and categorise what rongoā is for all providers. For some practitioners, this constrains their ability to practice rongoā guided by their professional expertise.

Workshop participants acknowledge the importance of tikanga ā-iwi, ā-hapū, ā-whānau in the development and delivery of rongoā, and rongoā services. They maintain that contracts must reflect the unique differences between iwi, hapū, and whānau.

Contract models

The Ministry rongoā contracts are with Hauora Māori providers, and rongoā services are either delivered in-house or subcontracted. Workshop participants argue that rongoā is a specialised service with its own whakapapa, mātauranga, and tikanga. There is some concern that as some services and all contracts sit within a hauora Māori setting, there will be elements present or absent that do not reflect tikanga ā-rongoā, including quality practitioners' employment, their training, and experience. Also, within the current contracting model, the Ministry is under no obligation to speak to the rongoā practitioners, only the direct contract holders.

Workshop participants claim rongoā is a specialised practice, distinct from Hauora Māori, that requires in-depth knowledge and understanding to develop and deliver services effectively. The majority of rongoā practitioners feel that Hauora Māori is the teina to rongoā. As tuakana, rongoā needs to be able to stand alone and not become "subservient to Hauora Māori."

Further, it appears in some cases that resourcing under subcontracts is problematic. Workshop participants reported that the proportion of the Ministry contracted fee that goes to the subcontracted provider is around half to one-third of the per-client fee for services paid to the provider. Subcontracted rongoā practitioners report that funding at this level does not adequately cover their costs nor recompense them fairly for their knowledge, expertise, and experience.

Several sub-contracted practitioners in the workshops discussed the possibility of being directly contracted by the Ministry. They believed it would be better to manage the contracts themselves instead of contracts sitting with Hauora Māori providers. They want to apply their tino rangatiratanga to self-determine what services they deliver and how.

Although it may be outside of the Ministry's funder scope, perhaps there is a role they can play to build the administrative capability of practitioners (or separately fund this support) and contribute to the sector's sustainability.

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“There is rongoā in every rohe that’s unique and distinct to them, and inside of this contracting space, it becomes a blanket approach to the way in which we view and practice it. It gets prescribed and told to us, and so I want to advocate for authenticity, ki ahau nei, it’s about the authenticity of practice that gets shaped by ahuatanga in different rohe under the mentor of different whānau, hapū, and iwi.”
(Workshop 1 participant)

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“The healers I’ve spoken to as part of my research, have commonly been paid less than 30% of the per contact payment. Where is the equity in that?”
(Workshop 4 participant)

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“There’s lots of power that providers have that we haven’t given them, and I think across the board you’ll find that the per-client [fee is] \$120. [A provider] might pay half of that to the rongoā practitioner and the other half goes to the provider, that’s not fair.”
(Workshop 4 participant)

Contract funding

Most workshop participants commented that funding is an issue. The funding model assumes a single treatment focus per client contact similar to other funded health services. This model does not support the integrated, holistic, whānau-centred service delivery of rongoā.

“We can manage contracts ourselves; we don’t need to go under an umbrella of GP-led service. There’s need for relationships, for connections, for referrals, but we don’t have to be dictated to by a health service provider.”

(Workshop 1 participant)

The costs, in the following examples, are as reported by workshop participants. They have not been independently verified. However, the examples indicate funding concerns and the desire for a level of remuneration, comparable with similar professions, that better reflects the knowledge, skills, experience, and qualifications of rongoā practitioners.

In one workshop, participants explored in some detail two contrasting contract examples:

- The first example focused on a Ministry rongoā contract where the contract with Hauora Māori providers was \$120 per client contact, inclusive of all expenses and resources to deliver the service.
- The second example looked at a physiotherapist working under an ACC contract receiving \$160,000 - \$180,000 for 350 clients per annum (\$457 pp).

In their view, the current contracts reflect a Western model of practice whereby client contacts generally occur between 45 - 60 minutes:

- Welcome to the service - 5 minutes.
- Physical assessment on the presenting issue, e.g., sore shoulder - 30 minutes.
- Administration/notes - 10 minutes.
- Processing the client payment - 10 minutes.

Workshop participants commented there did not appear to be any financial modelling that reflected a whānau-centred, whanaungatanga approach to engagement nor the diversity and complexity of tūrora and whānau who access their services. In their opinion, the contracts are not fit for purpose and provide inequitable funding.

Contract underfunding also impacts on tūrora. Approximately two-thirds of providers ask tūrora for a koha, while around a third indicated they provided their services free of charge. All providers perceived cost to tūrora as a barrier to accessing rongoā and would prefer to provide a free service. They believe that funding should increase to reflect other contracts including, Whānau Ora, Mental Health, and Family Harm.

“The business funding model is flawed, [and] there is no financial modelling data around total costs of seeing a client/whānau and the focus is on volumes and does not reflect or remunerate the complexity of people seen. Current funding is inequitable.”

(Workshop 1 participant)

Contracted volumes and numbers

Overall, across all contracted providers, the average number of client contacts delivered in 2019-2020 is approximately on par with contracted numbers. However, the monitoring reports showed that providers delivered either significantly more or significantly fewer rongoā client contacts than their contracted volumes:

- Nine (9) out of 20 contracted providers exceeded their contracted amount of client contacts by more than 25%, including six (6) providers who reported delivering more than 1.5 times as many client contacts as their contracted amount, and one provider who delivered more than two times.
- Approximately 10 out of 20 contracted providers delivered fewer than 75% of their contracted client contacts³.

In 2020, providers were advised to redirect resources to support the COVID-19 response and they would not be penalised for any under delivery of contracted client volumes. This may have contributed to a number of providers not achieving their contracted number of client contacts

The expectation from the Ministry is that providers achieve their contracted client contact numbers. If providers achieve more than their contracted numbers this is seen as a business decision that they make. If providers achieve client contacts below their contracted number then the Ministry explores a range of options with providers and agrees on the appropriate course of action. This might include, for example a provider with a three-year contract, catching up in year two or three or the Ministry might request a refund if the shortfall is significant.

³ *Under-achievement of targeted client contacts was more prevalent in providers reprint on a three-monthly basis. This finding is based on extrapolation for the 2 or more reports available to estimate the number of client contacts in a year as did not have access to all provider reports for the 2019-2020 period.*





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“Yes we’re regularly over [contract volumes]. It’s a supply and demand issue most of the time. The demand is that high we can’t actually supply so the service speaks for itself. I often find when I’m speaking to other providers of rongoā services that it’s about supply and demand that they can’t keep up with the demand for service.”

(Workshop 3 participant)

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“We actually find that we’re booked up at least a month ahead and there are people that require it more regularly. We do tell them to go see others who are in the community if they can’t come and see us. The drawcard here though is that we’re a free service so I think that needs to be looked at as well. “

(Workshop 3 participant)

Most providers had more than 25% more or fewer client contracts than their contracted total for the year 2019-2020

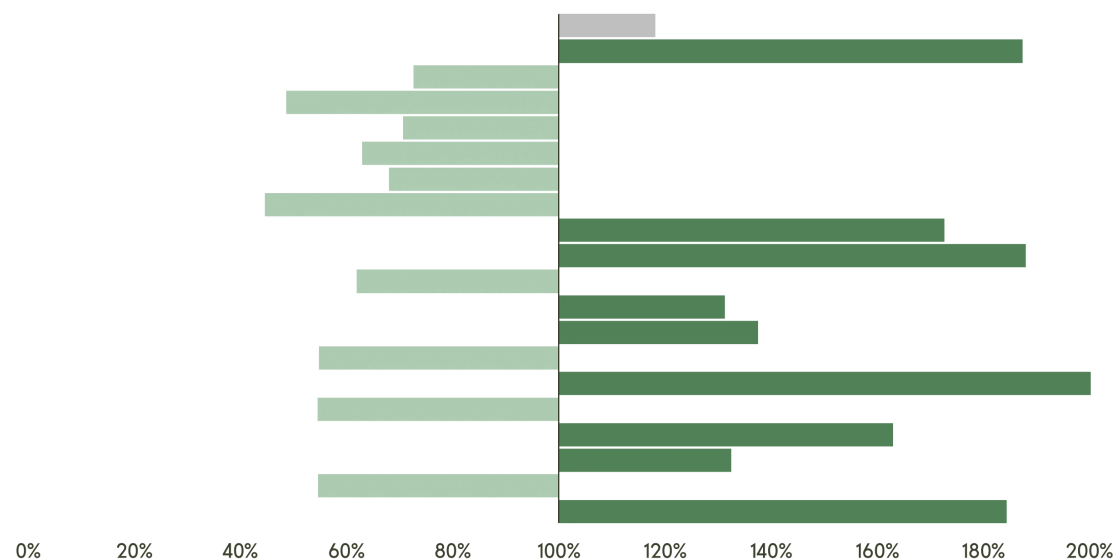


Figure 1 Contracted client contacts and actual client contacts

The primary reason given for exceeding contracted volumes was demand and the desire to provide support to whānau. We undertook the analysis of exceeding, meeting, or not meeting contracted volumes post workshops. Workshop participants did not spontaneously provide information on factors relating to not meeting contracted client contacts.

Graph comparing actual client contracts compared to contracted client contacts, shows that 10 of 20 contracts had 25% or fewer client contacts than contracted amount and 9 of 20 contracts had 25% or more client contacts. Only 1 of 20 contracts had slightly above their contracted amount of client contacts, but less than 25%.



In 2019-2020, most providers offered a relatively even split across the 3 contracted domains of Rongoā in their client contracts. Some providers focus solely on mirimiri

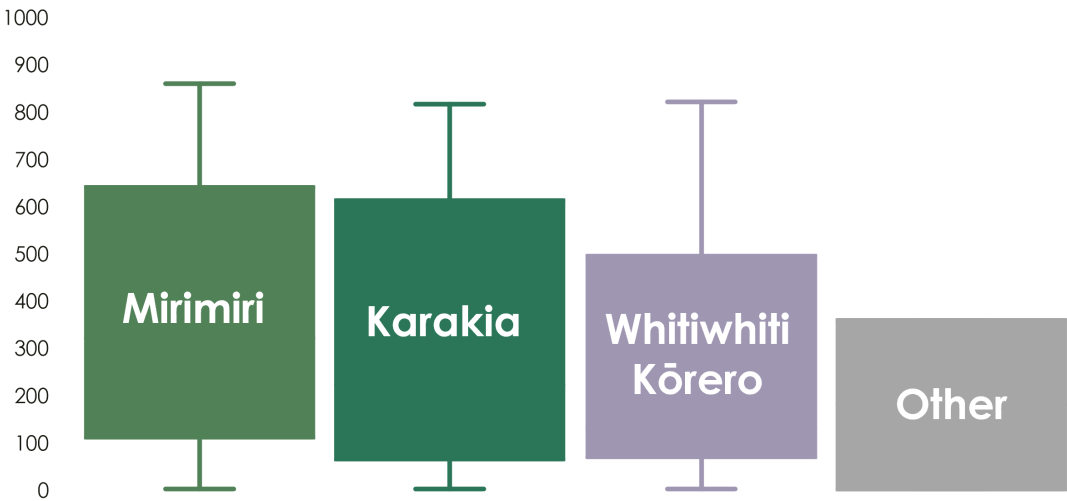


Figure 2 Type of client contacts by the contracted rongoā service areas

Graph comparing the spread of types of rongoā services delivered per client contact. Most providers offered a relatively even split across the 3 contracted domains of rongoā, with slightly more mirimiri and slightly fewer whitiwhiti kōrero. Some providers manually indicated in their reports that they delivered other types of services as part of client contacts.

As noted earlier, the Ministry rongoā contracts provide for three core services: mirimiri, whitiwhiti kōrero, and karakia/ritenga.

In 2019-2020, there was a relatively even split across the three core services areas by most providers. Some providers offered mirimiri services exclusively.

Graph comparing the spread of types of rongoā services delivered per client contact. Most providers offered a relatively even split across the 3 contracted domains of rongoā, with slightly more mirimiri and slightly fewer whitiwhiti kōrero. Some providers manually indicated in their reports that they delivered other types of services as part of client contacts.

The consensus from workshop participants is that the contracts are too focused on volumes and numbers. From their perspectives, high volumes coupled with limited funding impacts their ability to:

- practice safely in situations where two practitioners are required
- employ whanaungatanga to build relationships with tūroro
- respond to tūroro needs, particularly any trauma or crisis work.

High volumes are particularly problematic when there is only one rongoā practitioner available to deliver the contract.

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“So, when it says tick the box for karakia, there’s no expansion on that, and when it says you know whitiwhiti kōrero, there’s no expansion on that; it’s just a tick. And when it says the leg, we tick the leg, and there’s no expansion on why we tick the leg. So, I feel like the narrative is not taken into consideration at all [even though] it is probably the essence of what we do”

(Workshop 3 participant)

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“We try and meet the requirements that the contract asks for, and I find that limiting. When we look at what’s going on in our community, that’s not something that is really taken into consideration (in the reporting) and most of our conversation is about how many people we do a year.”

(Workshop 3 participant)

Reporting

Views from workshop participants were mixed when it came to reporting. On the one hand, a small number of rongoā practitioners who were employees within Hauora Māori organisations felt that "reporting system is great because it goes through Medtec." Workshop 2 participant, said.

These rongoā practitioners were supported by back-office functions and database applications, making it easy to record and collate reports.

On the other hand, most workshop participants felt that it was a exercise that did not allow them to tell a compelling story about their rongoā services and the impact on tūroro.

A few of the workshop participants appreciated the openness of the reporting template, the ability to provide narrative and case studies. All workshop participants agreed that narratives are critical to the story of tūroro and their rongoā experience.

"It's good now. We keep it to the contract and getting the numbers out there. The reporting system is great because it goes through Medtec. I find that everything is working well sticking to the contract... there's a great corporate team they've got this person [who helps]"
(Workshop 2 participant)

"Some practitioners work in teams and some can't because of the lack of funding or the allocated volumes. So, safety is a major issue for our practitioners when they're working with clients who have been abused, raped, addicts or have mental health issues and it's not safe for our lone practitioners to be in their office or on their own."
(Workshop 2 participant)



A close-up photograph of several long, green leaves with prominent red edges, likely from a coastal plant. The leaves are layered and create a strong diagonal pattern across the frame. The background is softly blurred, showing more of the same foliage.

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“I don’t just provide the data; I provide the enriched narrative and the voice of whānau in the process of the service delivery. And I think really that’s what gives the Ministry the secret sauce or the special juice about what we do.”

(Workshop 3 participant)

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“We can’t capture rongoā it in our stats... we want to change the mindset that it’s not just a-tinana that they’re dealing with but also a-wairua - that is definitely not captured.”

(Workshop 1 participant)

Some participants also mentioned that narratives only provided a space to discuss the numbers and report generically as they cannot share private information related to tūroro. For at least half of the workshop participants, the reporting framework diminished the essence of rongoā practice and the mana of the tūroro.

Generally, all workshop participants were unclear about the purpose of reporting, including the Ministry's expectations and to what extent the information informs current and future contracts and the rongoā sector overall.

A review of completed provider reports confirmed there is a variety of responses within the reporting templates submitted by providers to the Ministry:

- Providers described a different level of depth and topics in their performance and narrative reports. Some providers outline minimal details about occurrences in the community, trends observed in clients, and the impact of their work. In contrast, others include detailed case studies, market research-style analysis of clients, activities in the organisation or community, or even details of rongoā contract-related expenditure.
- Client contact details recorded and accounted vary. Some reports have incomplete sections or miscalculations. Contracted organisations that subcontract to other providers or individual kaiāwhina rongoā have taken different approaches to present the client contact numbers for various sub-contractors, e.g., some report aggregate data and some report individually.
- Client contact reports differ between providers. Some report numbers and some report percentages. Also, there is little information in the reports or narratives about how providers capture that information from whānau.

As a result, if the Ministry or the sector wished to compare performance or activities, this would be challenging.⁴ Further, it is not clear whether the Ministry is actively reading the reports to track performance, build knowledge of rongoā practice, and inform decision-making concerning this latest round of contracts.

If this were the case, we would expect to see some consideration and communication with providers about the under and over-achievement of client contacts compared to total contracted volumes. It was also unclear if the Ministry took any action for exceeding or not meeting contracted volumes.

“They don’t really tell any kind of story about anyone we see. [Reports] will give you generic information, [ethnicity], age group, but [not] our interpretation of what mirimiri and what whitiwhiti kōrero is.”
(Workshop 1 participant)

⁴ We emphasise this point given the considerable time needed by the evaluators to compile the data, from the sample of reports provided by the Ministry, to analyse and report for this review.

Aspirations

The overwhelming sentiment of workshop participants is to protect rongoā and strengthen the rongoā sector.

Workshop participants identified a comprehensive understanding of rongoā is needed, particularly when providers translate it into other spaces within Hauora Māori. The Ministry is beginning to demonstrate increased knowledge and understanding of rongoā (as opposed to rongoā services), but the Ministry's rongoā contracts continue to reflect a narrow scope of practice. The desire is for contracts and decision-making that supports the full scope of rongoā practice.

Workshop participants discussed the possibility of contract reporting that has an increased focus on outcomes rather than outputs (volumes and numbers). Outcomes-based reporting is critical for the Ministry to improve its understanding of rongoā and its ability to commission rongoā services appropriately.

Workshop participants see a role for Te Kāhui Rongoā as an advocate and influencer in developing contracts. However, to fulfil this function, Te Kāhui Rongoā needs resourcing. Workshop participants also envisioned a robust partnership approach between the Ministry and the rongoā sector, resulting in a co-design procurement/contracting process.

Workshop participants also suggested reviewing the reporting template and receiving Ministry guidance and support to complete reports and garner maximum value from the data. Rongoā practitioners would also like to see increased remuneration and support for administration and reporting in the contracts.

Rongoā practitioners see the potential value in the narrative of the report for honouring and engaging with whānau. They encourage the Ministry to develop this rich repository of kōrero as a body of knowledge to inform and nurture the sector's development.

Over and above contracting and reporting workshop participants see Te Kāhui Rongoā as providing the necessary Māori thought leadership that is critical the ongoing development of rongoā and the rongoā sector. A long-term funding commitment is needed for Te Kāhui Rongoā to fulfil this role.

“If [the Ministry] doesn’t understand [rongoā] then we’re going to have this continued tension around trying to advocate for a kaupapa Māori let alone rongoā Māori. If they’re going to continue along the lines of reviewing [and] renewing these contracts and tinker with rongoā, and not lift[ing] their own capability around Te Ao Māori, understanding Mātauranga Māori, and participate in sessions WAI262 sessions around Mātauranga Māori, and just have a [rongoā] contract in a corner without understanding Mātauranga Māori and a stronger relationship with Te Kāhui Rongoā, its lip service, absolute lip service.”
(Workshop 4 participant)

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“There needs to be a strong partnership approach where there is an understanding of [the] diversity of practice. So that requires a co-designed approach with contract specs upfront, not after the fact.”
(Workshop 3 participant)

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“They removed a large amount from the contract for administrative overheads which covers your reporting and all of the quality functions to happen. [So] people have to administer their contracts within the contracted amount and without any other kinds of support. [The Ministry] send you a template, and then you don’t see them again until they might come and do an audit. [It’s] this little offering of a crumb for this really important mahi.”
(Workshop 4 participant)

Areas for consideration

- Consider co-designing contracts with providers and rongoā practitioners and opportunities to contract directly with rongoā practitioners.
- Consider ways to improve shared understanding of the intention and application of reporting – its uses, audience, and content.
- Consider revising the contract reporting template to better support the collation, analysis, and reporting of data for use by the Ministry and by the rongoā sector. For example, there is potential to structure some data options to compare quarterly, annual, and multi-year reporting over the life of the contracts and to provide clarity on the structure and purpose of narratives.
- Look to rebuild relational trust and a positive relationship with Te Kāhui Rongoā.
- Review the contracting model, including sub-contracting arrangements, and contract funding, levels and volumes to improve funding relativity across agencies and delivery of rongoā services.





Workforce

DEVELOPMENT AND
PATHWAYS



There are many varied pathways into the field

Some workshop participants described rongoā as a birth right, a gift they are born into through their whakapapa. They spoke of learning at the hands of tohunga and placed a high value on the whakapapa of anyone training a new or unfamiliar practitioner.

“Many practitioners come to this field through learning from their mothers, their grandmothers, there’s not always formal pathways although there are some courses through the wananga. ...it’s lifelong learning, it’s a vocation.”

(Workshop 3 participant)

“We know that there are whānau, there are families, who have always had that gift.”

(Workshop 2 participant)

For these practitioners, there is resistance to the idea that rongoā can be taught in a classroom. Instead, they valued tuakana/teina type models, where a practitioner is only ready to practice when endorsed by their mentor.

“In traditional times you had tohunga, pukenga, tauira, akonga. Really clear and that was the hekenga of how you get to stand in your own mana.”

(Workshop 1 participant)

In comparison, other workshop participants described coming to rongoā due to the grounding in mātauranga Māori and because it is a more holistic approach to wellbeing and healing than mainstream healthcare. They spoke of formal courses and qualifications, for example, delivered through Te Wānanga o Aotearoa or Te Wānanga o Raukawa and informal training opportunities, such as weekend workshops and wānanga held in the community.

Some workshop participants raised concerns about the quality of informal workshops and wānanga. There were perceptions that workshop attendees were not adequately prepared for the full scope of rongoā practice.

“What about the whakapapa of the practitioner who they train under?”

(Workshop 1 participant)

Furthermore, some practitioners had previous training in mainstream and Western health fields, including nursing and therapeutic massage.

These are not mutually exclusive pathways. They can reflect where people start their journey to become a rongoā practitioner and their personal preferences (which can change over time).

They also reflect an individual's access to rongoā and 'related' learning opportunities (e.g. massage, natural therapies) as they develop as a practitioner.

“You get some that go to a one weekend workshop and they think they’re it.”
(Workshop 2 participant)

“I came to [provider] with already the skills. I’m actually also a registered nurse, so I’ve worked in what we consider a western field of medicine, so I know how it works both sides.”
(Workshop 3 participant)

Growing as a rongoā practitioner is a lifelong journey

Regardless of their pathway, many workshop participants described practising rongoā as a lifelong learning journey.

Some also spoke of the responsibility to transition into a kaiako or tuakana role and support emerging practitioners. The lifelong learning journey presents some workload and workforce challenges.

“What might it look like if we had a level of practitioner in the making that was supervised versus mentored tuakana teina so that might be you’ve got the abilities to work less structured and then moving to being a practitioner who can work within an endorsed practice. “
(Workshop 2 participant)

“This is us through our entire lives and we’re continuing to learn even into our old age. And once we get into that age then we become the teachers and the mentors, so it is a continual thing.”
(Workshop 3 participant)

Some workshop participants shared that much of their rongoā-specific training was done out of hours, unpaid, and at their own cost.

On the other hand, some organisations described in their monitoring reports conducting training for their staff, such as first aid refreshers or related mainstream practices.



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“Any new person that comes in for training or wants to learn how to do mahi wairua or hands on mirimiri, they put them through a basic massage course, so they’ve got a good understanding of physiology the tinana. It’s about having that knowledge, so you don’t injure someone else from that side of things whether mirimiri.”

(Workshop 2 participant)

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“I spent thousands of dollars going places and learning and upskilling continually for myself. Then I come back here and then I use that here in this mahi here.”

(Workshop 3 participant)

Achieving a safe workload for practitioners is challenging

Maintaining a safe and productive workload for practitioners is a challenge for many providers.

Many workshop participants described increasing demand for rongoā services in the community. Monitoring reports of providers confirmed this sentiment. Practitioners deliver rongoā services in provider clinics and outreach clinics and respond to requests for their support at local events and hui, conducting workshops and other health-related initiatives in the community.

For rongoā practitioners, this is an indication that the work they do is valuable to their clients and is a source of pride in their work.

Some practitioners work outside their usual contracted hours to meet this demand because the funding is insufficient to hire additional staff.

Others described having insufficient time to conduct adequate client assessments, including whakapapa and whanaungatanga, to meet contract targets. Some practitioners are responsible for administrative and reporting activities as well as client-facing work. As a result, many providers and practitioners struggle with staff fatigue and burnout.



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“Even within mirimiri therapists talking to other mirimiri therapists there’s some that have very different views of what mirimiri is. Some might call mirimiri romiromi because the mirimiri has changed over the years and they’ve adopted techniques from other cultures as well.

Some people look at mirimiri as massage. Some people look at it as gentle massage and romiromi is deeper massage but the romiromi is really. Is also releasing stored emotions but nowadays mirimiri is doing the same thing because the practitioners have learnt romiromi as well as mirimiri so it’s a crossover of many different things.”

(Key stakeholder)

Participants also shared that funding did not always allow for additional staff needed to keep practitioners safe when meeting the community's needs. Other practitioners described concerns for their safety and wellbeing because they work alone and occasionally deliver services in whānau homes. In one organisation, a solo female practitioner receives referrals of male clients with mental health and anger issues. Practitioners who were able to work in teams felt safer and more able to dedicate the time needed to work with whānau in a way that aligns with the holistic view of rongoā.

“High volumes mean that we don’t have time for whakapapa and whanaungatanga and to do a full assessment and unpack everything that needs to be done within that time if we have to meet our targets.”
(Workshop 2 participant)

Many workshop participants shared that workload challenges are influenced by their struggle to find emerging rongoā practitioners and develop succession plans. In part, this is due to the varied development pathways (Māori and non-Māori led; formal and informal) and therefore what is needed to develop, support, and ensure quality service delivery?

“I actually do need to have a proper consultation with whānau and so I know what’s happening, so I can prepare myself.”
(Workshop 2 participant)

One way that providers seek new practitioners to join them is to look for those already practising and are endorsed by the community or a local tohunga. However, this raises new challenges because of the different interpretations of rongoā modalities such as mirimiri.

Some pathways rely on senior practitioners with the time and energy to mentor and awhi emerging practitioners. The high workloads and demands on some senior practitioners limit their ability to provide this support in a sustainable and ongoing way.





”

“[It’s difficult] finding mirimiri therapists with the understanding because there’s so many different interpretations of what mirimiri is in this modern time.”

(Key stakeholder)

”

“[We need to] grow the sector by supervising tauira and mentoring. “

(Workshop 2 participant)

”

“My workplace supervision is also cultural supervision and wairua supervision it’s not just mainstream supervision.”

(Key stakeholder)

Rongoā practitioners see themselves as professionals

For many practitioners, rongoā is more than a job - it is a vocation and a way of life. Workshop participants described themselves and their work as professional. They are committed to continual professional development and hold themselves and their practice to high standards.

“We should be recognised as professionals and paid as professionals.”
(Workshop 2 participant)

“I view this as a deeply professional therapeutic process and so we try and find the funds to pay people accordingly.”
(Workshop 3 participant)

“Get credible organisations to train practitioners e.g., Te Wānanga o Aotearoa and regional based tikanga programmes.”
(Workshop 2 participant)

Aspirations

Recognition as professionals

Workshop participants had diverse opinions on what professional recognition of rongoā might look like. This variety reflected the differing pathways into rongoā and underlying beliefs held by different practitioners.

Some workshop participants supported more organised training programmes, to ensure a level of consistency in the sector. They described a potential quality assurance framework based on: “Akonga – Taurira – Pukenga – Tohunga”.

However, they raised concerns about the need to ensure any training reflected tikanga-ā-rohe, was taught by appropriately qualified and endorsed practitioners, and was grounded in mātauranga Māori.

Other workshop participants rejected the idea of ‘qualifications’ and shared that a mātauranga Māori approach would be based on tuakana/teina structures, acknowledged whakapapa, and delivered at marae.

“Training and education are needed but need to consider who is teaching the teachers.”
(Workshop 2 participant)

”

“I’m not opposed to an endorsement process, but it should be regionally based.”

(Workshop 2 participant)

”

“Identification criteria for tohunga say 10 years plus and for kaimahi they have to have at least three to six years hauora experience. I think we need to get back to basics rather than taking it wiwi wawa and everywhere.”

(Workshop 2 participant)

”

“I think we need an independent Rongoā auditor, to be honest, find somebody that can bring it all back to the same practice, keep it all in the mātauranga, so that it’s not lost.”

(Workshop 2 participant)

An independent national body

Overall, many workshop participants supported the idea of an independent body that could provide a level of endorsement and oversight to the sector.

“We need to pull people together you know I think that’s an important thing is to be able to, because we all learn from sharing resources, sharing each other’s korero.”

(Workshop 3 participant)

This body could fill a current gap of strategic and future planning for the sector and the ability to come together as practitioners, to share and learn from each other. However, any such body would need to be mindful of regional differences and tikanga-ā-rohe, ā-iwi.

“Te Kāhui was there was to provide that level of support, advocacy, lobbying to support the sector, and the relationship with the Ministry of Health was a recognition that they too valued that. Since we haven’t been supported by the Ministry of Health it makes it really difficult for us to even want to participate in conversations.”

(Workshop 3 participant)

For some workshop participants, Te Kāhui Rongoā is that body. Te Kāhui was established to support the sector and nurture and its practitioners. As noted earlier, Te Kāhui contributed to the rongoā standards that are currently in place. However, they were not part of the finalisation process and the current standards are not endorsed by Te Kāhui Rongoā. They are referred to as the Ministry’s tikanga ā-Rongoā standards.

Endorsement from Te Kāhui is currently required for a practitioner to secure a contract with some government agencies. With membership across the regions, Te Kāhui can represent the sector with the Ministry of Health and, potentially, other agencies.

However, not all rongoā practitioners were aware of, let alone members of, Te Kāhui. Some workshop participants believed there was no national body anymore.

Kāhui members shared that it is difficult to conduct the types of activities they want and need to do because of limited funding. Potentially similar professional member associations, such as Nurses or GPs, often operate on membership fees from individuals or organisations. However, Māori health providers are historically under-funded, and many rongoā practitioners work for free or koha, in recognition to their mātauranga Māori principles of healing and whānau. Therefore, there is limited money available in the sector to fund and support a national body.

A close-up photograph of several long, green, lanceolate leaves with prominent red edges, likely from a New Zealand flax plant. The leaves are layered and overlap, creating a sense of depth. The background is softly blurred, showing more of the same foliage.

”

“It would be nice to be in a safe space where we could talk about what does succession planning look like and who’s comfortable with what because you know it’s not like I can just pick up a te wai korero and ask for a locum.”

(Workshop 2 participant)

”

“You’ve gotta be mindful that if you’re gonna get an audit that they have to be mindful of everyone’s different way of practices.”

(Workshop 2 participant)

Areas for Consideration

- Consider ways to support Te Kāhui Rongoā to grow and develop the rongoā sector. For example, providers and practitioners express a desire for hui-ā-tau, hui-ā-iwi and developing training pathways.
- Consider ways to support Te Kāhui Rongoā financially to cement their role as leaders within the sector and improve awareness by practitioners.





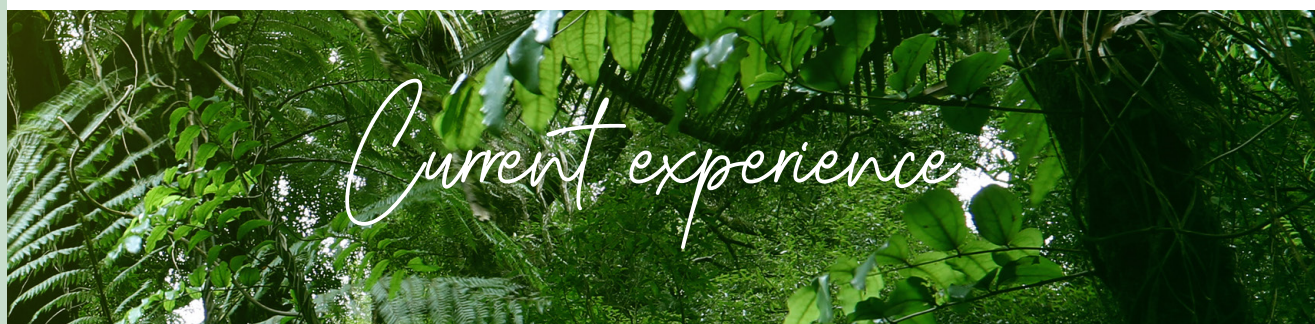
Impacts

AND BENEFITS OF
RONGOĀ

Impacts and benefits of rongoā

Workshop participants identify the key impacts and benefits of rongoā as a mātauranga Māori approach to wellbeing. As such, it reconnects whānau to their identity, decolonises wellbeing, and gives expression to whānau rangatiratanga by encouraging and empowering whānau to be their own healers and provides a complementary or alternate approach to mainstream health services. Rongoā reaffirms and elevates Māori traditional healing as a valid and legitimate wellbeing practice for today's society.

“I always say its complementary to the Pākehā medicine, and that’s what I tell my people, “don’t you come off your medicine but take this rongoā.”
(Workshop 1 participant)



Workshop participants shared that their clients and whānau saw benefits “physically, mentally and psychologically from treatment and self-care” (Workshop 1 participant).

Most rongoā practitioners commented that the tūrora they see have complex physical, psychosocial, and mental health needs. Tūrora and their whānau may have contact with multiple providers and are often known to multiple agencies, including ACC, Ministry of Corrections, Mental Health Services, and Oranga Tamariki. They have often experienced adverse outcomes with mainstream treatments.

Typically, tūrora approach rongoā services for awhi and guidance for their tinana (physical health), hinengaro (mental/emotional health), wairua (spiritual health), and whānau (family health).

Rongoā practitioners aid in the restoration of mauri ora and balance. Workshop participants indicated they support tūrora with:

- traumatic brain injury
- depression and anxiety
- mild addiction (e.g., cannabis)
- relationship breakdowns and whānau grievances
- sexual abuse
- cancer support
- physical conditions, e.g., kidney dialysis, arthritis
- wairua healing, e.g., entities
- probation support
- grief support.

Rongoā is seen as complementary to western medicine and mainstream health services by several rongoā practitioners. Rongoā is a way to educate and empower tūrora, presenting them with safe alternative options.

Rongoā reconnects whānau to te ao Māori and Mātauranga Māori

At the heart of rongoā is mātauranga Māori, traditions, values, and concepts that support a way of seeing, being, and engaging in the world. Mātauranga ā-rongoā provides a traditional, Indigenous pathway to wellbeing.

Through cultural practices and principles, tikanga and kawa, rongoā practitioners provide safe, welcoming services that acknowledge Māori as Māori. Aroha is at the core of rongoā services, and rongoā treatments involve tūrora as active participants instead of something done to them. Karakia and kōrero wananga ki te whānau, connect tūrora to te ao Māori, strengthening their ability to look after themselves in a positive, healthy way.

A critical aspect of rongoā services is reconnecting whānau to traditional healing and reclaiming traditional practices so that whānau can use the tools to support everyday wellbeing and health. Rongoā practitioners offer workshops for whānau to decolonise westernised medicine and place whānau at the forefront of their healing process. Tūrora learn to identify who are the right healthcare providers to work with them and their whānau. They are becoming positive influencers in their whānau lives, sharing the knowledge they have learnt with others.

As they connect to traditional healing, tūrora and whānau release manifestations of loss that are a part of their DNA, from colonisation and disconnection to mātauranga Māori.

Whānau-centered approach builds whānau rangatiratanga capability

Tūrora and whānau benefit from a personalised, inclusive service that helps to build their capability towards rangatiratanga. Through whānau-centered delivery, rongoā benefits the whole whānau as the tūrora learns about their tinana, taiao, and how they can support their own wellbeing.

As outlined previously, many providers and practitioners view rongoā as a holistic and Māori-centred approach to health and wellbeing. As a result, many providers also offer broader health-related and adjacent services and support to the community, such as hosting wānanga and hui about rongoā, Indigenous approaches to wellbeing from other countries, drug awareness, men's health, and for hapū māmā. Some providers also described supporting the community and whānau by delivering kai packs and hygiene packs during COVID-19 lockdowns of 2020.

Rongoā practitioners break down barriers of access for tūrora by going to where they are or transporting them to the services. Some also accompany tūrora on visits to other health care practitioners to advocate and support when requested.

A key theme from providers of the observable impact and benefit of the rongoā services they provide is the high proportion of new clients who say their whānau, friends, or general word of mouth in the community recommended the service. This is in addition to the more formal referrals from other medical professionals.

”

“[I say] teach others what I teach you, teach your whānau so that they know how to look after their whānau. They are their healer; you are not their healer, but you’ll have some mātauranga that you can share with them that can help them to bring that out of themselves and to have confidence in themselves.”

(Workshop 1 participant)

”

“Reiterating to people that they’re their own healers.”

(Workshop 1 participant)

”

“Whānau are seeking more natural remedies.”

(Workshop 2 participant)

”

“What’s actually nice about this is that now people are starting to see more Rongoā in our community and how it does work. So, I get a lot of people who will come in because a friend or whānau have said you need to go get mirimiri. And a lot of them don’t know what they’re actually coming in for so it’s a good way too to introduce people to Rongoā.”

(Workshop 3 participant)

Rongoā can help to establish stakeholder relationship

There were mixed views in the workshops on how relationships have developed between rongoā practitioners and various stakeholders.

On the one hand, workshop participants reported that good connections had been made with GP services, leading to robust referral processes.

“It’s supporting whānau and their hauora journey. Giving them empowerment, offering knowledge to our people through our tupuna [and] reconnecting with them, giving the confidence to move forward.”
(Workshop 1 participant)

When GPs understand rongoā, they are more inclined to refer and promote services to their patients. GPs can be critical influencers in whānau choosing to access traditional rongoā healing pathways.

Several workshop participants report having built good relationships with their local councils and are involved in planting rongoā for local communities to source freely. This relationship supports whānau being able to access the resources they need to look after their wellbeing and health.

One rongoā practitioner reported working closely with ACC to improve their understanding of rongoā Māori and what it can offer their clients. Other positive relationships that rongoā practitioners have been able to establish are with local cancer services and hapū māmā programmes.

“We have a good relationship with our GP at the moment, which is helpful with our people [as] it gives them empowerment because some of them are sitting on the fence.”
(Workshop 2 participant)

However, on the other hand, around half of the workshop participants commented that it is difficult to establish relationships with medical practitioners, which results in a lack of understanding of rongoā Māori. This lack of knowledge means that rongoā practitioners receive referrals where it is unclear why the tūroro was referred. Often, tūroro are referred for “massage” although rongoā is more than a massage service.

“What’s going on here? [I ask] why is your doctor sending them to me. What’s his understanding of rongoā and what is he expecting you to receive from me and they just say he just said, “come and get a massage”? So, it translates to a massage to make you feel a bit better or it might help you with a bit of pain.”
(Workshop 3 participant)

Impacts and benefits for tūroro

What are the challenges and opportunities in the contract monitoring and reporting requirements for rongoā providers?

Rongoā fills a gap in the mainstream system

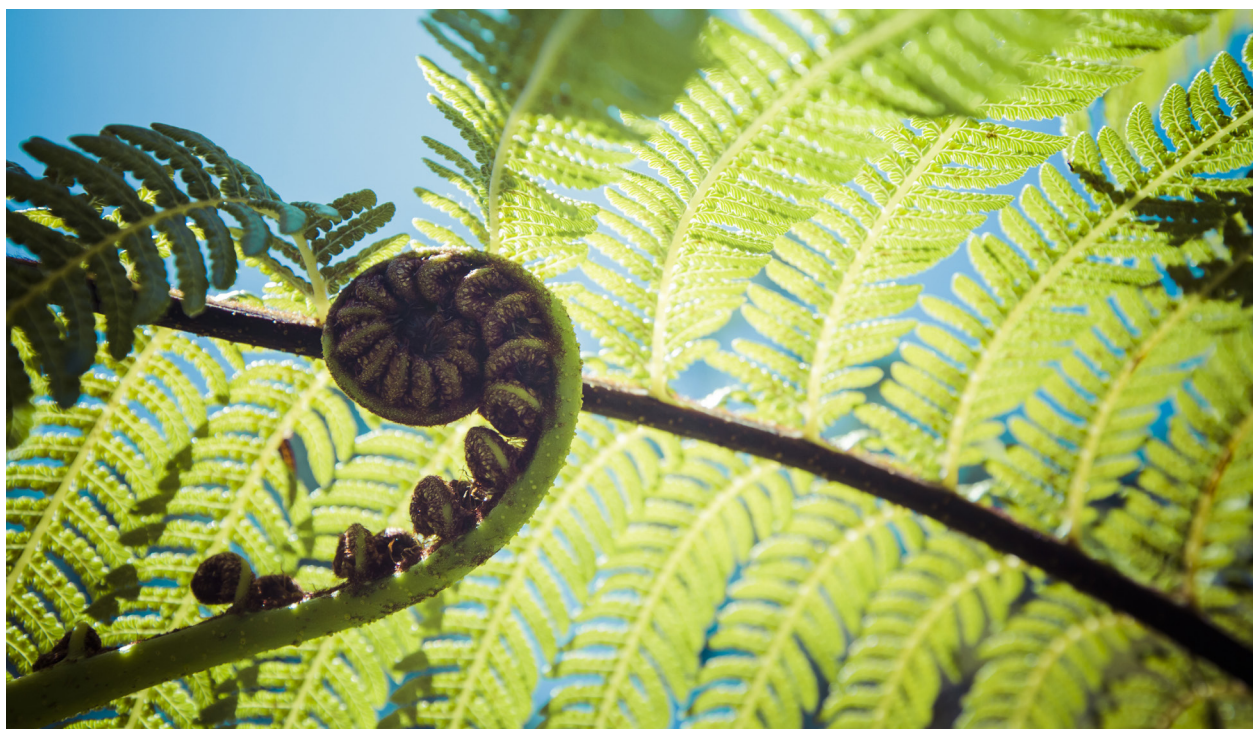
After suffering a stroke, the tūroro worked with a hospital physiotherapist. He had lost the use of his legs and his left arm. While in therapy with the physiotherapist, he was given treatment for his walking and was able to gain back his ability to walk.

However, at discharge, he still did not have use of his left arm. The tūroro approached a rongoā practitioner, and they began working together to rehabilitate his arm. He is starting to use his arm, and this has brought him much joy.

Rongoā provides connection and comfort

In several cases, rongoā practitioners work with kaumatua, connecting with kaumatua services and programmes run by Māori Hauora. The main goals are to support the overall health and wellbeing of kaumatua. It is an opportunity for kaumatua to receive comfort through mirimiri and connect with others through whitiwhiti kōrero.

Kaumatua can receive mirimiri and healing in their homes or in-house. In the sessions together, kaumatua share their whakapapa and whānau stories. Through being able to share their whakaaro (thoughts) and whīra (feelings), rongoā practitioners have seen healing in whānau relationships and the restoration of mauri ora and balance in kaumatua lives.



Rongoā heals trauma and restores wellbeing

The tūrora was a victim of violence. He was shot by a person known to him and, as a result, had been receiving several years of treatment from medical practitioners, including psychiatrists.

Because of the trauma from being shot and his relationship with the shooter, his wairua had never recovered. Since participating with rongoā, he has found a healing pathway that works for him. The rongoā treatments complement the clinical treatments he receives.

Rongoā supports complex needs

A tūrora with multiple needs began working with a rongoā practitioner. This young woman was unemployed and had several unhealthy relationships. She was under the mental health act and had spent two months in a mental health unit.

Her father had passed away 15 months earlier, and she was still grieving. Her parents had divorced when she was younger. Drinking and taking drugs every weekend was part of her life. Mental health diagnoses included depression, bipolar and anger management.

The rongoā practitioner and tūrora were slowly working together through whitiwhiti kōrero and wairua healing to work through the trauma of loss that had occurred over the years.

These are tiny snippets of the impacts and benefits of rongoā. However, they reinforce how rongoā fills a gap not covered by mainstream services, provides comfort, and connects tūrora to other Hauora Māori programmes and services.

Through tūrora, we see rongoā as mātauranga Māori wellbeing practice, a culturally located response which draws on traditional knowledge handed down from tupuna, that heals trauma, restores mauri ora, and balances and supports tūrora with complex needs.

Aspirations

Workshop participants are keen to affirm and elevate rongoā as a valid and legitimate wellbeing practice for Māori. Rongoā Māori reminds us of the relevance of tikanga in a modern world. Rongoā practitioners see the benefits of continuing to create a community of traditional healing and partnerships. This community will help build trust in rongoā and the many outcomes it contributes to. In turn, rongoā will grow in credibility and a legitimate alternative to western health care.

“Remove the stigma that governs our right to self-determine and that keeps us in our infancy and fails to allow us to be authenticate in our practice.”
(Workshop 1 participant)

“Remove the stigma that governs our right to self-determine and that keeps us in our infancy and fails to allow us to be authenticate in our practice.”
(Workshop 1 participant)

Rongoā practitioners believe that the impacts and benefits they see tūrora and whānau experience shows that rongoā is a valuable contributor to Māori wellbeing. To grow the sector, rongoā practitioners would like to see increased support and affirmation of rongoā by the Ministry.

Areas for Consideration

- Look to re-establish and affirm the place of rongoā for whānau Māori – as their birth right and as a valid and legitimate cultural wellbeing legacy through positive communications and support of the rongoā sector.
- Promoting rongoā to the medical and health community and increasing their understanding of rongoā to better support ways of working and referrals.



OVERALL CONCLUSION

This review – and the long-term strategic aspirations for the rongoā sector – is informed by:

- Whakamaua: Māori Health Action Plan 2020-2025
- Ko Aotearoa Tēnei: Report on the Wai 262 Claim
- Health and Disability System Review
- Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575 claim).

More specifically, this review responds to the need to “strengthen the evidence and expand access to rongoā Māori services in parallel with developing the rongoā Māori workforce” identified in Whakamaua. The review identifies the current state of rongoā services and the challenges and opportunities in strengthening the evidence and expanding access to rongoā Māori services. It also contributes to the current rongoā tender process, the upcoming rongoā contracts, and the design of contract reporting and evaluation over the life of the new contracts.

There is a substantive amount of work to be done to support rongoā, rongoā practitioners and the rongoā sector to flourish and contribute to improved Māori health and wellbeing:

- Rongoā as an expression of mātauranga Māori means governance and oversight needs to reside with Māori and specifically the rongoā sector.
- The key priority is to re-build relationships with Te Kāhui Rongoā and to support and resource its governance, management, and operations for the long-term.
- Funding for the development of the rongoā sector is the responsibility of multiple agencies, including, but not limited to, the Ministry of Health, the Accident Compensation Corporation, and the Department of Conservation. Cross-agency collaboration and multi-agency funding will need to be secured for Te Kāhui Rongoā and the long-term sustainability of the rongoā sector.
- In the meantime, new contracts are intended to be in place by July 2021. There are some considerations for the Ministry about what aspects it might change in relation to contracting, including, the scope of services, contract model and contract funding. For reporting, changes could involve revised reporting templates, improved communication about the purpose of reporting and use of the data to inform the development of rongoā, rongoā practitioners and the rongoā sector.

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A close-up photograph of a green leaf with several small, dark holes, likely from insect damage. The leaf is set against a dark, blurred background. The word 'Appendix' is written in a white, cursive script across the leaf, with a large '1' at the end.

Appendix 1

REVIEW METHODOLOGY

The review employed a mixed method approach

Workshop focus groups and interviews

Three workshops were conducted with rongoā providers and practitioners with current Ministry rongoā contracts.

All 20 current rongoā contract holders were invited to contribute to the review through participation in three workshops. There was representation from all 20 providers. This included both contract managers and rongoā practitioners.

Hauora Māori providers either deliver rongoā as part of their services or they subcontract to individual or collectives of rongoā practitioners. There was representation from Hauora Māori rongoā practitioners as well as subcontracted practitioners in the workshop focus groups.

There were two face-to-face workshops held in Wellington and one online (Zoom) workshop.

Workshop 1: Wednesday 17 February 2021 – 16 participants

Workshop 2: Monday 22 February 2021 – 14 participants

Workshop 3: Thursday 25 February – 12 participants

The movement of Auckland to Alert Level 3 on 14 February 2021 impacted attendance by Auckland based participants scheduled to attend the first workshop. They were all able to attend either the second or third workshop.

A fourth online Zoom workshop was undertaken with Te Kāhui Rongoā (Trust) – 4 participants

Two individual interviews were undertaken with rongoā practitioners (not contracted by the Ministry) known to the review team as preparatory background to the rongoā sector.

An interview was conducted a Ministry representative.



Review of contracts and performance monitoring reports

We reviewed a sample of performance monitoring reports from the 20 providers contracted to deliver rongoā services April 2018 – March 2021. These performance monitoring reports reviewed generally covered the period from April 2019 to March 2020. Most providers (12) were obliged to provide reports every six months. The remaining (8) providers were required to report every three months.

Review of research report and submission documents

A Department of Conservation research report on rongoā rākau was also reviewed by the review team. Te Kāhui Rongoā Trust submission on the Māori Health Action Plan 2021-2025.

Rapid insight cycle collaborative sense-making and project iteration

Following an initial analysis of all the review data, a Rapid Insight Micro report was developed and shared with the Ministry. The micro report provided initial insights for Ministry decision-making and guided a collaborative sense-making process to analysis and reporting.

Analysis and quality assurance

All workshops were recorded with participant permission and fully transcribed. All workshop outputs including flipcharts, client journey maps, picture selections, post it notes were photographed.

This data was entered into a qualitative software analysis programme (Dedoose), data was coded to aid analysis and reporting. Individual and team analysis sessions, along with collaborative sense-making processes were used to analyse the data. Some quotes have been lightly edited for ease of reading and comprehension.

Indicative areas and questions for the review

The following areas guided the development workshop discussion guides, analysis, and reporting.

Mātauranga Māori / Kaupapa Māori approaches

What is the value and principles? How does rongoā enable true kaupapa Māori approaches and encourage the use of mātauranga Māori in the Health and Disability system?

Whānau experience and outcomes

What works well, for whom and in what contexts?
What doesn't work well and why?
How do tūroto benefit from the services?

Contracting

What are the opportunities, issues, and challenges in the procurement, commissioning, and contracting processes for rongoā providers?

Monitoring and Reporting

What are the challenges and opportunities in the way rongoā services are currently monitored?
How well do the reporting requirements allow providers to tell the story of the value of rongoā for whānau?
How do the current rongoā standards, Tikanga a Rongoā, enable or hinder rongoā service provision?

Workforce

What works well and what doesn't in the current health and disability system for the rongoā workforce?
What are the key success factors, enablers and/or challenges supporting workforce development, attraction, and retention?





Designed By



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